

POLICY TITLE:	First Aid
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Applies to:	All Aspris Services
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Policy Owner:	Paul Collin, Health and Safety Manager
Ratified by:	Paul Collin, Health and Safety Manager
Responsible Signatory:	Katie Dorrian, Director of Governance and Quality
Outcome:	This policy: Aims to ensure children and young people, colleagues and visitors will be treated for injury or sudden illness promptly and safely until, where necessary, being placed in the care of a professional or transferred to hospital.
Cross Reference:	AH&S03 Reporting of Injuries Diseases and Dangerous Occurrences (RIDDOR) AOP04 Incident Management, Reporting and Investigation AOP13 Cardio-Pulmonary Resuscitation (CPR) and other Medical Emergencies ACS18 Medication
EQUALITY AND DIVERSITY STATEMENT Aspris is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics, and all will be treated with dignity and respect.	

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email asprisgovernancehelpdesk@aspris.com

FIRST AID

1 KEY POINTS CHECKLIST

- 1.1 Legal requirements placed on Aspris as an employer require first aid at work provision to be in place in accordance with the needs of the business. (see 2.1 below)
- 1.2 The requirements for first aid at Aspris locations, including any specific hazards, should be assessed by using the standard tools available in this document.
- 1.3 Arrangements should be put in place for the selection, training and refresher training of colleagues to provide first aid and these arrangements should be recorded.
- 1.4 The focus of the legal requirement is for the provision of first aid for colleagues although there is a general duty of care towards children and young people and visitors.
- 1.5 All colleagues should know how to obtain first aid assistance.
- 1.6 First aid kits and other equipment should be provided, easily accessible and maintained.
- 1.7 Notices should be displayed indicating the contact details of first aiders.
- 1.8 Records should be kept of first aid administered and of first aid training undertaken.

2 LEGAL REQUIREMENTS

- 2.1 The overall legal requirements are contained in the Health and Safety (First Aid) Regulations 1981, which are supported by an Approved Code of Practice. The Health and Safety (First Aid) Regulations 1981 require employers to make adequate provision for first aid for their employees and to ensure that there are a sufficient number of suitably trained and qualified persons for providing first aid. There is also a requirement to ensure that employees are adequately informed of the arrangements. The exact provision in any particular circumstance is not specified in the Regulations but required to be assessed by the employer.
- 2.2 The Regulations are supported by an Approved Code of Practice (L74, available from HSE books), which lays down standards for first aid training and requirements relating to the standard of first aid provision required. The extent of first aid provision is required to be determined by the employer by undertaking a risk assessment, having regard to factors such as the number of employees, the particular hazards which they face and the access to other medical assistance.
- 2.3 These Regulations do not require first aid to be provided for persons who are not employees. However, the Health and Safety at Work etc. Act 1974 requires employers to protect persons not in their employment who could be affected by the way in which they conduct their business. There is also a common law duty of care between Aspris and their visitors and children and young people which arguably would include providing a first aid response to foreseeable health concerns and injuries. For these reasons it is Aspris policy to provide first aid for non-employees on our premises or taking part in activities, we have organised.

3 RESPONSIBILITIES

- 3.1 **Head Teacher/College Principal/Registered Managers** are responsible for:
 - a) Ensuring that sufficient trained first aiders and first aid equipment is available to meet local needs and that all colleagues are made aware of the local first aid arrangements.
- 3.2 **All Managers** are responsible for ensuring that:

- a) All colleagues for whom they have responsibility know how to obtain first aid assistance, how to call a first aider and the location of any first aid and emergency equipment.
- b) Any special first aid requirements within their area of responsibility (e.g. for specific chemical or biological hazards) are identified and adequate first aid arrangements are put in place (including the provision of appropriate and adequately maintained and sited specialist equipment).
- c) Where special hazards are identified, their colleagues are made aware of the local procedures and equipment for dealing with them.

3.3 **First Aiders** who have accepted an appointment to provide first aid, are responsible for:

- a) Providing immediate first aid assistance, as required within their level of competency.
- b) Attending any training arranged to maintain their competency/registration.
- c) Raising any concerns about their level of knowledge and training, in relation to their ability to undertake first aid duties for which they have been appointed.
- d) Ensuring that any first aid containers/supplies for which they have been allocated responsibility, are adequately stocked and maintained.
- e) Completing relevant records of treatment (e.g. electronic incident recording) after first aid has been administered and, where relevant, ensuring that accident reporting procedures have been followed.
- f) Informing their line manager of any specific health conditions relevant to themselves, that may impact on their ability to provide effective first aid.

3.4 **Colleague** responsibilities:

- a) In an emergency, access first aid materials whilst waiting for a first aider, medical professional, but must not otherwise remove items from the first aid boxes.
- b) Ensure that they know who their local first aiders are, how to call them and the location of first aid equipment.
- c) Informing their line manager of any specific health conditions relevant to themselves.

4 ASSESSMENT OF FIRST AID NEEDS

4.1 First aid needs will depend on a number of factors including.

- the nature of the service,
- the numbers of employees and distribution of the workforce
- size and layout of the premises,
- accident/incident history and specific needs,
- service specific hazards, risks and activities,
- the availability and locality of the nearest external emergency assistance.

4.2 First aid needs should be assessed using **AH&S Form: 05** Assessment of First Aid Needs.

5 LOCAL ARRANGEMENTS FOR FIRST AID

5.1 Local first aid arrangements, once determined by the Registered Manager/Head Teacher/College Principal should be documented on **AH&S Form: 06**. Detailed notes to accompany this form explain the standards which should be met when determining numbers of first aiders, training, equipment, and the factors which should be considered when deciding first aid provisions.

6 INSURANCE

6.1 First aiders and appointed persons are covered by Aspris' insurance scheme whilst undertaking first aid at work.

7 RECORDS OF FIRST AID TREATMENT

- 7.1 An incident record on the Aspris Incident Reporting System will need to be completed by the relevant manager for colleagues experiencing an injury at work.
- 7.2 Any accidents which result in specified major injuries, result in more than seven days sickness absence to a colleague, or involve certain more serious injuries and/or attendance at a hospital, to members of the public, are reportable to the Health and Safety Executive under the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR). Details of the reporting arrangements are detailed in **AH&S 03** Reporting of Injuries Diseases and Dangerous Occurrences (RIDDOR).
- 7.3 On any occasion where first aid is administered, or the treatment/medical room is accessed, please complete a First Aid/Treatment room record form. If the visit relates to an incident, then an incident form will also be required, as detailed in **AOP04** Incident Management, Reporting and Investigation.

8 FIRST AID TRAINING

- 8.1 Children and young people facing colleagues in Aspris Education and Children's Services will be trained on a three-yearly basis in Emergency First Aid at Work (EFAW). In Aspris Care, all colleagues will be first aid trained. In Aspris Education, the number of trained colleagues will be dependent on the findings of a first aid needs assessment, the school's size, and risk profile.
- 8.2 Face-to-face first aid training should be undertaken on a three yearly basis by an Aspris approved training provider. Annual online refresher training (years two and three) should be undertaken via the Learning Lounge.
- 8.2.1 **Emergency First Aid at Work (EFAW) and Emergency Paediatric First Aid (EPFA):** A one-day blended learning course that covers the following:
- a) Understanding the role of the first aider, including reference to cross infection, the need for recording accidents and incidents and the use of available equipment
 - b) Assessing the situation and circumstances in order to act safely, promptly and effectively in an emergency
 - c) Administering first aid to a casualty who is unconscious (including seizure)
 - d) Administering cardiopulmonary resuscitation and the use of an Automated External Defibrillator (AED)
 - e) Administering first aid to a casualty who is choking, wounded and bleeding or suffering from shock
 - f) Providing appropriate first aid for minor injuries including bites and stings.
- 8.2.2 EFAW first aid skills for assisting adults apply to assisting people from puberty onwards. Due to the nature of Aspris business it has been agreed that current EFAW training will include a paediatric modifier. As such, colleagues will receive a regulated qualification in Emergency First Aid at Work (EFAW) and Emergency Paediatric First Aid (EPFA).
- 8.2.3 ****NB Where a regulator requires services to consider Paediatric First Aid (PFA) qualification, this combined course will not be sufficient and PFA should be requested separately in accordance with 8.4.**
- 8.3 **First Aid at Work (FAW):** A three-day course that because of its specialist nature, is only available to specific colleagues. This type of training may be required in services which are considered 'higher risk'. It covers the following:
- (a) Understanding the role of the first aider, including reference to cross-infection, the need for recording accidents and incidents and the use of available equipment.
 - (b) Assessing the situation and circumstances to act safely, promptly and effectively in an emergency.
 - (c) Administering first aid to a casualty who is unconscious (including seizure).
 - (d) Administering cardiopulmonary resuscitation and the use of an AED.

- (e) Administering first aid to a casualty who is choking, wounded and bleeding or suffering from shock.
- (f) Administering first aid to a casualty with injuries to bones, muscles and joints, including suspected spinal injuries.
- (g) Administering first aid to a casualty with chest injuries, burns and scalds, eye injuries, sudden poisoning or anaphylactic shock.
- (h) Recognition of the presence of major illness and providing appropriate first aid.

8.3.1 **Higher risk services** may require some colleagues to be FAW trained where they are assessed to have a higher risk profile. A service may have a higher risk profile due to its remote location, size/number of young people/colleagues, higher rates of accidents and incidents, risk of self-harm, more complex medical conditions and undertaking of more hazardous activities etc. In such instances where this is deemed a requirement, not all colleagues will need to be FAW trained but sufficient colleagues should be trained to provide adequate coverage with consideration for colleague absence, leave etc.

8.4 **Additional/Specialist First Aid training** not identified in Section 8 may be required dependant on the needs and activities undertaken in a service e.g. Outdoor First Aid where Forest School or Outdoor Education provisions are in place. All training must be arranged through Aspris Learning Lounge by following the correct booking process and only approved training providers should be used.

9 FIRST AID EQUIPMENT/FACILITIES.

9.1 First Aid Equipment

9.1.1 Every location must have sufficient first aid equipment to meet their local needs. First aid kits are identified by suitable first aid signage (a white cross on a green background).

9.1.2 It is the responsibility of the Responsible Person, and first aid trained colleague to ensure that the contents of first aid boxes, (including any mobile first aid boxes for off-site use), are regularly checked and replenished after use. Item expiry dates should be reviewed, and items should be discarded once the expiry date has passed. First aid containers must be checked regularly (at least quarterly) Dated records of these checks and actions must be kept (local forms can be used for this).

9.1.3 Please also refer to Appendix 1 (Note 4 – 10).

9.2 Automated external defibrillators (AEDs)

9.2.1 It is Aspris' policy that all schools and colleges have an AED.

9.2.2 The location of AEDs in schools and colleges should be clearly signposted and communicated to all colleagues. Where AEDs are available, they should be inspected visually each week and recorded on AH&S Form 105.

9.2.3 When the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device or instructions provided by the manufacturer. Additionally, education colleagues should complete AED Training (Defibrillator) - e-learning via the Learning Lounge.

9.2.4 It is not mandatory for Aspris care homes to have a dedicated AED; however, colleagues should be aware of the nearest AED in the community. This information can be found on [DefibFinder - find the defibrillators nearest you.](#) and should be documented on **AH&S Form 06** First Aid Arrangements.

9.3 Medical Rooms

9.3.1 Medical rooms are an important part of each Aspris school or college, and must comply with the checklist set out below:

- Be appropriately equipped to cater to the medical and first aid needs of pupils,
- Consideration must be given to the location of the medical room within the school or college (ideally ground floor),
- Must be located near washing facilities and a toilet
- Should be readily accessible when needed and positioned to ensure pupil privacy,
- Depending on the size of the school, provisions may require more than one medical room,
- At least one medical room should be able to accommodate a single bed, along with a single sink and a small worktop base unit,
- Must include a lockable controlled drugs cabinet and a suitable fridge,
- Have a foot-operated refuse container,
- Have a suitable means for colleagues to communicate

10 REFERENCES

10.1 Legislation

Health and Safety at Work etc. Act 1974

Health and Safety (First Aid) Regulations 1981

Health and Safety (Safety Signs & Signals) Regulations 1996

Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013

10.2 Guidance

Health & Safety (First Aid) Regulations 1981 Approved Code of Practice L74 (3rd Edition 2013, (as amended 2018))

Appendix 1 - Notes to Assist in Completion of AH&S Form: 06

Appendix 2 - National Standards

Appendix 3 - Head Injury and Concussion

Associated Forms:

AH&S Form: 05 Assessment of First Aid Needs

AH&S Form: 06 First Aid Arrangements

AH&S Form: 07 Local First Aid Notice

AH&S Form: 105 AED Record of Inspection

Appendix 1

Notes to Assist in Completion of AH&S Form: 06

No.	Relevant Information
1.	Number of Emergency First Aiders Care - all colleagues will be trained in Emergency First Aid at Work (EFAW). In Education and Central Services an EFAW trained colleague should always be available as a minimum. There must be sufficient cover for holidays, days off, the number of shifts and sickness. It is for services to reach a decision on the numbers of colleagues that should be available, and AH&S Form 05 should be completed to help enable such a decision to be reached. The majority of Aspris services will require only Emergency First Aid at Work (EFAW) trained colleagues as the training they receive will be sufficient to deal with the types of incidents that generally occur. In certain circumstances, for example where a high-risk profile has been identified, services may require a combination of Emergency First Aid at Work trained colleagues and First Aid at Work trained colleagues.
2.	Colleagues who are to be appointed as a first aider must attend and successfully complete an Aspris approved training course.
3.	Responsibility for Training Coordination - First Aid certificates are valid for three years. To maintain registration first aiders must attend a re-qualification course within three months before the current certificate expires. In addition to this, all Emergency First Aid trained colleagues will be required to complete an annual Learning Lounge refresher (i.e. on year one and two).
4.	First Aid Equipment - Every location must have sufficient first aid equipment to meet the local needs. The relevant first aider should normally be given responsibility for checking on the contents of first aid boxes under their control. First aid containers must be checked regularly (at least quarterly) for general condition. Contents must be checked regularly to ensure that materials used are replenished, materials remaining are sufficient and are in date. Dated records of these checks and actions must be kept (local form can be used for this in line with service requirements).

No.	Relevant Information
5.	Standard (Medium) Workplace First Aid Kits - First aid boxes should be easily identifiable with a white cross on a green background and located in a place that is easily accessible. The following list is based on the BS8599-1:2019 recommended kit which will serve up to 50 colleagues: Guidance Leaflet x 1 Contents Label x 1 Medium 12 x 12cm Dressing x 4 Large 18 x 18cm Dressing x 3 Triangular Bandage x 3 No.16 Eye Pad and Bandage x 3 Assorted Wash proof Plasters x 60 (Kitchens will require blue plasters) Moist Cleansing Wipes x 30 Microporous Tape 2.5cm x 10m x 2 Nitrile Gloves (Pairs) x 9 Finger Dressing 3.5cm x 3.5cm x 3 Resuscitator x 1 Foil Blanket x 2 Burn Dressing 10cm x 10cm x 2 Heavy Duty Clothing Shears x 1 Conforming Bandage 7.5cm x 4m x 2 Tablets, medicines, lotions and creams should <u>not</u> be kept in a first aid box.
6.	Travelling and Motoring First Aid Kits - These kits are to be kept in vehicles used for transporting children and young people. The following list is a suggested list of contents is based on the BS8599-1:2019 recommended kit: Guidance Leaflet x 1 Contents Label x 1 Medium 12 x 12cm Dressing x 1 Triangular Bandage x 1 Wash proof Plasters x 10 Moist Cleansing Wipes x 10 Nitrile Gloves (Pair) x 2 Resuscitator x 1 Foil Blanket x 1 Burn Dressing 10cm x 10cm x 2 Heavy Duty Clothing Shears x 1 Low Adherent Wound Pad 7cm x 6cm x 1 Trauma Dressing 10cm x 18cm x 1
7.	Eyewash Stations - Eye wash stations are only required where mains tap water is not readily available and there is a foreseeable need (e.g. some plant rooms). At least one litre of sterile water or normal saline (0.9%) in a sealed disposable container should be made available. They should be kept close to the first aid box and preferably wall mounted. Once the seal is broken the remainder of the contents must be disposed of. Eye wash should not be used after the expiry date.
8.	Spare Supplies - Sufficient spare supplies should be kept enabling first aid kits to be promptly re-stocked. The responsibility for maintaining spare supplies should be allocated.

No.	Relevant Information
9.	Other Special Provisions - Special or unusual risks should be assessed by using the assessment tool AH&S Form: 06. The first aid provision for 'one-off' individual work activities involving special or unusual hazards should be determined on a case-by-case basis and included in a specific risk assessment covering all the safeguards for the work involved. In some cases, such work is undertaken by contractors in which case the primary responsibility for the provision of first aid will rest with the contractor unless a specific agreement is made with Aspris to the contrary.
10.	Automated External Defibrillator AED's should be located in a place that is easily accessible. AED's should be easily identifiable with signage (white and green background) Additional educational posters may be displayed in colleague areas such as AED_Poster.pdf This equipment should be subject weekly <u>visual</u> checks recorded on to AH&S Form: 105 AED Weekly Checklist
11.	Notices - Signs indicating the contact details for first aiders should be displayed for the attention of colleagues. Standard signs complying with the Health and Safety (Safety Signs and Signals) Regulations 1996 can be obtained from good sign suppliers. Alternatively, AH&S Form: 07 may be completed then printed on a colour printer and laminated.

Appendix 2

National Standards

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18

Component of the regulation	Providers must have regard to the following guidance
18(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part	• Providers must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs and therefore meet the requirements of Section 2 of these regulations (the fundamental standards). • Providers should have a systematic approach to determine the number of staff and range of skills required in order to meet the needs of people using the service and always keep them safe. The approach they use must reflect current legislation and guidance where it is available. In determining the number of staff and range of skills required to meet people's needs, they should consider the different levels of skills and competence required to meet those needs, the registered professional and support workers needed, supervision needs and leadership requirements. • Staffing levels and skill mix must be reviewed continuously and adapted to respond to the changing needs and circumstances of people using the service. • There should be procedures to follow in an emergency that make sure sufficient and suitable people are deployed to cover both the emergency and the routine work of the service

(Taken from CQC (2015) Guidance for Providers on Meeting the Regulations)

18. The employer must arrange adequate and appropriate training and guidance for colleagues who volunteer to be first aiders/appointed persons. The employer must ensure that there is enough trained colleagues to meet the statutory requirements and assessed needs, allowing for colleagues on annual/sick leave or off-site. 52. Training courses cover a range of first aid competences. However, standard first aid at work training courses does not include resuscitation procedures for children. The employer should arrange appropriate training for their first-aid personnel. Training organisations will often tailor courses specifically to schools' needs. It is helpful to let the training organisation know in advance of any particular areas that should be covered.
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(Taken from DfE (2000) First Aid in Schools (updated 2014))

Appendix 3

Head Injury and Concussion

Some head injuries can result in harm, so it is really important that the following is completed if you or a person in your care has sustained any sort of head injury.

Go to A&E/Emergency Department if you /the person concerned have:

- Been knocked out/Lost consciousness.
- Been vomiting since the injury.
- A headache that does not go away with painkillers.
- A change in behaviour, like being more irritable.
- Problems with memory
- Been drinking alcohol or taking drugs just before the injury.
- A blood clotting disorder (like hemophilia) or take blood-thinners (like warfarin)
- Had brain surgery in the past.

You/the person could have [concussion so require medical assessment](#).

Symptoms usually start within 24 hours but sometimes may not appear for up to three weeks.

[Find your nearest A&E](#)

Call 999 if someone has hit their head and has:

- Been knocked out and has not woken up.
- Difficulty staying awake or keeping their eyes open.
- A fit (seizure)
- Problems with their vision
- Clear fluid coming from their ears or nose.
- Bleeding from their ears or bruising behind their ears.
- Numbness or weakness in part of their body
- Problems with walking, balance, understanding, speaking or writing.
- Hit their head in a serious accident, such as a car crash.

Also call 999 if you cannot get someone to A&E safely.

How to Treat a Minor Head Injury

To help recovery:

Do:

- ✓ Hold an ice pack (or a bag of frozen peas in a tea towel) to the injury regularly for short periods in the first few days to bring down any swelling.
- ✓ Rest and avoid stress – you or your child do not need to stay awake if you're tired.
- ✓ Take [paracetamol](#) or [ibuprofen](#) to relieve pain or a headache – **do not use aspirin** as it could cause the injury to bleed
- ✓ Make sure an adult stays with you for at least the first 24 hours – call 111 for advice if there's nobody who can stay with you

Don't:

- ✗ Do not go back to work until you're feeling better.
- ✗ Do not drive until you feel you have fully recovered.
- ✗ Do not play contact sports for at least 3 weeks – children should avoid rough play for a few days.
- ✗ Do not drink alcohol until you're feeling better.
- ✗ Do not take sleeping pills while you're recovering unless a doctor advises you that this is ok

See a GP if:

- Your symptoms last more than two weeks
- You are not sure if it is safe for you to drive or return to work, or play sports.

(Taken from <https://www.nhs.uk/conditions/minor-head-injury/> (Last reviewed 29 May 2025))