



Helping Youth & Community from Start to Finish

First Aid Policy (plus COVID Statement)

Approved by:	Adrian Woods
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For more information about our Health and Safety, please see the Health and Safety Policy and the General and Work Experience Risk Assessment.

1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, students, volunteers and visitors
- Ensure that staff and trustees are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

This policy is based on advice from the Department for Education on first aid in settings and health and safety in settings, and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel (includes updates in the regulations 2020)
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [First aid at work: Guidance on regulations \(hse.gov.uk\) 2024](#)
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept (includes RIDDOR and GDPR 2018)
- [The Education \(Independent Setting Standards\) Regulations 2024](#), which require that suitable space is provided to cater for the medical and therapy needs of students.
- [Occupational Health and Safety Code 2023 Part 11 First Aid Kit](#) latest updates in First Aid Box contents

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

Our setting's first aiders will be displayed prominently around the building. Example of first aider list displayed in appendix 1.

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They are responsible for:

Taking charge when someone is injured or becomes ill

Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing

the contents of these kits

- Ensuring that an ambulance or other professional medical help is summoned when appropriate.

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment also taking into consideration any mental health issues that the person may be, or is, having;
- Contacting the relevant individuals if the student / volunteer / staff needs to be sent home;
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2);
- Keeping their contact details up to date.

It is emphasised that the qualified First Aiders are NOT trained doctors or nurses and are NOT responsible for the regular administration of medicines. Should a student require regular medicine throughout the day, the student will have full responsibility for the administration of their own medicines. Staff will offer reminders to the student and support as necessary.

3.2 The governing board

The governing board has ultimate responsibility for health and safety matters in the setting, but delegates operational matters and day-to-day tasks to the Operations Manager and staff members.

3.3 The Operations Manager

The Operations Manager is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the setting at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role (delegated to the Business Manager)
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Staff

All staff and volunteers are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in setting are
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Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called

- Informing the Operations Manager of any specific health conditions or first aid needs.

4. First aid procedures

4.1 In-setting procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a student / or staff is too unwell to remain in the building, the appropriate individuals will be called and travel arrangements made. If a parent / carer picks up the student, then the first aider will recommend next steps to that individual.
- If emergency services are called, an appointed member of staff will contact appropriate individuals immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

4.2 Off-site procedures

When taking students out of the building, staff will ensure they always have the following:

- A setting mobile phone
- A portable first aid kit
- Information about the specific medical needs of student
- Emergency contact details

Risk assessments will be completed.

5. First aid equipment

A typical first aid kit in our setting will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
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- Eye pad bandages Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Eye Washes
- Cold compresses
- Burns dressings

The First Aid kit contents are compliant with the latest Occupational Health and Safety Code.

No medication is kept in first aid kits.

First aid kits are stored in:

- Classroom
- Upstairs classroom
- Reception area
- Van and Mini-Bus

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- A copy of the accident report form will also be added to the student's record.
- Records held in the first aid and accident book will be retained by the setting for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

6.2 Reporting to the HSE

The Business Manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

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Reportable injuries, diseases or dangerous occurrences include:

Death

Specified injuries, which are:

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- Fractures, other than to fingers, thumbs and toes ○ Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight ○ Any crush injury to the head or torso causing damage to the brain or internal organs ○ Serious burns (including scalding) ○ Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia ○ Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to settings include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment ○ The accidental release of a biological agent likely to cause severe human illness ○ The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here [How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)
<http://www.hse.gov.uk/riddor/report.htm>

7. Training

All setting staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The setting will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 3).

Staff are encouraged to renew their first aid training when it is no longer valid. The staff member should contact the Business Manager 2 months before the end of the certificate expiration if they have not already been contacted by the Business Manager.

8. Monitoring arrangements

This policy will be reviewed every year.


At every review, the policy will be approved by the Operations Manager and the trustees.

9. Links with other policies

This first aid policy is linked to:

- Health and safety policy
- Risk assessment policy
- Administration of Medicine Policy

Appendix 1: list of [appointed person(s) for first aid and/or trained first aiders]

	
FIRST AIDERS	
Name	Location
All first aid instances should be dealt with by a first aider within the department for assistance in emergency please use main first aiders*	

Appendix 2: accident report form example

Section B1

Please provide details of any actions or recommendations taken to avoid a similar occurrence happening in the future.

Section B2

ONLY complete this section if the accident is reportable under RIDDOR regulations. (Reporting of injuries, Diseases and Dangerous Occurrence Regulations 1995. (Guidelines in the back of this book)

How was the injury reported to the Incident Contact Centre?

Telephone

Fax

Email

Online form

Section B3

Date Reported:

Signature:

Please hand this form into your nominated person once complete

Accident Report No.

Accident Report Form - Side A

Section A1 - About the person who had the Accident.

Name

Address

Postcode

Occupation Job Title

Section A2 - About the person recording the Accident.

Please fill in this section if you are someone other than the person who had the accident.

Name

Address

Postcode

Occupation Job Title

Section A3 - About the Accident.

When did the Accident happen?

Date:

Time:

Please state where the accident happened (Room etc.)

How did the accident happen? Please give as much information as possible.

Please describe any injuries suffered by the person who had the accident.

Please hand this form into your nominated person once complete

Appendix 3: first aid training log

Name/type of Staff who attended training (individual staff members or groups)	Date attended	Date	for training to be updated (where applicable)
<i>E.g. first aid</i>			
<i>E.g. paediatric first aid</i>			
<i>E.g. anaphylaxis</i>			

Appendix 4: COVID and other outbreak protocol

During any COVID-19 period or any other outbreaks all aspects of the First Aid Policy will apply and government guidelines followed. The following additions must be adhered to.

First aid – COVID update

In case of an accident or emergency requiring first aid refer to the list of first aiders/and allocated first aid area if applicable, for each area.

First aiders must wear PPE when administering first aid within a 2m distance following the guidance on appropriate use.

Fully stocked first aid boxes are located around the setting and in the vicinity of classrooms / workshops in use.

Protocol

1. Staff to wash their hands prior to administering first aid
2. Staff to wear disposable gloves when providing first aid support.
3. Staff to wash their hands after providing first aid support.
4. Gloves and first aid items used to be double bagged and placed in the waste bin.

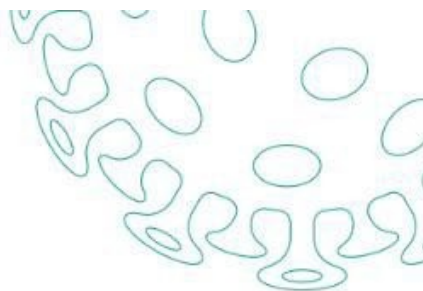
Personal Protective Equipment

- Wearing a face covering or face mask in settings is mandatory in communal areas and whilst in transition around the setting, unless for medical reasons whilst an outbreak is in force.
- PPE should be used if a student, staff member, volunteer or visitor becomes unwell with symptoms of coronavirus.
- Where it is not possible to maintain a 2 metre or more distance away from an individual who may require first aid, disposable gloves and a disposable plastic apron are recommended.
- Disposable gloves should be worn if physical contact is likely to be made with potentially contaminated areas or items.
- The use of a fluid repellent surgical face mask is recommended and additional use of disposable eye protection (such as face visor or goggles) should be risk assessed when there is an anticipated risk of contamination with splashes, droplets of blood or body fluids.
- Clean your hands thoroughly with soap and water or alcohol sanitiser before putting on and after taking off PPE.
- In all circumstances where some form of PPE is used, the safe removal of the PPE is a critical consideration to avoid self-contamination.
- Gloves and first aid items used to be double bagged and placed in the waste bin.

The following guidance should be followed when wearing and removing PPE.



Public Health
England



Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

- 1 Perform hand hygiene before putting on PPE.



- 2 Put on apron and tie at waist.



- 3 Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4 With both hands, mould the metal strap over the bridge of your nose.



- 5 Don eye protection if required.



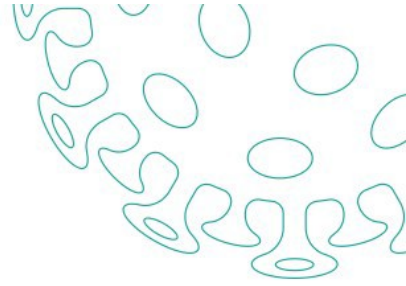
- 6 Put on gloves.



*For the PPE guide for AGPS please see:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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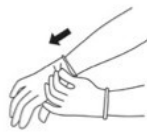
Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

• PPE should be removed in an order that minimises the risk of self-contamination

• Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



4 Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7 Clean hands with soap and water.



*For the PPE guide for AGPS please see:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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Providing assistance to unwell individuals

- If you need to provide assistance to an individual who is symptomatic and may have COVID-19 or another disease, wherever possible, place the person in a place away from others.
- If a student / member of staff / volunteer / visitor are awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the student, with appropriate adult supervision if required. Windows are opened for ventilation.

- Where it is not possible to isolate, the individual(s) are to be moved to an area which is at least 2 metres away from others.
- Where these individuals need to use toilet facilities a separate toilet is to be accessed if possible.
- Following access to the toilet area, the area is cleaned and disinfected using standard cleaning products before being used by anyone else.
- Staff who have helped a Student / Staff member / visitor / volunteer presenting COVID-19 symptoms or other outbreaks, and any students who have been in close contact with them **DO NOT** need to go home to self-isolate
- Following any contact with someone who is unwell everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser.
- The area around the person with symptoms must be cleaned with normal household bleach after they have left to reduce the risk of passing the infection on to other people the guidance [COVID-19: cleaning of non-healthcare settings guidance](#).is to be followed.

Providing CPR: During COVID 19

During the current ongoing situation regarding COVID-19 if you are at work and a first aider you may still be called upon to undertake CPR.

As there is no way of knowing whether the casualty has COVID-19, we would advise all first aiders to follow the advice below:

- As with any first aid situation assess the area for dangers before approaching the casualty.
- Where you can, you should wash your hands before commencing any first aid procedure. As a minimum you should put on gloves (and if you have them a fluid repellent facemask and apron)
- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. **Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth.**
- Make sure an ambulance is on its way and if there is a defibrillator and trained operator available ask for that to be brought to you. (If COVID 19 is suspected, tell them when you call 999)
- If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- If PPE is not available or there is a perceived risk of infection, first aiders should loosely place a cloth/towel or piece of clothing over the victim's mouth and nose and **begin compression only CPR** do not attempt to give rescue breaths (and if available defibrillation) until the ambulance (or advanced care team) arrives.
- When working with the casualty either performing compressions or undertaking defibrillation, keep your face away from the casualty's (for example compressions can be undertaken with your face turned away from the casualty's)
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- Continue to perform CPR until either: emergency help arrives and takes over, the person starts showing signs of life and starts to breathe normally or you are too exhausted to continue (if there is a helper, you can change over every one-to-two minutes, with minimal interruptions to chest compressions)
- If the casualty shows signs of becoming responsive such as coughing, opening eyes, speaking, and starts to breathe normally, put them in the recovery position. Leave their face covering in place and remember to keep your face as far from theirs

as possible. Monitor their level of response and prepare to give CPR again if necessary. If you have used a defibrillator, leave it attached.

After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.