



Burleyfields

First Aid Policy

Reviewed Date: June 2026

Review Date: June 2027

1. The Health and Safety (First Aid) Regulations 1981

These regulations came into effect in July, 1982, and apply to all persons at work. In educational establishments, they apply to all staff, both teaching and non-teaching, and the requirements of the Regulations must be taken into account when determining what kind of first aid provision is necessary.

The Regulations do not apply to non-employees, and hence pupils and students in schools and colleges are not subject to their requirements. Educational establishments are somewhat unusual workplaces in that non-employees considerably outnumber employees for most of the day and it is noteworthy that the vast majority of accidents requiring first aid in school occur to pupils, and some provision, therefore, needs to be made. Local circumstances will determine the extent of the provision, and the number of trained first aid persons necessary to deal with the typical level of injuries experienced in the school.

The Approved Code of Practice produced with the Regulations was revised in 1997 and sets out in detail what level of first aid provision is necessary. Its requirements are summarised in this chapter, and while it only deals with the provision for employees at work, its principles may be used in determining the type and extent of provision for non-employees, i.e. pupils and students.

2. Provision for Employees at Work

The Regulations require the provision of equipment and facilities that are 'adequate and appropriate in the circumstances' suggesting a need for local interpretation based on the potential for accident and injury on the premises.

Several factors will determine the extent of the need for first aid provision, including:

- The number of employees normally at work on the premises;
- The nature of the hazards present, and the potential for serious injury from the activities typically carried on within the establishment;
- The extent and geographical layout of the buildings on the site;
- The proximity to the premises of local hospital accident and emergency facilities;

The Code of Practice suggests a minimum of one qualified first aider for every 50 employees, unless the risks of serious injury are great, in which case the ratio may need to be increased to ensure that there is adequate cover. Premises where machines, power tools or hazardous chemical substances are used will therefore need a greater level of provision than lower-risk establishments such as offices or smaller primary schools.

Education establishments are not 'high risk' premises compared with many industrial workplaces, and in almost all cases, the minimum of one first aider to every 50 employees will generally be sufficient. There is no upper limit to the number of first aiders in each establishment, and it is

certainly very desirable to have as many trained first aiders as can be accommodated according to the availability of volunteers and of financial resources for training. Any provision of staff trained in first aid should take into account foreseeable absences from duty, so that the standard of first aid cover can be maintained during periods of staff leave, or long term absence for other reasons. It will not be possible to cover every eventuality, but reasonable efforts must be made to comply with the standards laid down by the Code of Practice.

Some provision needs to be made for employees based in remote sites, or whose work is of a peripatetic nature. In most cases in education adequate provision at the base site will be sufficient, but where employees' work entails considerable time away from their base premises, there may well be justification for the provision of a travelling first aid kit (see Section B on first aid equipment).

In smaller establishments where there are fewer than 50 employees, and where the risks of serious injury are relatively low (such as in primary schools, smaller offices, small libraries and the like), there is no specific requirement to have a qualified first aider, although this is clearly a desirable aim, and should be seen as a target to be attained as staffing and financial resources permit.

The majority of staff at Beaconfields hold first aid certificate of some degree as shown on the training matrix.

Course	Intended For	Duration of Course	Refresher training	When revalidation is required	Revalidation Training
<i>HSE Approved First Aid at Work Certificate (FAW)</i>	<i>First Aiders</i>	<i>3 days</i>	<i>Annual basic skills update 3 hours *Strongly recommended from October 2009</i>	<i>Before certificate expires (3 years from date of certificate)</i>	<i>2 day revalidation</i>
<i>HSE Approved Emergency Aid Certificate (EFAW)</i>	<i>Emergency First Aiders and Appointed Persons if deemed necessary</i>	<i>1 day</i>	<i>Annual basic skills update 3 hours *Strongly recommended from October 2009</i>	<i>Before certificate expires (3 years from date of certificate)</i>	<i>Repeat of original 1 day course.</i>

3. Provision for Pupils and Students in Educational Establishments

There is a general duty on employers to take reasonable care for the health and safety of nonemployees, and in this regard, schools have a moral duty to make some provision for first aid for pupils on the premises.

This duty is enshrined in common law, so that a teacher, acting 'in loco parentis', is expected to act in the way that a responsible parent might whenever an accident occurs. This includes attending to minor injuries suffered by children during the school day, but does not require teachers to have any special medical knowledge or training, any more than would be expected of a responsible parent.

As a result, both the Health and Safety Executive and the Department of Education and Science have advised that pupils be taken into account in consideration of the adequacy of first aid cover, as long as the provision for pupils and students does not dilute the statutory provision for employees at work as required by the Regulations.

Any provision made for pupils must be to the same standard as that for employees, so that the same first aid techniques and equipment should be used. In the past, many schools have stocked first aid boxes with additional items considered suitable for use with pupils' injuries, but the Regulations demand that all first aid boxes contain **only those listed in Appendix 1**. Arrangements may also include provision for visitors to the premises. Those who are themselves 'at work' (e.g. contractors) will need to make their own arrangements, but other visitors (e.g. parents) who might injure themselves while on the premises, may be offered basic first aid assistance where appropriate.

It may be appropriate to train appointed persons or others to be an emergency first aider (EFAW) if the assessment indicates that no first aider is required but large numbers of the public visit the premise. Table 2 in The Assessment of First Aid Provision form Appendix 2 gives an outline indication of the level of first aid provision according to type of risk and numbers employed. Managers should use this information to help determine and record the appropriate level of provision for their establishment.

4. What is First Aid?

First aid can be defined as the immediate treatment necessary for the purpose of preserving life and minimising the consequences of injury or illness until expert medical assistance can be obtained. It also includes the initial treatment of minor injuries which will not need treatment by a medical practitioner.

It is worthy of note that first aid is not intended to be a substitute for proper medical treatment, and does not deal with the treatment necessary for recovery from illness or disease. These are tasks which require medical expertise, and should not be attempted by persons who are not specifically trained in such work. It is not the duty of a first aider to deal with cases of ill-health or injury which require expert medical attention, other than in the initial stages while expert help is being sought, nor is it for first aiders to diagnose ill-health or disease.

First aid essentially uses simple techniques involving a basic knowledge of good practice and of the principles of life preservation. It does not require sophisticated equipment or a great

knowledge of medical matters. It is often as important to know what not to do as it is to know what should be done.

First aid does not include any follow-up treatment or aftercare, so that the administering of courses of medical treatment, and the routine dressing of wounds and injuries after initial attention, do not constitute first aid. Employees should be wary of the expectations of some in these matters, especially where it has come to be expected of school staff to routinely dress all injury wounds throughout the entire period of healing.

The object of first aid is to aid anyone injured or suddenly taken ill before expert help from a doctor or nurse is available, or before an ambulance arrives.

The aims of first aid are threefold:

- Saving life by prompt and initial action;
- Preventing the injury from becoming worse;
- Helping recovery through reassurance and protection from further danger.

It follows, then, that first aid equipment and materials must be simple, and capable of being used by anyone without risk of exacerbating any injuries or causing the condition of an injured person to deteriorate.

5. Legal Liability in First Aid

It is not the job of first aid staff to attempt amateur diagnosis of illnesses or injuries, and to do so in error could lead to legal liability in serious cases. In schools, teachers are from time to time called upon to decide what ought to be done when a pupil is obviously injured or becomes unwell. It has long been established in case law that schools are almost entirely responsible for pupils in their care during the school day, and if a sudden emergency arises, then the school must ensure that prompt and effective first aid treatment is given in school, followed if necessary, by expert medical attention.

If the school does not do this, then parents in many circumstances might wish to take legal action or at least to lodge complaints of a serious nature against those responsible. If a teacher gave incorrect medical treatment resulting in the deterioration of a pupil's condition, then that person could become liable in law.

First aid, however, is not medical treatment, and if any person applies first aid with common sense, and in line with currently accepted first aid practice, it would be almost impossible for any attempt at a claim against that person or the school to succeed. Far more trouble could ensue if a person did nothing at all, in that failure to respond in a manner expected of a reasonable parent might be construed as negligence.

In order for a claim of negligence to succeed, three things must be proved to the satisfaction of a court of law:

- That the defendant (e.g. a teacher) owed a duty to the plaintiff (e.g. the injured person)

- That the defendant failed to perform that duty to the extent that was reasonable;
- That the plaintiff suffered injury or damage as a result.

If the person accused (the defendant) can prove that they acted reasonably and in accordance with the general and accepted practice, then a charge of negligence would not be successful. Even where a court decided that there was some negligence on the part of an individual member of staff, the County's Insurers would be prepared, in almost all cases, to cover the liability under the extensive insurance policy arrangements, so that staff in schools and colleges carrying out first aid treatment will not incur personal liability where their actions are taken in good faith.

So, while a first aider has a duty to act in the best interest of the patient when an emergency arises or if an accident occurs, any such action which is based on good intention should be in accordance with currently accepted advice on good practice. Provided this is the case, the Authority would be prepared to stand by the actions of its employees in the event of a legal case arising out of first aid treatment.

6. First Aid Boxes

First aid boxes should be provided in every establishment in conveniently accessible locations. The number of boxes will largely be determined by local needs, so that in small primary schools and office premises, one first aid box may well be sufficient, provided it is accessible at all times when staff are on the premises.

First Aid boxes are located in every class room and in the First Aid room.

The needs of people likely to be on the premises outside normal working hours will also have to be considered in determining access to first aid equipment. The location of first aid boxes should be known to all staff, and suitable notices advising of the locations and the name(s) of any first aiders or appointed persons should be displayed. Telephone numbers of the nearest doctor, casualty hospital and local eye clinic should also be readily available for emergencies.

First aid boxes should be made of suitable material and designed to protect the contents from damp or dust. Boxes should be clearly identified as first aid containers, and marked with a white cross on a green background - the standard symbol for first aid.

First aid boxes should contain a sufficient quantity of suitable first aid materials as set out in Appendix 1, and nothing else. No additional items are permitted in first aid boxes, and staff responsible for them should see that stocks are replenished, and that additional items not permitted by the Regulations do not find their way into first aid boxes. Standard size boxes, along with stocks of replacement contents, are made available by the County on contract, and establishments should place orders for their requirements from the contract list.

The purpose of restricting the contents of first aid boxes to those listed is that an untrained person can use them without exacerbating any injury. Where injuries are such as to require materials other than these simple items, it is likely that more than basic first aid is required, and expert medical assistance should be sought.

Water and disposable drying materials (e.g. paper towels or tissues) should also be available for first aid purposes. Where these are not to hand then suitable individually wrapped moist alcohol free cleansing wipes may be considered appropriate. The use of antiseptic lotions and creams is not permitted in first aid treatment and such items should not be kept in first aid boxes.

It will be noted that the only first aid dressings which may be used are those that are individually wrapped and are essentially sterile. It must be possible to apply dressings so that the part which will come into contact with the wound is not touched by the hand, and so rolls of plaster, cotton wool, bandages and lint are **not** permitted. Scissors are also unnecessary and should not be kept for use in first aid treatment. Where mains tap water is not readily available for eye irritation, sterile water or sterile saline solution (0.9%) should be kept in sealed disposable containers (see Appendix 1).

7. Travelling First Aid Kits

Travelling first aid kits are available to groups taking part in outside activities remote from their base. Such kits should be kept in the vehicle and/or carried by the person in charge of the group. The contents of such kits should be restricted to those included in the list of permitted items (Appendix 1) with the possible addition of individually wrapped moist alcohol-free cleansing wipes, where appropriate, for use in situations where access to mains running water may not be readily available.

8. First Aid Room

The First Aid room is located on the first floor near the main office; it contains a locked cupboard for keeping medications safe and chairs. First Aid materials in accordance with Appendix 1, together with protective clothing (see below on additional equipment) are kept here; the room is kept clean, warm, and has a sink, hot and cold water, and soap and paper towels for emergency use. Children should never be left unattended in the First Aid room.

Where a first aid room is provided, it should be in the charge of a responsible person who will see that it is kept clean, well-stocked and ready for use at all times.

9. Additional Equipment for First Aid Use

In addition to the permitted first aid materials, there is seen to be a need for certain items of protective equipment to be kept for use when administering first aid.

There are a number of blood-borne diseases which can be passed on through open wounds or the handling of blood and body fluids. We provide protective gloves, aprons and resuscitation aids for those who wish to use them in first aid.

Disposable gloves, soiled dressings and soiled waste which are contaminated with blood or body fluids must be disposed of as clinical waste. The yellow plastic swabs & dressings bin should be used for such materials and is located in the First Aid room. This is collected by PHS and will be disposed of by incineration. A supply of yellow bags together with appropriate cleaning equipment is also kept alongside first aid equipment.

10. Records of Treatment

There should be a record of all cases of injury where first aid treatment is given. In most cases, this can be kept as part of the premise's accident book, with the details of any first aid treatment given included in the entry containing accident and injury information. It should be noted that accidents need to be reported in accordance with the County procedures and that accidents of a serious nature may need to be reported immediately by telephone, in order to conform to statutory requirements.

11. The Need for Trained Persons

The Health and Safety (First Aid) Regulations require every employer to provide first aid cover which is 'adequate and appropriate in the circumstances', and the advice given in this chapter is intended to suggest guidelines as to what may be considered appropriate in most cases. All Establishments where there is a trained first aider appointed (or more than one in some larger establishments), such a person will normally be responsible for first aid matters and must undergo the appropriate First Aid training. Where there is no qualified first aider, then there must be an 'appointed person' to take charge of any situation where a person is injured or becomes ill, and to be responsible for first aid equipment. In small establishments, and where no-one has volunteered for such appointment, this responsibility will of course rest with the Head of the establishment.

Schools

It is recommended that all staff members should have at least a simple knowledge of basic first aid, so that they will be able to recognise a situation where medical advice and expert attention is necessary. It is also desirable that at least one person in every school should have received some basic training in first aid procedures. As noted earlier, the First Aid Regulations are only concerned with employees, who constitute a small part of the total number of persons in a school. Nevertheless, schools are relatively low risk premises as compared with industry in general, and this must be considered in deciding what level of first aid cover is necessary.

Additional First Aid Requirements - Early Years

The Statutory Framework for the Early Years Foundation Stage requires that at least one person who has a current Paediatric First Aid Certificate must be on the premises at all times when

children are present. In addition, there must be at least one person on outings who has a current paediatric first aid certificate. It is important to ensure that first aid provision is adequate and appropriate during all working hours, so planned annual leave, maternity leave of Paediatric First Aiders and Appointed Persons must be covered. Managers should consider what cover is needed for unplanned and exceptional absences such as sick leave or special leave due to bereavement. In these circumstances it is appropriate that the services of a person who holds a current First Aid at Work Certificate be used to provide cover.

12. Recruitment and Selection of First Aid Personnel

In order to ensure that there are adequate numbers of first aid personnel, it will be necessary from time to time for new employees to be recruited for this duty. Some members of staff have First Aid included in their contract of employment; therefore, that person must undertake the training.

First aiders need to be people who are reliable, and who will remain calm in an emergency. It is also preferable for them to be persons who are generally available throughout the day, and therefore able to attend to the needs of an injured person without delay, although it is appreciated that this will not always be possible with teaching staff.

In most establishments there are those who are willing to act in this capacity, and are happy to present themselves for appropriate training. Where no-one is willing to volunteer their services, the responsibility to take charge of the situation in case of accident or emergency will, of course, rest with the Head of the establishment.

13. First Aiders and Appointed Persons

A 'First Aider' is a person who has been trained and holds a current certificate in First Aid at Work issued by an organisation approved by the Health and Safety Executive for this purpose. First Aid Certificates last for 3 years, and in order to remain qualified, the holder must take a refresher course before the certificate expires.

An 'Appointed Person' is a person designated as responsible for taking charge of the situation (e.g. to call an ambulance) if a serious injury or case of major illness occurs in the absence of a first aider. The appointed person can also render emergency aid if called upon to do so, and is responsible for first aid equipment in the situation where there is no first aider on the premises.

All establishments must have someone who is designated to take charge of first aid matters. Where there are first aiders, this duty will normally be delegated to one of these, but where no first aiders are available, then at least one person should be designated as the 'appointed person' for this purpose. It is the responsibility of the Manager or Headteacher to ensure that someone will always be available to take charge of any emergency situation which may arise.

In a school setting, it should be noted that in no case may pupils be used as first aiders or appointed persons. The responsibility is a serious one that must be entrusted to an adult employee who will

be able to deal effectively with any situation likely to arise. If a child requires medical attention school staff are responsible, including lunchtimes and no child will be unattended

14. Training

Any persons appointed as first aiders must be adequately trained in correct and up-to-date first aid techniques.

First Aiders need to sit an approved course, which currently takes 3 days, and which includes both the theory and practice of basic first aid. The course should be one approved by the Health and Safety Executive leading to a qualification certificate which must be renewed every 3 years.

Courses that are approved include those run by the British Red Cross Society and St John's Ambulance, and also those that are run by many of the Colleges of Further Education in Staffordshire. The County Council also offers from time to time in-house courses leading to qualifications in First Aid at Work, and these, too, meet the HSE requirements.

In smaller schools and office premises, emergency first aid is likely to be sufficient for most purposes, since there are very few accidents of a serious nature. This course is perhaps the one most suitable for staff in schools who wish to have a basic knowledge of first aid techniques, and can be recommended to any who might be interested.

Pupils often suffer sports injuries, and adequate first aid arrangements will take account of this. Those in charge of sporting activities and field trips may need special training, especially where visits are made to locations remote from emergency services or where specialised activities with unusual hazards (e.g. mountaineering, pot holing, canoeing etc.) are involved.

It should also be stressed that first aid techniques are constantly being reviewed, and any who have responsibility for first aid should endeavour to keep up-to-date. Many methods which were acceptable a few years ago are not now recommended, and it would be wise to follow current practice.

15. The Principles of First Aid

First Aid is precisely that - initial treatment and assistance only. If more than simple first aid is required, expert medical help must be sought. Staff can take children to hospital in their own car providing they are accompanied by another member of staff. All staff should know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

The aims of first aid are simple:

- To preserve life;
- To prevent worsening of the condition;
- To promote recovery.

The initial concern is of course to deal with life-threatening emergencies, and persons with even basic first aid training will recognise the priorities in such cases - Airway, Breathing and Circulation. Appropriate action in the first few seconds can make the difference between survival and death. Fortunately, such emergencies are extremely rare, and almost all first aid treatment is found to involve only minor treatment - cuts, grazes, bruises, sprains and strains. A basic knowledge of principles and the ability to recognise potentially serious situations is in most cases all that is required.

Schools are recommended to keep a copy of the latest First Aid Manual (Authorised by St John's Ambulance, St Andrew's Ambulance and the British Red Cross). This policy offers simple but detailed advice on dealing with most emergencies likely to happen in educational establishments; a copy can be found in the first aid room.

The advice which follows may be found useful in the majority of situations requiring first aid.

16. Minor Injuries

By far the majority of injuries involving first aid are of a minor nature, and most require simple dressing only. The initial bleeding of minor cuts will soon stop of its own accord, and an adhesive dressing is likely all that is required.

Hands should be washed if possible both before and after dressing wounds. If the wound is dirty, it should be lightly cleaned with a sterile wipe or water. A sterile adhesive dressing of appropriate size should then be applied, with care taken to avoid touching the part which will come into contact with the wound. **ANTISEPTICS SHOULD NOT BE APPLIED TO ANY INJURIES.** Their use in first aid is not recommended, and hence they are not permitted in first aid boxes.

If bleeding persists, a wound dressing should be applied, with gentle but direct pressure on the wound. A further dressing should be placed over the top if necessary.

Grazes should be treated in the same way. Where foreign bodies (e.g. grit) which cannot be removed by washing are embedded in the wound, or where bleeding is extensive because wounds are deep, expert medical help should be sought.

Bruises and sprains are best treated with ice packs or cold water to reduce swelling. Serious sprains are almost indistinguishable from fractures, and should always be referred to hospital. No

attempt should be made to bind sprains or suspected fractures with crepe bandages or similar, as this is a specialist treatment requiring some medical expertise.

Head injuries and eye injuries always give concern, and should be referred to hospital in all but the most trivial cases.

The principles of minor injury first aid are simple:

- Water or sterile wipe to cleanse wounds if necessary;
- Sterile dressing to be applied with clean hands (or gloves);
- Where there is any doubt, refer the injured person to hospital.
- Any injury which cannot be effectively treated with the simple equipment in the first aid box should be referred to hospital for medical attention.

17. Major Injuries

Injuries resulting in deep lacerations to the skin can result in major blood loss. The first priority in such cases must be to control bleeding by direct pressure with a suitable dressing, and by raising the injured part if possible. If no sterile dressing is available, an improvised dressing can be made from any suitable clean material, or even the bare hands (washed beforehand with soap and water) can be used in emergency. Prompt action whilst awaiting medical assistance can save life in serious cases of blood loss.

As noted earlier, injuries to the head or eyes, all obvious or suspected fractures, severe sprains, and any wounds which result in prolonged bleeding should be referred to hospital. All such injuries can have serious complications if not attended to by experienced medical professionals.

A number of such injuries are 'specified major injuries' under accident reporting legislation, and may have to be reported by telephone immediately.

The priorities are important in cases of serious injury, and if these are followed, one cannot easily go wrong in treatment. If there is any doubt about any treatment, it is better not to give it, but to wait until the experts arrive. The exceptions are in the cases of the control of serious bleeding and resuscitation, where almost any common sense action taken will not easily be wrong. In cases of serious injury it is better to try and fail than not to try at all. Where life is not at stake, such as in relatively minor injuries, it is better to do little than to do the wrong thing.

18. Other Conditions - school age children

It is useful for some among the staff at school to have a basic understanding of some of the other conditions which are from time to time found in school children. Epilepsy or Anaphylaxis are conditions which can become evident in school time, and pupils that are subject to one or other of the types of epileptic attack or anaphylaxis should have this fact noted on their school record and

a Care Plan must be completed. Staff having responsibility for such children should know what to do during such an attack, in the case of anaphylaxis staff are trained on using an EpiPen. Extensive advice has been provided by the Schools Health Service on these subjects. Similarly, detailed advice is also provided in the Schools Health Service Handbook on dealing with the special needs of children who suffer from diabetes, including emergency action where this is necessary.

All Care Plans are kept in the medical room.

Knowledge of the appropriate treatment and action in the event of electric shock is important, especially in practical and craft areas where the risk, although small, is clearly present. Staff responsible for such areas would do well to become familiar with the correct procedure.

Burns and scalds can be very painful, but rarely occur to a serious degree in schools. In most cases, prolonged irrigation with cold water. Serious burns and burns involving chemicals should be referred to hospital as soon as possible.

Animal bites and stings, foreign bodies in the eyes, ears, nose or mouth, any cases of suspected poisoning by plants, chemicals or drugs, and other such conditions are beyond the scope of simple first aid, and should be referred to hospital.

19. Hygiene

The principles of good hygiene should always be observed when administering first aid. The human body has a remarkable ability to fight off infection, and in most healthy people, skin injuries will heal completely in a short time. However, it is sensible not to introduce further infection by using unwashed hands or non-sterile dressings.

Hands should always be washed thoroughly before administering first aid, and any cuts or grazes on the first aider's hands should be covered with a waterproof dressing beforehand. It is also prudent to use disposable plastic gloves to reduce the risk of cross-infection. In serious lifethreatening emergencies where hands cannot be washed, it is better to act quickly with unwashed hands than to waste vital seconds.

Water should be used to clean around wounds where this is necessary. Antiseptics have little effect, and can have complications in use, which is why they are not permitted in first aid treatment.

20. Disposal of Waste

Soiled dressings, paper towels, gloves and other items which are contaminated with blood or body fluids can give rise to infection, and hence must be disposed of as clinical waste.

Clinical waste **must** be placed in the yellow swabs and dressings bin located in the medical room. **UNDER NO CIRCUMSTANCES** should yellow polythene bags containing clinical waste be allowed to go for disposal with normal refuse, but should instead be disposed of by incineration.

The Authority through its Central Purchasing Unit makes arrangements with contractors for a collection service for clinical waste. It is usually more economical to store such waste in sealed bags in a safe place until a reasonable quantity is ready for collection. In some cases, local District Councils can offer a small scale collection service for clinical waste in yellow bags. Our contractor is PHS who collects on a regular basis.

'Sharps' such as discarded hypodermic syringes, razor blades, broken glassware etc., should not normally be generated in quantity in schools, but where any that may be contaminated with blood are found, they must be disposed of by incineration, and be placed in a specially constructed 'sharps' container while awaiting disposal. Such items must never be allowed to find their way into normal refuse.

Appendix 1 Approved Equipment of First Aid Use

Staffordshire County Council - Contents of First Aid Boxes

Where no special risk arises in the workplace, a minimum stock of first aid items is indicated in the table below.

Where activities are undertaken away from a recognised base, it will usually be appropriate to take a suitable first aid kit. As with first aid boxes, the contents of travelling kits should be kept stocked from the back-up stock at the home site.

Where the first aid assessment identifies additional equipment is required due to the circumstances of an activity, this may also be carried.

Item	First Aid Box	Travelling First Aid Box
Leaflet or card giving general guidance on first aid at work.	1	1
Individually wrapped sterile adhesive dressings (plasters) of assorted sizes appropriate to the type of work (dressings may be of a detectable type for food handlers)	20	6
Sterile eye pads.	2	-
Individually wrapped triangular bandages (preferably sterile).	4	2
Safety pins	6	2
Medium sized (12cm x12cm) individually wrapped sterile unmedicated wound dressings.	6	-
Large (18cm x 18cm) sterile individually wrapped unmedicated wound dressings.	2	1
Individually wrapped alcohol free cleaning wipes	10	6
Disposable gloves (non-latex powder free)	2 Pairs	1 pair

Where additional equipment such as scissors, adhesive tape, disposable aprons, individually wrapped moist wipes, blankets, tweezers or protective equipment such as resuscitators, these may be kept in the first aid box or stored separately as long as they are available for immediate use if required.

Notes

- In areas where food is handled, it is recommended that the sterile adhesive dressings are of the blue detectable type, so that they would be readily seen if falling into food. First aid boxes in kitchens should therefore contain dressings of this type. At least some of the adhesive dressings in all first aid boxes should be of the waterproof type for application where appropriate.
- Where mains tap water is not available, sterile water or saline solution (0.9% concentration) should be kept in sealed bottles for emergency eye irrigation. In educational establishments, running water is always available and so this requirement will not normally arise. It may, however, be useful to keep emergency eyewash bottles in chemical laboratories and practical areas where these are at some distance from washrooms, although a short length of rubber tube attached to a sink tap can provide for very effective eye irrigation in such areas.
- First aid boxes should be kept stocked with a sufficient number of each item for the foreseeable needs, based on experience and past usage, but each box must contain the minimum quantities listed above. It is probably useful to carry a back-up stock of these items in a locked cupboard to allow for prompt replenishment of the contents of boxes.
- The Regulations do permit certain other items in addition to those noted above in circumstances where specific hazards exist, for example. Antidotes and neutralising substances may be acceptable in certain industries, but only where first aiders have received specific training in their use. In schools this situation will not arise, and so first aid box contents should be restricted to those items listed above.
- In all cases, soap and water and disposable paper towels or tissues should be available for any cleaning of wounds or blood spillages. In cases where these are not readily available, individually wrapped moist cleansing wipes may also be kept with first aid materials.

Travelling First Aid Kits

The contents of travelling first aid kits (such as those carried in motor vehicles or taken on field trips) should be appropriate to the circumstances in which they will be used. They should contain items from the above list, in at least the following quantities:

- a. Guidance card giving general advice;
- b. Six individually wrapped adhesive dressings;
- c. One large (approximately 18cm x 18 cm) unmedicated wound dressing (individually wrapped and sterile);
- d. Two triangular bandages;

- e. Two safety pins;
- f. Six individually wrapped moist alcohol free cleansing wipes (when water not available); g.
Three pairs of disposable gloves.

Supplementary Information

Disposable plastic gloves, aprons, and other suitable protective equipment such as resuscitation airway pads, plastic bags for disposal of waste, and appropriate cleaning agents for cleaning up blood or body fluid spillages should be kept near the first aid boxes so that they are readily accessible if needed.

Appendix 2

**Staffordshire County Council – First Aid Policy Assessment
of First Aid Provision**

Establishment/Location: Burleyfields Primary School **Name of Assessor(s):** Chris Knapper

Assessment of First Aid Factors

In order to assess the first aid requirements you should identify whether any of the following factors apply to the workplace or employees by ticking Yes or No in all cases: -

Table 1

Assessment Factor		Apply?		Impact on First Aid Provision
		Yes	No	
1	Have your risk assessments identified significant risks of injury and/or ill health?			
2	Are there any specific risks such as working with hazardous substances, dangerous tools or machinery, and dangerous loads or animals?			
3	Are there parts of the establishment with different levels of risk?			

4	Have you had any accidents or cases of ill-health in the past 12 months?			
5	Are there inexperienced workers on site, or employees with disabilities or special health problems?			
6	Are the premises spread out, e.g. are there several buildings on the site or multifloor buildings?			
7	Is there shift work or outofhours working?			
8	Is your workplace remote from emergency medical services?			
9	Do you have employees who travel a lot or work alone?			

The following table offers suggestions on how many first aiders or appointed persons might be needed in relation to levels of risk and number of employees on site. Increased provision will be necessary to cover for absences. The table does not take into consideration any non employees who may be affected so an allowance will need to be made in such circumstances.

Table 2

The minimum first aid provision on any work site is:

- a suitably stocked first aid box
- an appointed person to take charge of first aid arrangements, at all times whilst people are at work

Assessment of First Aid Requirements

Having regard to the factors identified in table 1 and advice contained in table 2 above, the following first aid equipment/facilities/personnel are required to be provided (includes sufficient personnel necessary to cover for absences).

No.

No.

Qualified First Aiders	1	Qualified Emergency First Aiders	1
Paediatric First Aiders	1	First Aid Boxes	2
First Aid Room	1	Eye Wash Bottles	2
Travelling First Aid Kits	2		

Have arrangements been made to appoint/train the necessary appointed persons/first aid personnel and for the required amount of first aid equipment to be supplied? **Yes/No**

Informing Employees

Have arrangements been made to inform employees of the first aid arrangements (ideally at their induction) and notices posted to inform staff who and where the first aid personnel or appointed persons are and where the first aid box is? **Yes/No**