

Bushey Heath Primary School

First Aid Arrangements

A vibrant school inspiring children to realise their potential

Introduction

1. This document provides guidance to schools on the assessment and provision for first aid needs in order to ensure that the requirements of the First-aid regulations (Health and Safety (First Aid) Regulations 1981) are met. <http://www.hse.gov.uk/pubns/books/l74.htm>.
2. This legislation relates to the provision of first aid for employees if they are injured or become ill at work, however when assessing the overall risk and number of first aiders required pupil needs must also be considered.
3. In addition The Early Years Foundation Stage Statutory framework (EYFS) mandates some first aid requirements and is mandatory for all schools and early years providers in Ofsted registered settings attended by young children (i.e. children up to the end of the academic year in which the child has their 5th birthday).

Provision of First Aiders

4. Schools should determine the required number of first aiders for their individual circumstances. First aid provision must be adequate and appropriate in the circumstances. This means that you must provide sufficient first aid equipment (first aid kit), facilities and personnel at all times. This assessment of need should be reviewed at least annually.
5. A template for a first aid needs assessment is provided in Appendix B (and under the generic risk assessments on the Grid). The scenario-based examples provided are to demonstrate the general principles involved. These are not definitive, and schools should not assume the outcomes shown are directly transferable to their situation.
6. Suggested minimum numbers based on HSE guidance are given in the table below.

Category of Risk	Numbers employed at any one location	Suggested minimum number of First Aid Personnel within the school
Lower Hazard	fewer than 25	In school settings even where there are fewer than 25 staff then Emergency First Aid at Work (EFAW) / a basic level of first aid training in order to meet pupil needs would be expected as a minimum.
	25 -50	At least one first aider trained in EFAW.
	more than 50	At least one first aider trained in First aid at work (FAW) for every 100 employed (or part thereof).
Higher Hazard (Schools will generally fall into the lower hazard category, although some areas of activity (i.e. DT,	5-50	At least one First Aider trained in EFAW or FAW depending on types of injuries that may occur.

Swimming pool plant room, laboratories etc.) may fall into the higher risk category).	more than 50	At least one additional First Aider trained in FAW for every 50 employed (or part thereof).
School settings where the EYFS framework applies	N/A	At least one person who has a current paediatric first aid certificate (12 hours) must be on the premises at all times when children are present and must accompany children on outings. EYFS Sept 2025 update requires that Whilst children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate

7. First Aid To ensure adequate coverage and quick accessibility to a first aider for both students and staff the following must also be considered: -
 - adequate provision in order to cover work patterns, absence, leave, offsite activities etc;
 - previous injuries / illnesses experienced;
 - the layout of the premises e.g. split sites;
 - the location of the school and remoteness from emergency services;
 - any specific hazards on site (e.g. DT machinery, hazardous substances, swimming pool);
 - numbers of pupils on site;
 - extended / extra-curricular school activities.
8. Where the school site is shared (be that on a permanent or temporary basis) the first aid arrangements should be agreed by all employers and clearly communicated to all employees.
9. In higher risk areas such as science, DT, PE etc. staff must be aware of immediate remedial measures in order to manage the initial injury and ensure an effective hand over of any specific information (particularly relating to chemical incidents) to the school first aiders.
10. Unless first aid cover is part of an employee's contract of employment those who agree to become first aiders do so on a voluntary basis.
11. First aid arrangements must also be in place where school premises are used outside of 'normal' hours, e.g., for lettings. Arrangements must be in place to ensure a first aid kit / telephone is available to persons who may require its use.

Specific Medical Needs

12. This document sets out to provide general guidance only, specialist advice should be sought for individuals with disabilities, long-standing medical conditions or allergies which may require special treatment in the case of accidents or illness.
13. The DfE Guidance on Supporting pupils with medical conditions at school <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> should be referred to for guidance in such situations.
14. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.
15. In addition, some staff carry their own prescribed medication such as inhalers for asthma, insulin for managing diabetes etc. If an individual needs to take their own prescribed medication, the first aider's role is limited to helping them do so and contacting the emergency services as appropriate

First Aid Training

16. Depending on the school's size and assessment of need school first aiders should hold a valid certificate in either:

1. First aid at work (FAW) –a three-day course (18 hours);
2. Paediatric first aid – a 2-day (12 hour) course to meet the requirements of the EYFS statutory framework.
3. Emergency first aid at work (EFAW) – a one-day course (6 hours).
17. To support the school's appointed first aiders many training providers also offer Inset training in order to ensure basic first aid skills (applicable to both staff and pupils) are held by a wide number of other teaching and support staff, MSAs etc.
18. First aid training is valid for three years, after which a refresher course is required before recertification. An annual refresher is also available, but this is not mandatory.
19. Schools should ensure that refresher training is undertaken before certificates expire and a record of first aiders and their certification dates should be maintained.
20. Since October 2013, the HSE has no longer approved first aid training and qualifications. This training is available from a wide range of providers. Guidance on selecting a first aid provider is available from the HSE, this provides further detail on the criteria a competent provider should be able to demonstrate and checks which should be conducted when selecting a first aid training provider. (The voluntary aid societies (e.g., St. John Ambulance, British Red Cross) are recognised as one of the standard setters in currently accepted first aid practice.
21. Some training providers offer training that is a mix of e-learning and face to face. This is known as blended learning and is an accepted means by which workplace first-aid training can be delivered. It is strongly recommended that practical elements of the course should be assessed by direct observation, to ensure the confidence and competence of staff.
22. Health professionals with the following training / experience are qualified to administer first aid without the need to hold a FAW or EFAW qualification.
 - doctors registered with the General Medical Council.
 - nurses registered with the Nursing and Midwifery Council.
 - paramedics registered with the Health Professions Council.
23. Staff who administer first aid according to their training and in the course of their employment should be covered by employer's liability insurance.

Automated External Defibrillators (AED)

24. See DfE guidance on Automated external defibrillators (AEDs) in schools <https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools>. AEDs are designed to be used by anyone without any specific training and by following the step-by-step instructions provided by the AED at the time of use. It would therefore be adequate for schools to circulate the manufacturer's instructions to all staff and to provide a short general awareness briefing session in order to meet their statutory obligations.
25. However, it should be recognised that staff confidence in the use of an AED is likely to be enhanced by training – this may be available via the supplier, East of England ambulance service and 1st aid providers. Since 2016 First aid at work training courses (FAW / EFAW) cover the use of defibrillators (prompts and how to respond and pad placement).
26. AEDs should be located to ensure that they can be accessed quickly in an emergency. Ideally situated no further than a maximum of two minutes' brisk walk from the areas where they are most likely to be needed.
27. Registering your AED with the local ambulance service ensures that your device's location is provided to 999 callers when a cardiac arrest is reported. See The Circuit - the national defibrillator network for registration.

If you're not sure whether your defibrillator is registered on The Circuit, you can check: DefibFinder - find the defibrillators nearest you. To make sure 999 call handlers don't send responders to retrieve a defibrillator when it's not accessible, make sure you update The Circuit, with the times AED is available / dates your building is closed. This short video shows you how to update a school defibrillator's availability.
28. Modern defibrillators undertake regular self-tests and will indicate any issue by means of a warning light etc. Schools should ensure that they have a procedure in place for defibrillators to be checked for any such indicator on a regular basis.

29. Defibrillator and Cabinet Check Sheets are available from St Johns etc.

First Aid Equipment

30. All schools should have a minimum of one first aid kit, clearly marked, readily accessible and its location known by all staff and pupils.
31. Additional kits may then be needed for split sites, specific higher hazard areas (kitchens, DT workshops. Etc.) and for offsite visits.
32. Travel first aid kits should be kept in minibuses or other such vehicles.
33. First aid kits should contain a sufficient quantity of suitable first aid materials and nothing else. See appendix A for a suggested list of minimum contents.
34. All first aid kits must be checked regularly and restocked by a designated member of staff; items should not be used after expiry date shown on packaging. Extra stock should be kept in the school.
35. First aid does not include the administration of medicines and thus first aid boxes should NOT contain drugs of any kind including paracetamol, antiseptic creams etc.
36. Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 300ml and should not be re-used once the sterile seal is broken. At least 900ml should be provided. Eye baths/eye cups/refillable containers should not be used for eye irrigation.

First Aid Rooms

37. The School Premises (England) Regulations 2012 require that schools have a suitable room that can be used for medical treatment / the short-term care of sick and injured pupils when required. This area should be equipped with a sink, be reasonably near a WC. The room can be used for other purposes, except teaching, so long as it is readily available for medical use when needed.
38. Where a school caters for pupils with complex needs, additional medical accommodation must be provided which caters for those needs. See <https://www.gov.uk/government/publications/standards-for-school-premises>

Emergency Procedures

39. In the case of serious or potentially serious injuries or sickness, professional medical assistance should be sought at the earliest possible time to avoid the danger of inappropriate diagnosis or treatment.
40. Staff should not take children to hospital in their own car, it is safer to call an ambulance. A member of staff should accompany the child to hospital by ambulance and stay until parent or guardian arrives. Health professionals are responsible for decisions on medical treatment where a child's parent or guardian is unavailable.

Provision of Information

41. Schools should ensure that their first aid arrangements are detailed in their health and safety policy and that all staff are aware of these. These arrangements (including the location of equipment, facilities and personnel) should form part of induction training for all new and temporary staff.
42. There should be at least one notice posted in a conspicuous position within the premises, giving the location of first aid equipment and facilities and the name(s) and location(s) of the personnel concerned.

Record Keeping

43. Schools should ensure the following records are available:
 - Certification of training for all first aiders and refresher periods.
 - Any specialised instruction received by first-aiders or other staff (e.g., AED, Epi-pens).
 - First aid cases treated (see accident / incident reporting).

First Aid and Blood borne viruses

44. First aid training courses should highlight the importance of preventing cross-infection in first-aid procedures. 'Universal Precautions' must always be followed to reduce the risk of transmitting blood borne infections such as hepatitis and HIV.

45. This approach assumes that all blood products and bodily fluids are potentially infectious thus the following procedures should always be applied:

- Always cover any open wounds on your own hands with a waterproof adhesive dressing.
- Disposable gloves (unpowdered latex, nitrile or vinyl) to be worn when dealing with bleeding / cleaning up bodily fluids.

46. Small quantities of contaminated waste (soiled or used first aid dressings) can be safely disposed of via the usual refuse collection arrangements. Waste to be double bagged in plastic and sealed by knotting.

Head Injuries

47. Injuries to the head need to be treated with particular care. High energy head injuries or those with any evidence of following symptoms may indicate serious injury and immediate medical advice should be sought by calling 999.

- unconsciousness, or lack of full consciousness (i.e., difficulty keeping eyes open);
- confusion;
- irritability or altered behaviour ('easily distracted', 'not themselves' 'no concentration', 'no interest in things around them')
- any problems with memory;
- persistent headache;
- blurred or double vision;
- vomiting;
- clear fluid coming from ears or nose;
- bleeding from their ears or bruising behind their ears
- loss of balance;
- reading or writing problems;
- loss of power or sensation in any part of body, such as weakness or loss of feeling in an arm or leg;
- general weakness;
- seizure or fit.

48. NHS Direct provide full details of symptoms and treatment for minor head injuries <https://www.nhs.uk/conditions/head-injury-and-concussion/>

49. Where pupils receive a head injury their parents/carers should be informed, this should be done immediately by telephone if symptoms described above occur. For minor bumps the parent could be informed via letter, bumped head note etc.

Further Information

Further advice and information on first aid matters can be obtained from the Health and Safety Team on 01992 556478 healthandsafety@hertfordshire.gov.uk

DfE good practice guide, Guidance on First Aid for Schools Please note information regarding first aid training providers in this advice is no longer current.

HSE First Aid homepage <http://www.hse.gov.uk/firstaid/index.htm>

APPENDIX A

As a guide suggested contents lists for first aid kits are as follows:

First aid kit

- Leaflet giving advice on first aid;
- Twenty individually wrapped sterile plasters (assorted sizes) appropriate to the work environment (which must be detectable for the catering industry);
- Two sterile eye pads;
- Four individually wrapped triangular bandages;
- Six safety pins;
- Six medium sized individually wrapped sterile unmedicated wound dressings (12x12cm);
- Two large sterile individually wrapped unmedicated wound dressings (18x18cm);
- At least 3 pairs of disposable gloves.

Travel first aid kit

- Leaflet giving advice on first aid;
- Six individually wrapped sterile plasters (assorted sizes);
- Two individually wrapped triangular bandages;
- Two safety pins;
- Individually wrapped moist cleaning wipes;
- One large sterile unmedicated wound dressing (18x18cm); and
- Two pairs of disposable gloves.

Disposable gloves should be vinyl, nitrile or powder free, low protein latex and CE marked.

Blunt ended stainless steel scissors (minimum length 12.7 cm) may also be useful to cut clothing away.

British Standard BS 8599 provides further information on the contents of workplace first-aid kits. Whether using a first-aid kit complying with BS 8599 or an alternative kit, the contents should reflect the outcome of the first aid needs assessment.

APPENDIX B

School First aid assessment considerations

Factors to consider	First aid implications	Notes
Does your site have any higher level hazards? E.g., secondary science, DT (machinery), swimming pool on site etc.	First aid at work trained staff / first aiders trained to deal with specific hazards on site will be required. In higher risk areas such as science, DT, PE etc. staff must be aware of immediate remedial measures in order to manage the initial injury and ensure an effective hand over of any specific information (particularly relating to chemical incidents) to the school first aiders. PE staff would be recommended to have received training on the management of sports-related injuries.	
How many employees are on site?	Lower hazard site: < 25 staff: Emergency first aid at work (EFAW) or a basic level of first aid training in order to meet pupil needs would be expected as a minimum. 25-50 staff : At least one first aider trained in EFAW. >50 staff: At least one first aider trained in first aid at work (FAW) for every 100 employed (or part thereof). Higher Hazard site: 5- 50 staff At least one First Aider trained in EFAW or FAW depending on types of injuries that may occur. >50 staff: At least one additional First Aider trained in FAW for every 50 employed (or part thereof)	
Number and age of pupils / students?	Do the number of trained first aiders needed above to provide first aid for risks to staff also	

	provide sufficient cover for the student population / need? To support the appointed first aiders, consider inset training to ensure key first aid skills are held by a wide number of other teaching and support staff, MSAs etc. Where the EYFS applies: In addition to any requirement for EFAW a minimum of 2 staff should be trained in paediatric first aid (12 hours) to satisfy the EYFS requirements. First Aid (Note the revised EYFS wording from Sept 2025 that whilst children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate). Early years foundation stage (EYFS) statutory framework - GOV.UK	
Are there extensive community use / lettings at the school?	Ensure hirers are aware of emergency procedures and what first aid arrangements are in place. (Could just be access to phone / first aid kit / AED etc.) Any additional equipment required e.g., automated external defibrillator (AED)	
Any staff who shift work / out of hours work?	What provision is needed for these staff? Is access to a first aid kit and mobile phone sufficient for the level of risk?	
Any specific ill health problems amongst staff / students which need to be considered?	Additional training required in specific health conditions such as diabetes, anaphylaxis etc.	
Consider your accident records, type / number. Where do these occur and when?	Ensure you've adequate cover / coverage for the accidents which occur on site. Monitor incidents and review cover.	
How spread out is the site / buildings?	Is there adequate provision can 1st aiders attend to an injured person in a reasonable time. Are first aid kits in locations easily accessible to the whole school.	

Consider remote working, offsite visits, playing fields / fixtures etc.	Provide travel / portable 1st aid kits; mobile phone / radios etc.	
Are you remote from emergency services?	Unlikely to be a significant issue for most schools, also consider offsite visits location and level of risks. As to what level of training may be required by visit leaders.	

Do not forget that trained staff may be absent from the premises. You must appoint sufficient people to cover these absences to enable first aid personnel to be available at all times when people are at work.

SUMMARY OF REQUIRED FIRST AID PROVISION		
Level of First aid staff	Numbers of Staff Required to be on Site at Any Time	Numbers to be Trained to Meet On-Site Requirement
FAW		
EFAW		
Paediatric First Aid Trained		
Other training		

First aid kits	Quantity required	Locations	
Travel First aid kits	Quantity required	Locations	
Defibrillator / other equipment	Quantity required	Locations	
First Aid Needs Assessment Completion			
Name	Signature	Date	
Reviews	Set future review dates & sign/comment upon completion		
Review date	Review by	Signature	Comments

First-aid need assessment scenarios

These case studies provide some scenario-based examples of first aid needs assessments, they demonstrate the general principles involved but are not definitive and schools should not assume the outcomes shown are directly transferable to their situation.

Primary school

A primary school of 320 pupils also includes an attached preschool that takes children from the age of three. Across the site there are 26 staff on duty at any one time. The majority of hazards are considered low, although there is for example, a higher-hazard area in the on-site kitchen. The school is aware that four pupils have asthma and two hold Epi Pens.

The first aid needs assessment indicates that the suggested requirements are:

First-aid personnel	Required Yes/no	Number needed
First-aider with a first aid at work (FAW) certificate	No	N/A as there are less than 50 staff
First-aider with an emergency first aid at work (EFAW) certificate	Yes	At least 1 on duty at all times while people are at work
First-aider with additional training (specify)	Yes	Staff should also have training in any specific health care needs such as anaphylaxis. In addition to the EFAW training a minimum of 2 staff should be trained in paediatric first aid (12 hours) to satisfy the EYFS requirements. To support the appointed EFAW first aiders inset training has been provided to ensure key first aid skills are held by a wide number of other teaching and support staff, MSAs etc.
Appointed person	No	N/A
First-aid equipment and facilities	Required Yes/no	Number needed
First-aid container	At least 2	1 in the attached pre-school area and 1 in a central location easily accessible to the rest of the school (e.g., school office). The food operator should also provide a first aid kit.
Additional equipment (specify) (e.g., automated external defibrillator AED))	Yes	Detail location
Travelling first-aid kit	Yes	Available for offsite visits
First-aid / medical room	Yes	1

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