



First Aid Policy

Reviewed by:	Trustees
Approved:	September 2026
Review date:	September 2027

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1. Introduction

West Norfolk Academies Trust must, according to the Health & Safety (First Aid) Regulations 1981, provide trained first aid personnel and equipment for its staff in case they are injured or become ill at work. Although it is not required by law in most cases, we also provide first aid for other people who are not our employees but come to our premises as visitors. It should be noted that within an educational setting students are identified as visitors.

2. What does *First Aid* include?

The term *First Aid* means treating someone who is injured or unwell to keep them alive or stop their condition worsening until medical help arrives and treating minor injuries which do not require medical help.

First aid does not include the administration of medication to students or Staff unless in relation to an anaphylactic reaction. Staff should note that the use of an Epipen, or similar device, is permitted and fully supported where anaphylactic symptoms are suspected

3. Responsibilities

Managers must see that appropriate first aid provision in the form of trained staff and suitably stocked first aid kits is made available for their staff and due to the educational setting, all visitors to school premises.

4. First Aid Needs Assessment

First aid provision is no longer based upon fixed numbers of first aiders per number of staff and a list of required contents of first aid boxes. Instead, the approach we are now required to use involves making an assessment at our own workplaces and determining for ourselves:

- the numbers and types of first aiders we need,
- what we need in our first aid boxes,
- and whether we need any other facilities or equipment.

This is called a *first aid needs assessment*.

The aim of the first aid needs assessment is to produce first aid provision that is tailored to our own individual workplaces, the people who work there and the risks they face from the work that they do. Guidance for the first aid needs assessment is provided at Annex A to this document and according to the findings of your first aid needs assessment, you will need to provide appropriate first aid personnel and equipment.

NOTE - Where it is a requirement for first aid provision to extend to cover non-employees, such as students, it is strongly recommended that the requirement be factored in when completing the first aid assessment.

5. Appointed Person

As a minimum requirement, irrespective of the findings of your first aid needs assessment, you will at least need to see that you have an appointed person available.

The role of an appointed person is to:

- look after any first aid equipment,
- take charge if there is an incident,
- call and liaise with the emergency services, when necessary,
- ensure that a list of trained staff is maintained and available,
- ensure that all incidents have been recorded/ reported via the WNAT incident helpdesk.

You must see that appointed people are instructed on and clear about their duties. Appointed people do not necessarily require any first aid training although a basic understanding is beneficial. It is also beneficial to appoint more than one individual to cover absences.

6. First Aiders

When selecting first aiders, the following factors should be considered:

- reliability and communication skills of the individual,
- aptitude and ability to absorb new knowledge and learn new skills,
- ability to cope with stressful and physically demanding emergency procedures,
- availability to respond to an emergency immediately.

First aiders will be expected to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school or when on educational visits,
- When required, ensure that an ambulance or other professional medical help is requested.
- ensure that the incident is reported/ recorded using the WNAT incident helpdesk as soon as possible.

7. Training Requirements

It is the responsibility of employers to ensure that their first aid staff have received appropriate first aid training delivered by a competent first aid training provider.

Due to the educational setting, the requirement for first aid is expected to extend to cover non-employees such as students. Therefore, training provision may need adjustment to suit this additional need. Training provider courses are often aimed at adult first aid and would need adapting to cover first aid requirements for children. The school should discuss any specific needs with the training provider in advance as they will often tailor courses specifically to the needs of the school.

- Emergency first aid training covers the basic requirements of first aid and is a one-day course.
- First aid training covers more in-depth requirements and covers a three-day course. It is recommended that due to the increased hazards associated with the following roles/ departments that several staff complete this course if employed in these areas.
 - PE Departments
 - Technology Department
 - Science Department
 - Drama Department
 - Site Teams

Note – Paediatric first aid is a mandatory requirement for all EYFS and Primary school settings. See Para 7.1. It is not a requirement in secondary school or college settings.

First aid certificates are usually valid for 3 years. Employers should arrange retraining before certificates expire. Once a certificate expires, the individual would have to undertake another full course to be reinstated as a first aider. The management of training is the responsibility of the appointed person.

It is strongly recommended that first aiders undertake annual refresher training to maintain their basic skills and keep up to date with any changes in procedures.

Note – The administering of Epipens for suspected anaphylactic symptoms does not require the individual to hold a first aid certificate.

7.1 Training Requirement for EYFS

Early years education providers, including schools, must meet the paediatric first aid requirements set out in the statutory framework for the early years foundation stage (EYFS). This includes arrangements for off-site activities involving young children such as educational visits.

The EYFS requires that at least one person who has a current paediatric first aid (PFA) certificate should be always on the premises and available when children are present and should accompany children on outings.

Paediatric first aid training must be renewed every 3 years and should be relevant for workers caring for young children and where relevant, babies. Employers should consider, via their first aid needs assessment, the number of children, staff, and the layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.

8. Records and Reporting

Note: The WNAT incident reporting helpdesk should **ONLY** be used where:-

1. The incident meets the criteria of the Reporting of Infectious Diseases and Dangerous Occurrences Regulations (RIDDOR) for staff – See Para 9.1
2. The incident meets the criteria of the Reporting of Infectious Diseases and

Dangerous Occurrences Regulations (RIDDOR) for students – See Para 9.2

3. Near misses where an incident could have occurred and is likely to occur without improvements. – See Para 9.3

Where an injury has occurred due to normal play or is related to ill health such as nausea (Feeling or being sick), headaches, nose bleeds etc. not caused by one of the stated categories, then the incident should be recorded in the school accident book.

Parents are to be informed of all incidents irrespective of the cause.

Note: First aid treatment includes the administering of first aid and does not include pastoral care.

The prompt reporting of incidents requiring first aid treatment will ensure the following:

- A record of an incident is maintained,
- Follow-up investigations can be conducted swiftly,
- Any need to complete the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) is done so in a timely manner.
- Trending analysis can be conducted to identify patterns or high-risk areas requiring improvement.

When completing the report, the following information should be provided.

1. Type of incident (See categories above)
2. Location (Including School Name)
3. Name of injured person
4. Staff member or Student?
5. For students, was supervision in place at the time of the incident?
6. Name of First Aider
7. Type of injury sustained.
8. Type of first aid administered.
9. Hospital treatment required (Treatment includes the treating of injuries and not precautionary investigations)
10. Any follow up action required.

9. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

Incidents should be reported using the WNAT Incident Helpdesk. It will then be determined, using the information provided, as to whether a RIDDOR submission is required as the regulations differentiate between staff and students in an educational setting and lists separate criteria for both.

9.1 Staff Requirements

A report is to be submitted to the HSE for the following:

- Incidents which result in death of an individual
- Incidents that result in a 'specified injury'. (See para 9.1.1)

- Incidents involving physical violence. (See para 9.1.2)
- Occupational diseases (See Para 9.1.3)
- Incidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident but including weekends and other rest days), These must be reported within 15 days of the incident occurring.

9.1.1 Reportable Specified Injuries to Employees

- fractures, other than to fingers, thumbs, and toes.
- amputations.
- any injury is 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), which:
 - cover more than 10% of the body or
 - cause significant damage to the eyes, respiratory system, or other vital organs
- any scalping requires 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.
 - requires resuscitation or admittance to hospital for more than 24 hours.

9.1.2 Physical Violence to Employees

Acts of physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence.

Examples

A RIDDOR report would be required where a teacher sustains a specified injury or an injury leading to more than 7 days absence because a student, colleague, or member of the public assaults them while on school premises.

A RIDDOR report would not be required if no injury was sustained following the assault, but the individual feels they cannot return due to trauma. This would be a psychological reaction.

9.1.3 Occupational diseases for employees

Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. These include:

- carpal tunnel syndrome
- severe cramp of the hand or forearm
- occupational dermatitis, e.g., from work involving strong acids or alkalis,

including domestic bleach. (**Note:** All cleaning staff are to complete the WNAT skin self-assessment annually).

- hand-arm vibration syndrome
- occupational asthma, e.g., from wood dust and soldering using rosin flux.
- tendonitis or tenosynovitis of the hand or forearm
- any occupational cancer
- any disease attributed to an occupational exposure to a biological agent.

NOTE: Stress-related illnesses are not reportable under RIDDOR.

9.2 Students Requirements

Injuries to students who are involved in an incident at school or on an activity organized by the school are only reportable under RIDDOR if the accident results in:

- the death of the person that arose out of or in connection with a work activity or
- an injury that arose out of or in connection with a work activity AND the person is taken directly to hospital for treatment

If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is not reportable.

The incident should be reported on the WNAT incident system by considering if the incident was caused by

- A failure in how the activity was organized (lack of supervision)
- The way equipment or substances were used (Incorrect use of guards or safety instruction) and/or
- The condition of the premises (slippery floors, trip hazards etc)

If the incident does not meet the criteria above it should be recorded locally and parents informed.

Examples

1. A student trips and falls over a trailing cable in a corridor leading to a broken arm. This would result in the student attending hospital for treatment. As the injury was sustained due to a failure in premises (Trip hazard) and resulted in hospital treatment the incident would require reporting under RIDDOR.
2. A student falls from the stage leading to a head injury due to the teacher leaving the room and not supervising the class. As the injury was sustained due to lack of supervision and the resulting injury leads to hospital treatment then the incident would require reporting under RIDDOR
3. A student cuts their hand with a knife during a food tech lesson after being suitably instructed in how to correctly handle the equipment would not be reportable under RIDDOR even if hospital treatment was required as the

student was correctly supervised and instructed.

This means that many of the common incidents that cause injuries to students at school tend not to be reportable under RIDDOR, as they do not arise directly from the way the school undertakes a work activity. Remember, in all these cases, you only need to consider reporting where an accident results in a student's death or they are taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where people are taken to hospital purely as a precaution.

9.2.1 Incidents Involving Students during Sports Activities.

Not all sports injuries to students are reportable under RIDDOR, as organized sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity. The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable.

Examples

1. A student injures their shoulder whilst playing rugby as part of a PE lesson. The incident would be recorded on the WNAT incident helpdesk as it falls under the PE (sports related) category, but it would not require a RIDDOR report as supervision was in place.
2. A student breaks their ankle after tripping in a rabbit hole on the sports field. The incident would be recorded on the WNAT incident helpdesk as normal, and a RIDDOR would also be submitted as the injury was sustained due to a failure in premises. (Unfilled rabbit hole).

9.2.2 Incidents Involving Students on a Playground.

Most playground incidents occur due to slips, trips, and falls caused by normal play activities and are not normally reportable. It is most likely that these types of incidents will occur whether supervision is in place or not, especially in primary schools.

Therefore, these types of incidents should only be reported on the WNAT incident help desk where they have been caused by a failure in premises or equipment only.

Examples

1. Students are playing on the playground, and one falls over whilst attempting to catch another. This should not be reported on the WNAT incident helpdesk. It occurred due to normal play activities.

2. Students are playing on the playground, and one trips due to a pothole on the playground surface. This should be reported on the WNAT incident helpdesk and should the injury sustained require hospital treatment a RIDDOR report would also be submitted.

9.2.3 Physical Violence Between Students

Violence between students is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity. It should however be reported on the WNAT incident helpdesk for tracking and trending purposes.

9.2.4 Other Scenarios Involving Students.

Injuries to students while travelling on a school bus.

If students are injured due to a road traffic collision and are taken to hospital, this is normally reportable under RIDDOR. However, you do not have to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the police.

Incidents involving students on overseas trips.

RIDDOR only applies to activities which take place in Great Britain. So, any incident overseas is not reportable to HSE.

Incidents to students on work experience placements

If students are on a training scheme or work placement, they are deemed to be employees for the period of the placement. In these circumstances, the employer, as the responsible person, should report a death, injury, or disease to a student, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

9.3 Dangerous Occurrences / Near Misses

Near misses should be reported using the WNAT incident helpdesk for tracking and trending purposes and to highlight areas for improvement. However, some near misses will require reporting to the HSE under RIDDOR requirements.

- the collapse or failure of load-bearing parts of lifts and lifting equipment.
- the accidental release of a biological agent is likely to cause severe human illness.
- the accidental release or escape of any substance that may cause a serious injury or damage to health.
- a short electrical circuit or overload causing a fire or explosion.
- the potential of injury due to damaged or unserviceable equipment or premises.

10. Incident Investigation

Not all incidents will need to be investigated; however, it is likely that all incidents requiring the submission of a RIDDOR report will require some level of investigation. To assist the process evidence should be gathered as soon as possible following the event. This may include the following.

- Witness statements
- Photographs
- CCTV footage
- Sketched maps etc.

Gathering evidence will assist any follow-up investigation such as in the event of a liability claim against the school.

NOTE: all incidents where there is a suspect failure of PPE are to be investigated as soon as possible to enable prompt replacement of equipment if required.

11. First Aid Kits

There is **no** definitive list of what should be in a first aid kit, nor the number of kits required to be held on site. The contents and number of kits will be determined by the first aid needs assessment.

12. Medication

First Aid does not include administering medication. It is recommended that medication is not normally kept in first aid kits and that the nominated person be responsible for administering of medication.

Note – This is not applicable when dealing with suspected anaphylactic symptoms

13. First aid rooms

First aid rooms are normally only necessary where employees are engaged in higher risk activities. Some larger premises may have sick rooms in case staff or students are taken ill and schools may provide quiet rooms where children can be treated for minor injuries.

14. Automated External Defibrillators (AEDs)

Training in the use of AEDs can provide additional knowledge and skills and may promote greater confidence in the use of a defibrillator where it is provided.

Annex A to WNAT First Aid Policy

First Aid Needs Assessment.

The purpose of a first aid needs assessment is to determine the first aid provision:

- Number of trained staff
- The type of training dependent on department hazards
- The type of equipment and facilities that is needed in each workplace.

Managers are the best-placed people to make decisions on what first aid provision their own staff will need and should consider all the relevant factors involved to reach a conclusion as to what is required. No single factor can be used to accurately assess what first aid provision will be required. The guidance provided below can be used to assess the need.

As an example, the number of employees on site, whilst being considered, is not the only basis for determining your first aid needs. In general terms, the larger your workforce, the more first aid personnel you will need. However, you need to balance the number of employees (and non-employees where this applies) against the risks associated with their activities. It may be that you only have a few employees, but the work is extremely hazardous – here, first aid requirements would be far greater than for a low-risk environment where there may be many employees.

Using the guidance below whilst considering the circumstances of your own workforce/workplace.

At the end of the form there is space for you to record your decisions on the numbers and types of first aid personnel and first aid equipment that you will need.

Aspects to Consider When Making a First Aid Assessment		
Factor	Guidance	Comments/ Notes
How many areas have low level hazards such as those that might be found in an office environment?	Low risk areas may only require access to a suitably trained first aider in the local vicinity. There may be no requirement for any of the office staff to undergo first aid training, but all should be made aware of who the trained first aiders are and how to contact them in an emergency. A first aid kit should be available for any responding first aider to utilize, and the location of the equipment should be readily available.	
How many areas have access to hazardous substances? <i>Consider cleaning cupboards, science labs, art departments, Technology departments etc.</i>	As the hazard is increasing it may be necessary to have several suitably trained members of staff within the department. Consider the type of training required. First aid trained staff should be easily identifiable within the department. First aid kits should be readily available along with eye wash stations. Chemical stores should be clearly marked to aid emergency services. A means of requesting additional support should be in place and clearly identified.	
How many areas have access to dangerous machinery or equipment? <i>Consider technology department, food tech areas</i>	As the hazard is increasing it may be necessary to have several suitably trained members of staff within the department. Consider the type of training required. First aid trained staff should be easily identifiable within the department. First aid kits should be readily available along with eye wash stations. A means of requesting additional support should be in place and clearly identified.	

How many areas have an increased risk of injury due to the nature of the department? <i>Consider PE departments, drama departments and site teams</i>	Access to suitably trained staff must be available to the increased hazard. Consider the type of training required. First aid kits should be readily available. A means of requesting additional support should be in place and clearly identified.	
How many roles involve specific hazards such as working at height? <i>Consider drama technicians and caretaking staff</i>	Access to suitably trained first aid staff must be available due to the transient nature of the role, especially when considering site staff. First aid trained staff should be easily identifiable. First aid kits should be readily available along with eye wash stations. A means of requesting additional support should be in place and clearly identified.	
How many people are employed on site and how are they spread across the site?	Generally, the larger the workforce the larger the first aid provision. However, this should not be a guiding factor. The number of staff employed in one area may be larger than in another area and therefore a balance in first aid allocation should be considered. First aid kits should be readily available in all areas and first aiders should be readily identifiable.	
How quickly can emergency services respond?	Consider potential response times should emergency service support be requested. Rural sites may have a prolonged wait for emergency service support so consider the type of training required.	
How many students are onsite and what is the age range?	Teenagers may be able to care for themselves following some slight injuries whereas small children are less likely.	

	Teachers have a responsibility to all students to ensure they are adequately treated following an injury. Should first aid for students be centrally located and if so how is assistance requested if a student is unable to reach this area?	
Based on the above considerations an assessment of the number of first aid trained staff can be made		
	Number required based on considerations above and considering potential absence.	Notes
Appointed person		There must be a minimum of one appointed person at each site but consider potential absence cover
Emergency first aider (Basic level)		Emergency first aid is the basic level of first aid training.
First aider (Increased training)		First aid trained staff can deal with more involved first aid requirements. Consider sports, technology, science, drama, and site teams.
Number of first aid kits		Consider how the buildings are used, the number of staff located in the area and the potential injury risk.
Other first aid equipment such as escape chairs, wheelchairs		Consider staff and students with limited access or mobility. Note: Staff and students with reduced mobility should be assessed with a suitable Personal Emergency Escape Plan (PEEP) held. The plan will identify any additional equipment that may be required.
Head teachers' signature		
Date assessment conducted		
Review date		