

**First aid policy**  
**St Leonard's Primary School**



**Review:** Autumn 2025

**Next Review:** Autumn 2026

### **1. Success Indicators**

The following indicators will demonstrate success in this area:

- a. Premises Managers have complete assessments of first aid provision for all workplaces.
- b. Managers of teams who work in the community have assessed employee's first aid requirements.
- c. First aid training provided to the required level and frequency.
- d. First aid materials are provided and regularly checked.
- e. Appointed persons designated and aware of their responsibilities.

### **2. Overview**

First aid is the immediate treatment necessary for the purpose of preserving life, prevent conditions from getting worse until expert medical assistance can be obtained and to promote recovery. First aid also includes the treatment of minor injuries which would otherwise receive no treatment, or which will not need treatment by a medical practitioner.

It is a legal requirement to provide adequate and appropriate first aid arrangements at individual workplaces and during off-site activities. The first aid equipment, facilities and people needed will depend on the work carried out and where the work is done.

Mental ill health is common and alongside physical first aid having trained mental health first aiders in our teams and services can support anyone who may be experiencing symptoms, whether diagnosed or not.

### **First Aid Management Arrangements**

These arrangements to employees and workplaces.

### 3.1 First Aid Provision

The first aid provision St Leonard's Primary School is based on an assessment of need. Premises Managers and Senior Leaders use the Assessment of First Aid Provision Form (HSF16) to assess our first aid requirements. This assessment is reviewed annually and where changes occur. The individual workplace or team arrangements is communicated to employees and visitors informing them how to access first aid.

We have identified our first aid provision as being a low risk environment. We therefore require minimal first aid provision (e.g. suitably stocked first aid box and an appointed person).

First aid provision is adequate during all working hours, when assessing first aid needs the following is considered:

- the type of work carried out.
- hazards and the likely risk of them causing harm.
- the number of employees in your team or workplace.
- work patterns of employees including smart working arrangements.
- holiday and other absences of those who will be first aiders and appointed persons.
- accident history and trends.
- the needs of travelling, remote and lone workers.
- how close the workplace is to emergency medical services.
- whether employees work on shared or multi-occupancy sites.
- first aid for non-employees including members of the public, pupils, volunteers etc.
- support for someone who might be experiencing a mental health issue.

### 3.2 Types of First Aid Personnel

**A First Aider (FAW)** is someone trained in First Aid at Work and holds a current First Aid at Work Certificate. Their role involves:

- undertaking first aid treatment in accordance with their training,
- summoning an ambulance or other external medical services,
- liaising with the premises manager to ensure first aid kits are fully stocked and refilled after use,
- keeping suitable records of all treatment administered.

**An Appointed Person.** Where the first aid needs assessment identifies that a designated first aider is not required an appointed person must be available when people are at work. An appointed person does not require formal training but can take on certain duties regarding first aid. There can be more than one appointed person. Their role includes:

- taking charge when someone is injured or falls ill,
- keeping up to date first aid records,
- calling the emergency services when required, and
- maintaining first aid facilities and equipment e.g. re-stocking the first aid box.

Appointed persons should not attempt to give first aid for which they have not been trained.

**An Emergency First Aider (EFAW)** is someone trained in Emergency First Aid at Work and holds a current Emergency First Aid at Work Certificate. They are normally used in low hazard locations where most people that may need first aid are members of the public and not employees. Their role involves:

- undertaking basic emergency first aid in accordance with their training,
- summoning the assistance of a First Aider where available,
- summoning an ambulance or other medical services

- liaising with the premises manager to ensure first aid kits are fully stocked and refilled after use,
- keeping suitable records of all treatment administered

### **Additional First Aid Requirements in Schools**

As our first aid provision covers pupils, our first aiders have received additional training in paediatric first aid (standard first aid at work training does not include resuscitation procedures for children).

### **Early Years**

As stated in the Statutory Framework for the Early Years Foundation Stage, at least one person who has a current Paediatric First Aid (PFA) Certificate is on the premises at all times when children are present. In addition, there is at least one person on outings who has a current paediatric first aid certificate.

The Department of Education provides guidance for [First Aid in schools, early years and colleges](#).

### **3.3 First-Aid Materials and Equipment**

Once the assessment of first aid provision has been completed, the necessary materials, equipment and facilities are provided and maintained in accordance with the determined need. This will involve ensuring that first-aid equipment is suitably marked, easily accessible and available in all places identified by the assessment.

At St Leonard's we have more than one first aid box supplied with a sufficient quantity of first-aid materials suitable for the particular circumstances, and a body spills kit.

The decision on what to include in a first aid kit is based on the first-aid needs assessment. As a guide, where work activities are low risk a minimum first aid kit may contain:

- a leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work).
- antiseptic wipes.
- individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary).
- sterile eye pads.
- individually wrapped triangular bandages, preferably sterile.
- safety pins.
- rustless blunt-ended scissors.
- large and medium sterile individually wrapped un-medicated wound dressings.
- Disposable gloves.

First Aiders, Emergency First Aiders and Appointed Persons regularly inspect the contents of first-aid containers and the contents are restocked as soon as possible after use. Sufficient supplies are held on site. Any items are discarded after the expiry date has passed.

#### **3.3.1 Medicines**

First aid at work does not include giving tablets or medicines. The only exception is when aspirin is used as first aid to a casualty with a suspected heart attack for those over 16 (usually under the instruction of the emergency services). Aspirin should never be given to a child younger than 16 unless it has been prescribed by a doctor.

Medication should not be kept in a first aid container.

### 3.3.2 Specialist First Aid Kit – Trauma or Major Incident First Aid Kits

A trauma kit is designed to treat major injuries or control bleeding until professional medical attention can be received. Trauma first aid kits include specialist items such as tourniquets and are more effective at controlling catastrophic bleeding than the standard wound dressings. Major Incident First Aid Kits provide equipment to help deal with major trauma in workplaces with high volumes of employees or visitors.

Specialist first aid kits may be needed where there is a risk of an incident resulting in multiple casualties or injuries within or close to the workplace.

As part of the council's emergency planning duties the Health, Safety and Wellbeing Service will assess council corporate sites to determine where specialist first aid kits are required and arrange provision as needed.

### 3.3.3 Automated External Defibrillators (AEDs)

Having a defibrillator is not a legal requirement but can help save the life of someone having a cardiac arrest.

We have an AED that is always accessible for staff to use and all staff know its location (on the wall outside the front of the school and next to the main gate). First Aiders at Work are trained in the use of an AED.

Our AED is registered on The Circuit, the national defibrillator network. This ensures it is visible to local ambulance services and means someone can be directed to the defibrillator location.

#### [The Circuit - the national defibrillator network](#)

A process is in place to regularly check the equipment and appropriate action taken if there is an issue. The manufacturer's instructions regarding maintenance and servicing must be followed.

## 3.4 First Aid 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 the 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 pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the first aider/Head teacher/school office will contact parents immediately
- The first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

➤ **Cuts:** The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe. Any adult can treat more severe cuts, but a fully trained first aider must

attend the patient to give advice. Minor cuts should be recorded in the accident file. Severe cuts should be recorded in the accident file and a major accident form should be given to the office to be kept on file. Parents and Guardians should be informed by telephone. ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES.

- **Head injuries:** Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and Guardians must be informed by text/Telephone. The adults in the child's class room should be informed and keep a close eye on the child. All bumped head accidents should be recorded in the accident file.
- **Administering medicine in school:** At the beginning of each academic year, any medical conditions are shared with staff via secured sharing platform. Children with Medical conditions have to have a care plan provided, signed by parents/ guardians. These need to be checked and reviewed regularly. Medications kept in the school for children with medical needs, are stored in the office, in a white cabinet, clearly marked with the green cross. Each child's medication is in a clearly labelled container with their name. All medicines in school are administered following the agreement of a care plan.
- **Asthma:** Children with Asthma require a care plan. It is the parents/carers responsibility to provide the school with up-to date Asthma inhaler for their children. Adults in the classroom are to check the expiry date on the pumps regularly and inform parents, should the pumps expire or run out. Asthma pumps should be carried by the person who it has been prescribed for, and clearly labelled with the child's name. Asthma sufferers should not share inhalers.
- **Headlice:** Staff do not touch children and examine them for headlice. If we suspect a child or children have headlice we will have to inform parents/carers. A text should be sent home with all the children in that class where the suspected headlice incidence is.
- **Short term prescriptions:** Medications such as the prescribed short-term use of antibiotics or painkillers can be administered only if the parent /guardian fill out the 'Parental consent form for administering medicine' form. Parents can obtain the form from the office on the first day of requesting the medicine to be administered at school. The office is to pass the forms and medication to the person responsible for Medicine at school and will inform adults in the named child's class room regarding the administration of the medicine in question. Medication may be administered in school if it is required to be taken four (4) times a day. Classroom staff should encourage parents to administer all other medicine at home. All medication administered at school must be prescription medicine, prescribed by a doctor and obtained from the pharmacy, clearly labelled with the child's name and address. All medication should always be handled by adults. The transfer of medication from school to home, or after school club, and vice versa should be between adults and it should never be put in a child's book bag. Medications that need to be kept in the fridge can be stored in the fridge in the office.

### 3.4.1 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils and any medication required
- Parents' contact details

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box.

Risk assessments will be completed by the class teacher prior to any educational visit that necessitates taking pupils off school premises.

Schools with Early Years Foundation Stage: There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

### 3.5 Training

Employees who volunteer or are selected to carry out first aid are suitable for the task.

All our employees who undertake first aid duties are competent to carry out their role. The content and duration of training necessary will depend on the role of an individual.

In certain cases, where activities might expose individuals to unusual risks e.g. remote outdoor activities, additional specifically focused training might be necessary according to the circumstances.

<b>Course</b>	<b>Intended For</b>	<b>Duration of Course</b>	<b>Recommended Refresher training</b>	<b>When revalidation is required</b>	<b>Revalidation Training</b>
<i>First Aid at Work Certificate * (FAW)</i>	<i>First Aiders</i>	<i>3 days</i>	<i>Annual basic skills update 3 hours</i>	<i>Before expires (3 years from date of certificate)</i>	<i>2 day revalidation</i>
<i>Emergency First Aid at Work 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</i>	<i>Before certificate expires (3 years from date of certificate)</i>	<i>Repeat of original 1 day course.</i>
<i>Paediatric First Aid Training (PFA)</i>	<i>Employees working with and caring for young children.</i>	<i>2 days</i>	<i>Annual Refresher to maintain basic skills</i>	<i>Before certificate expires (3 years from date of certificate)</i>	<i>Repeat of original 12 hour course</i>
<b>AEDs</b>	<i>Training in the use of automated external defibrillators (AEDs) is not currently part of either the Emergency First Aid at Work or First Aid at Work courses. However, some training providers include awareness training in these courses as it instils greater confidence in the use of AEDs. Half day training in the use of defibrillators is available from First Aid Training providers.</i>				

### **3.5 Mental ill health and first aid**

To raise awareness of mental health and to help challenge the stigma which can surround it, we have arrangements in place to be able to support someone who might be experiencing symptoms of poor mental health.

The Headteacher and SENCO are our appointed Senior Mental Health Lead and we have two members of staff who are our Mental Health First Aiders.

We also support our staff as follows:

- Mental health awareness information and training e.g. Mind Kind newsletters
- Promotion of support services such as ThinkWell and Mental Health First Aiders.
- Providing information and links to external resources such as the NHS and Mind websites.
- Providing Mental Health First Aid training which teaches delegates how to recognise warning signs of mental ill health and what they can do to help while keeping themselves safe.
- The Headteacher and SENCO have completed the 'Developing the Role of the Senior Mental Health' course

### **3.6 Liability**

The employer's liability insurance policy provides indemnity for employees acting as first aiders or emergency aiders as defined above. First Aiders and Emergency First Aiders must ensure that any treatment they give is administered in accordance with the training they have received. So long as treatment is administered with good intent and in accordance with current good practice, the County Council and its insurers will support the actions of its employees in the event of a legal case relating to first aid treatment.

We are a member of the Risk Protection Arrangement (RPA).

### **3.7 Payment of First Aiders**

Staffordshire County Council will provide a payment to First Aiders (FAW) who are recognised by their workplace as being necessary to meet the minimum requirements identified by the assessment of first aid needs.

Payment will not be made where the job role requires the post-holder to have a full First Aid at Work Certificate.

Payment will not be made to Appointed Persons or Emergency First Aiders (EFAW). Any queries relating to payment of First Aiders should be referred to People Services.

### **3.8 Infection Control**

To minimise risk of infection whilst administering first aid, employees must cover all exposed cuts/abrasions on their own bodies with a waterproof dressing before administering treatment. They must also wash their hands before and after applying dressings. Disposable nitrile/vinyl gloves and aprons must be worn whenever blood, or other body fluids are handled, and disposable materials, such as paper towels and sanitising powder, must be used to mop up any substances. All disposable items must be disposed of in plastic bags in line with the Infection Control Management Arrangements. Contaminated work areas must be suitably disinfected and soiled clothing should be washed on a hot cycle or advice given to this effect if washing sent home.

If contact is made with any other person's body fluids, the area should be washed immediately and medical advice sought from Occupational Health Provider or other health practitioner.

#### **4. Record keeping and reporting**

All records of first aid administered must be recorded using the school accident report book for pupils – with a copy of the record going home. Staff accidents and records of first aid are kept by the Deputy Head. Assessment of First Aid Provision and records of first aid administration must be kept in accordance with the organisation's retention schedule. Training records must be kept in line with the organisation's retention schedule.

##### **4.1 Reporting to the HSE**

The relevant member of staff 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 relevant member of staff will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

##### **4.1.1 School staff: reportable injuries, diseases or dangerous occurrences**

These include:

- Death
- Specified injuries, which are:
  - 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) which:
    - Covers more than 10% of the whole body's total surface area; or
    - Causes significant damage to the eyes, respiratory system or other vital organs
  - 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
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the relevant member of staff will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident

- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
  - Carpal tunnel syndrome
  - Severe cramp of the hand or forearm
  - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
  - Hand-arm vibration syndrome
  - Occupational asthma, e.g. from wood dust
  - Tendonitis or tenosynovitis of the hand or forearm
  - Any occupational cancer
  - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools 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

**Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences**

These include:

- Death of a person that arose from, or was in connection with, a work activity\*
- An injury that arose from, or was in connection with, a work activity\* and the person is taken directly from the scene of the accident to hospital for treatment

\*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

**5. Monitoring and reviewing these arrangements**

First Aid provision must be reviewed by managers regularly and when they believe the assessment to be no longer valid.

**6. Health Safety and Wellbeing Supporting Information**

- Infection Control Management Arrangements
- Wellbeing Strategy ‘WellMe’ Links to
- MindKind [Mindkind - Home \(sharepoint.com\)](https://sharepoint.com) SLN = [MindKind - Staffordshire County Council](#)

## **7. Forms**

HSF 16 Assessment of First Aid Provision (Appendix 1)

HSF 26 Record of First Aid Treatment (Appendix 2)

**FIRST AID NEEDS ASSESSMENT (HSF16)**

Persons who carry out a First Aid Needs Assessment must have a level of competence and knowledge of the buildings/premises/team, staff demographic, likely hazards, and working arrangements within their workplace/team. Where employees are based in more than one building a separate assessment should be conducted for each location.

**SECTION 1.**

<b>1.1 Workplace or Team</b>	
<b>Workplace/Team:</b>	St Leonard’s Primary School
<b>Location:</b>	Fairway, Stafford, ST16 3TW
<b>Additional notes: We are a primary school with approximately 240 pupils and 40 members of staff.</b>	

<b>1.2 PERSON(S) CONDUCTING THIS ASSESSMENT</b>			
<b>Name(s):</b>	Catherine Phillips	<b>Signature(s):</b>	<i>C. Phillips</i>
<b>Date assessment carried out:</b>	November 2025		

<b>1.3 ASSESSMENT REVIEW HISTORY</b>				
<p>This assessment should be reviewed immediately if there is any reason to suppose that the original assessment is no longer valid. Otherwise, the assessment should be reviewed, at least every 3 years. The responsible competent person must ensure that this assessment remains valid.</p>				
	<b>Review 1</b>	<b>Review 2</b>	<b>Review 3</b>	<b>Review 4</b>
<b>Due date:</b>	Nov 2025			
<b>Date conducted:</b>	Nov 2025			
<b>Conducted by:</b>	Catherine Phillips			

**SECTION 2A. DETERMINATION OF FIRST AID PROVISIONS**

FACTORS TO CONSIDER	NOTES	FIRST AID PROVISIONS
<p><b>HAZARDS:</b> Use your workplace/team general risk assessments (activities/hazards) to inform the First Aid requirements.</p>		
<p><b>Workplace:</b> Consider layout, work activities and location</p>		
<p>Does the workplace have low level hazards e.g., those found in an office?</p>	<p>Yes / No</p>	<p>Minimum provisions: An Appointed Person A First Aid box</p>
<p>Does the workplace have any specific higher-level hazards such as hazardous substances, machinery?</p>	<p>Yes / No</p>	<p>Consider providing: First Aiders Additional specialist First Aid training A First Aid box Additional First Aid equipment A First Aid room COSHH details held school office</p>
<p>Are there parts of the workplace with different levels of risk such as workshops?</p>	<p>Yes/No</p>	<p>You may need to make different levels of provision in different parts of the workplace.</p>

Does the workplace occupy more than one building or operate on multiple floors?	Yes/No	Consider First Aid provisions in each building or on several floors.
Is the workplace shared with other employers or partner organisations?	Yes/No	You will need to make arrangements with the other site occupants.
Do members of the public, visitors, contractors, pupils attend your site?	Yes/No	It is strongly advised that First Aid provisions are made for non-employees that are on site
What is the proximity to a hospital? Does the location of the workplace affect emergency response times?	We are approx. 1 mile from Stafford County Hospital	Consider providing: Specialist First Aid kits Additional specialist First Aid training Automated External Defibrillator.
<i>Include any additional factors you need to consider:</i>		
<b>Employees:</b> Consider the number of employees and those employees that may be higher at risk		
How many people work in the workplace/team?	Approx 250 pupils Approx 40 employess	See Section 3
Do large numbers of people (employees, visitors) pass through or near to the workplace? What is the age profile of these people?	Yes/No (adults and children during drop off and pick up times)	Consider local community safety by providing: Automated External Defibrillator (AED) and/or Trauma Kit
Are there employees on site that may be at higher risk? Consider inexperienced workers, those with	Yes / No	Consider providing: Additional specialist First Aid training

existing health problems, young persons, new and expectant mothers, disability etc.		Additional First Aid equipment Siting of equipment Individual risk assessments competed as needed
<i>Include any additional factors you need to consider:</i>		

**SECTION 2A. CONT'D.**

<b>ACCIDENT HISTORY/RECORDS:</b>		
What types of accidents, injuries or cases of ill-health have previously occurred?	Slips, trips and falls Contagious diseases such as chicken pox Respiratory issues such as asthma Allergic reactions	Ensure that First Aid provisions will cover the type of injuries that have occurred in the past in addition to those that are foreseeable.
<i>Include any additional factors you need to consider:</i>		
<b>WORKING ARRANGEMENTS:</b>		
Do employees work alone?	Yes / No	Ensure access to First Aid kit

		<p>Ensure communications to summon help are accessible e.g. mobile phone</p> <p>Lone Working policy in place and individual risk assessments completed as needed</p>
Do any employees work shifts or out of hours?	Yes / <b>No</b>	Ensure there is sufficient First Aid cover when people are at work.
Are there times when the First Aider might be on holiday/absent?	<b>Yes</b> / No	<p>Ensure sufficient First Aid provisions during holiday periods/unexpected employee absences.</p> <p>Several members of staff are trained in First Aid so there is always one member of staff present.</p>
Do any employees travel i.e., drive as part of work commitments?	<b>Yes</b> /No	Consider providing mobile First Aid kits.
Do any employees conduct work off site, e.g., highways, rivers, countryside, working with animals where specialist First Aid may be required?	Yes/ <b>No</b>	<p>Consider providing:</p> <p>Specialist First Aid kits</p> <p>Additional specialist First Aid training</p> <p>Mobile first aid kits.</p>
Have risk assessments identified significant risks of injury and/or ill health?	<b>Yes</b> /No	<p>Consider providing:</p> <p>First Aiders</p>

<i>Include any additional factors you need to consider:</i>		
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**SECTION 2B. MENTAL HEALTH FIRST AID PROVISIONS**

FACTORS TO CONSIDER	NOTES	FIRST AID PROVISIONS
	Mental ill health is common and alongside physical first aid having trained mental health first aiders in our teams and services can support anyone who may be experiencing symptoms, whether diagnosed or not.	Consider: Appointing a Mental Health First Aider
<i>Include any additional factors you need to consider:</i>		

**SECTION 3.** Suggested number of First Aid personnel to be available at all times people are at work.

LEVEL OF RISK (Informed by general risk assessments)	NUMBER OF PERSONNEL*	NUMBER OF FIRST AIDERS REQUIRED (as suggested by the HSE)
<b>Low risk</b>	<25	At least <b>1 Appointed person</b>
	25-50	At least <b>1 EFAW</b> trained First Aider
	>50	At least <b>1 FAW</b> trained First Aider for every 100 (or part thereof)
<b>High risk</b>	<5	At least <b>1 Appointed person</b>

	5-50	At least <b>1 EFAW</b> trained First Aider (consider the type of injuries that may occur)
	>50	At least <b>1 FAW</b> trained First Aider for every 50 (or part thereof)

\*The HSE strongly advise that arrangements for First Aid provisions also take into account non-employees that may be on site.

**SECTION 4.** Use the guidance in Section 2 and the table in Section 3 to determine your First Aid requirements in the workplace/team.

Where a building/floor is shared with other teams with similar hazards consideration should be given to sharing First Aid resources.

FIRST AID PERSONNEL	REQUIRED YES/NO	NUMBER REQUIRED
Appointed person	Yes / <b>No</b>	
EFAW First Aider	<b>Yes</b> / No	<b>1</b>
FAW First Aider	<b>Yes</b> / No	<b>1</b>
Additional training (please specify e.g AED)	<b>Yes</b> / No	<b>1</b>
FIRST AID EQUIPMENT AND FACILITIES	REQUIRED	NUMBER REQUIRED
First Aid box	<b>Yes</b> / No	<b>Office x1</b> <b>Classrooms x 9</b>

Contents of First Aid Box	<ul style="list-style-type: none"> <li>• a leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work).</li> <li>• antiseptic wipes.</li> <li>• individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary).</li> <li>• sterile eye pads.</li> <li>• individually wrapped triangular bandages, preferably sterile.</li> <li>• safety pins.</li> <li>• rustless blunt-ended scissors.</li> <li>• large and medium sterile individually wrapped un-medicated wound dressings.</li> <li>• Disposable gloves.</li> </ul>	
Additional equipment	Automated External Defibrillator (AED)	<b>x1</b>
Travelling First Aid kit	Yes / No	<b>X3</b>
First Aid room	Yes / No	<i>Detail location, type of room, sole use or can the room be vacated easily and quickly</i>
<b>MENTAL HEALTH FIRST AID PERSONNEL</b>	<b>REQUIRED YES/NO</b>	<b>NUMBER REQUIRED</b>
Mental Health First Aider	Yes / No	<b>X1</b>

**Record of First Aid Treatment (HSF 26)**

Record **ALL** treatments on this form. Blank forms should be kept alongside first aid equipment and in first aid rooms.

Site:

Name of Person Treated:	Address of Person Treated:
Employee/Visitor/Contractor/Pupil/Other (please state)	
Date and time of injury/illness:	
Details of Injury/Illness:	
Where did incident happen (be specific where possible give exact location):	
Details of treatment provided:	

Follow up action: Emergency Services Called/Hospital/Own GP/other (please state)

Outcome: Continued work/study/visit, Taken to hospital, Unknown:

**Accidents only:** accident report completed? Yes/No

Print name of First Aider(s):

Signature of First Aider(s):

Date:

Form completed by:

Name:

Signature:

Date: