



<b>Policy Title:</b>	<b>First Aid</b>
<b>Policy Code:</b>	SHEP06 – changed from SHEP01
<b>Applies to:</b>	Group wide
<b>Date Reviewed:</b>	September 2025
<b>Next Update Due:</b>	September 2026
<b>Policy Lead:</b>	Head of Group Health and Safety
<b>Policy Sponsor:</b>	Chief Executive Officer (CEO)
<b>Cross Reference:</b>	SHEP01      Safety and Health Policy
	OPSP18      Medication Policy
<b>Outcome:</b>	<p>This policy aims to:</p> <ul style="list-style-type: none"> <li>• Define the roles and responsibilities of Witherslack Group staff in managing first aid.</li> <li>• Inform of the Witherslack Group approach to first aid and controls that need to be in place.</li> <li>• Ensure compliance with relevant legislation including The Health and Safety (First-Aid) Regulations 1981.</li> </ul>
<p align="center"><b>EQUALITY AND DIVERSITY STATEMENT</b></p> <p>Witherslack Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.</p>	
<p align="center"><b>ENVIRONMENT, SOCIAL, GOVERNANCE (ESG) STATEMENT</b></p> <p>Witherslack Group is committed to responsible business practices in the areas of: Environmental Stewardship, Social Responsibility, Governance, Ethics &amp; Compliance. An ESG impact assessment has been completed on this policy to ensure it can be implemented successfully without adverse implications on our Group goals.</p>	
<p>To ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, please email the named policy lead.</p>	

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## 1. PURPOSE

- 1.1** The Witherslack Group recognises that whilst we take steps to prevent accidents and injuries occurring through effective health and safety practices, it is essential that we are prepared to respond when required. This policy details the first aid provision we have in place to ensure we can react promptly and effectively when someone is injured.

We are committed to providing sufficient provision for first aid, to achieve this we will:

- Appoint and train a suitable number of employees to be first aid responders
- Display information with details of the trained first aiders available
- Provide suitable and sufficient first aid equipment
- Provide a defibrillator for use in settings

## 1.2 First Aid

First Aid is the immediate medical assistance given to someone suffering from an accident, injury, or illness. First aid is the treatment of minor injuries that do not need additional treatment from a medical professional or aims to preserve life and minimise the consequences of injury or illness before professional medical help arrives. In cases of significant injury, the delay of first aid could result in more severe injury or ill health for the individual.

## 2 LEGAL FRAMEWORK

- 2.1** There are legal requirements that cover the need to provide adequate and appropriate first aid. There is a duty for all staff to ensure that this is carried out in accordance with this Policy, to ensure the organisation is meeting the relevant legislation and statutory guidance. Links are provided to relevant resources and further guidance information at the end of this policy.

## 3 ROLES AND RESPONSIBILITIES

- 3.1** The Chief Executive Officer (CEO) is responsible for:
- Ensuring this Policy is effectively communicated and implemented.
  - Ensuring adequate resources are made available for it to be effective.
  - An effective training program is in place for first aid.
- 3.2** The Group Health and Safety Team are responsible for:
- Providing relevant government updates in relation to first aid.
  - Providing support, guidance, and advice on the training required.
  - Undertaking a periodic review of practice via audits of individual settings and strategic Group-wide reviews.
- 3.3** The Learning and Development Team
- Coordinate the delivery of first aid training.
  - Providing support, guidance, and advice on the training required.
  - Oversee the record of training on the Learning and Development Hub.
- 3.4** The Operations Director (OD) and Regional Director (RD) are responsible for ensuring:
- That suitable monitoring is in place to ensure that this Policy is being followed.
  - Informing the Health and Safety Team if they have any concerns with meeting the requirements of this Policy or first aid provision.
- 3.5** The settings Responsible Person (Head Teacher or Registered Manager) is responsible for:
- Ensuring all staff within the setting are aware of the Policy and its contents.
  - First Aid training and refreshers are completed by relevant persons in accordance with the first aid needs assessment and this Policy and appropriate records are kept.
  - First Aid equipment and supplies are in place and available when required.
  - Appropriate welfare facilities are provided and maintained for employees and young people to use.
  - At least one trained first aider is available when young people are at the setting.
  - Informing the Health and Safety Team if they have any concerns with meeting the requirements of this Policy or first aid provision.
- 3.6** Designated First Aiders are responsible for ensuring:

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- They participate in training as required for maintaining their competency and confidence when delivering first aid.
- They take charge of a situation where first aid is needed and attend to an injured person as per their training, requesting an ambulance or further medical assistance when required.
- They seek further advice or clarification on any instructions or areas not fully understood.

#### 4 TRAINING AND COMPETENCY

- 4.1** All staff should be made aware of who the first aiders are at their working location (if any), this should be covered as part of their site-specific induction and can also be displayed on a poster.

All staff who are designated as a first aider must complete training on a WG approved course and undertake refreshers at the frequency required by that training. All staff who are designated as a first aider must have a training record detailing the type of training completed, who delivered it, and the date the training was undertaken. This should be recorded on the staff file, on the Learning and Development Hub, and on the Evolve software where the person works in an educational setting.

- 4.2** First aid applied incorrectly can cause further injury and delay the healing process and may lead to the person giving treatment putting themselves at risk of injury, contracting illness or disease through exposure to a bodily fluid. We therefore only advise that trained first aiders give treatment.

**4.3 Types of first aid training available**

- Emergency First Aid at Work – 1-day course
- First Aid at Work – 3-day course
- Paediatric First Aid – 16-hour course (min)
- Forest School First Aid – 16-hour course (min)
- Outdoor First Aid

#### 5 FIRST AID NEEDS ASSESSMENT

- 5.1** A Group wide first aid assessment has been undertaken, and the minimum requirements are detailed below. However, all settings should ensure that they have reviewed this provision to ensure it is suitable for the risks present in their individual setting. School must complete a [First Aid Review \(SHEG68\)](#) to record this has taken place, this is not required by Children's Homes. The review should be repeated annually to ensure any changes have been considered.

**As this is a change to our previous process, there is a 12-month period for this to be completed. Therefore, the First Aid Review should have been undertaken and the appropriate number of staff trained by the end of September 2026.**

For example, in schools that deliver higher risk practical subjects, especially away from other rooms it is recommended to train all practical teachers in emergency first aid. Additionally, we recommend that a higher proportion of those trained in First Aid at Work (3-day course) are not directly responsible for supervising children most of their day, so they are available to support quickly following an accident. This may include Site Maintenance, Pastoral, Administration, and Senior Leadership Teams as well as Higher Level Teaching Assistants and Clinical Staff. The staff who you have trained should be detailed in the [First Aid Review \(SHEF68\)](#).

**5.2 All Schools and Learning Centres**

Due to the wider range of activities that may be undertaken and regulatory requirements, all schools and learning centres should have:

- A medical room/ space available for medical treatment within easy access of a washing and toilet facility.
- Completed a first aid review to ensure the adequate number of first aiders are trained to meet operational requirements. A template ([SHEF68](#)) can be used and we recommend this is reviewed annually.

**Commented [CW1]:** Amend current observation record template to include all of this. (The Spires created a more detailed doc so have asked them to share in case we can beg, steal and borrow)

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- Considered our duty of care (who will be the first aider/ appointed person) during holiday periods when the building is open for contractors, maintenance or office staff but full staff team is not present.

### 5.3 Requirements for Children's Homes

- All staff should be designated first aiders and have completed a first aid course.
- There must always be a minimum of 1 designated first aider on site.
- There must always be a minimum of 1 designated first aider accompanying children on offsite visits.

### 5.4 Requirements for Residential Schools

- All care staff that work in house areas should be designated first aiders and have completed a first aid course.
- There must always be a minimum of 1 designated first aider on site when children are present.
- There must always be a minimum of 1 designated first aider accompanying children on offsite visits and this should be recorded on the Evolve system.
- At least 50% of all staff should have completed a first aid course.
- At least 3 staff at each setting must have completed a first aid at work (3-day) course.

### 5.5 Requirements for Day Schools and Learning Centres

- There must always be a minimum of 1 designated first aider on site when children are present.
- There must always be a minimum of 1 designated first aider accompanying children on offsite visits and this should be recorded on the Evolve system.
- At least 50% of all staff should have completed a first aid course.
- At least 3 staff at each setting must have completed a first aid at work (3-day) course.

### 5.6 Requirements for Schools with Early Years Provision

- All staff who are included in early years staff: child ratios must hold a current paediatric first aider (PFA) certificate.
- There must always be a minimum of 1 designated paediatric first aider with a current certificate on site when children are present.
- There must always be a minimum of 1 designated paediatric first aider accompanying children under 5 on offsite visits and this should be recorded on the Evolve system.
- At least 50% of all staff should have completed a first aid course.
- At least 3 staff at each setting must have completed a first aid at work (3-day) course

### 5.7 Requirements for Head Office and Staff who travel

- At least 10% of all staff should have completed a first aid course.
- Staff who travel or hybrid work as part of their role are welcome to request a first aid course.

Staff who work from smaller offices with less than 10 people should as a minimum have an appointed person who is responsible for the first aid arrangements.

### 5.8 Requirements for Certain Individuals

Qualifications of certain higher risk activities (such as outdoor education or forest school) require the instructor to hold a first aid certificate, such as Outdoor First Aid. Anyone leading a higher risk activity should consider the first aid needs as part of the risk assessment process.

### 5.9 Offsite Visits

All offsite visits and activities must have a designated first aider present. For specific activities that a WG staff member is leading, an outdoor first aid qualification may be required. The following is also required:

- A mobile phone
- A first aid kit should be in the vehicle or if on foot (hiking) taken with you

## 6 MEDICAL SUPPLIES AND EQUIPMENT

- 6.1** All settings, offices, and places of work must have suitably stocked first aid kits available, and all staff should be aware of where these are located. Settings should consider the number of first aid kits that are required and the locations where they need to be placed for ease of access. This will depend on several factors

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including how large the site is, how many staff and young people there are, what activities take place, the distance to the nearest hospital and if anyone has specific medical conditions or needs.

We recommend that as a minimum at least two first aid kits are available in each setting and in each WG vehicle that transports young people.

First aid kits are commonly found in the following locations:

- Medical room
- Kitchen
- Main office
- Staff room
- Practical classrooms

The contents of the first aid box are listed in Appendix 1.

**6.2** In addition to first aid kits, settings should consider the need for other supplies including the following:

- Eye Wash
- Burns kits
- Ligature Cutters
- Emergency Grab Bags

The need and location of these items should be determined by the risk assessment process of the activities being undertaken. Please speak to your Health and Safety Compliance Lead if you need advice.

**6.3 First Aid Arrangements**

Arrangements should be in place to ensure that suitable checks are completed on the first aid kits and any other medical equipment such as the automated external defibrillator (AED) to ensure they are in a safe, useable condition, with in-date supplies.

The checks required can be found in the Health and Safety folder in WG\_Shared located [here](#). The checks are to ensure the equipment is in the correct location, is secure, that the equipment display is indicating it is ready for use and that the accessories in the case are all present and correct. A record of the checks should be maintained.

AEDs will highlight when the batteries are running low or to indicate other problems. If an AED is taken out of use for any reason, please inform your Health and Safety Compliance Lead who can support you with getting it repaired or replaced.

**6.4 Automated External Defibrillator (AED)**

We are committed to providing a safe environment and all settings should have an AED device that is available to be used in the event of suspected cardiac arrest. The AED is designed to be used by any persons in an emergency, but first aid training organised by Group includes its safe use.

An AED acts to restart or correct the heart by applying an electric shock to the chest. It detects the electrical activity of the heart and gives automated instructions to the operator on what to do. The automatic diagnostic sequence ensures that they will only operate under appropriate circumstances thus preventing their incorrect use. **The quicker lifesaving first aid and a defibrillator are used on a casualty, the better the outlook for survival.**

**6.5 Using an AED**

- ✓ AEDs should be in an easy to reach location so it can reach a person within a 4-minute timeframe.
- ✓ AEDs should be kept in carry cases, and are wall mounted prominently.
- ✓ 999 should be dialled before using an AED if practical, an ambulance control room will support the first aider until the ambulance arrives. The call takers will encourage people at the scene to give CPR and to use an AED if available.

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## 6.6 Cardiac Arrest Emergency Procedure if casualty is unconscious and not breathing normally

1. Remove the person from any danger, if safe to do so (the Rescuer must NOT put themselves at risk).
2. Check for response, check for breathing, shout or call for help. AED to be brought to the casualty, open the lid of the AED and follow the instructions provided (these will be voice prompts).
3. If more than one person is available, then the first person should commence CPR and the second calls 999 and collects the AED before returning to the casualty.
4. When the electrodes are adhered to the casualty's bare chest, the AED will assess the casualty, checking the rhythm of their heart. Ensure that nobody touches the casualty while the AED is analysing the rhythm.
5. If a shock is indicated ensure that nobody touches the casualty.
6. The Rescuer should then follow the instructions provided by the AED and continue to do so until professional medical assistance arrives at the scene and assumes responsibility for the casualty.
7. If the casualty does not need to be defibrillated, the AED will not allow a shock to be administered.
8. The Rescuer should continue to administer CPR if the patient remains unconscious and is not breathing until professional help arrives.
9. Once the casualty is on way to hospital, dispose of used pads and replace with spare set, order new pads and place AED back in designated location.

Professional support, including counselling is available for anyone affected by a medical emergency.

## 6.7 On-line training film

<https://life-saver.org.uk/>

LIFESAVER is an interactive crisis simulator that can be used on a computer, smartphone or tablet. Users are able to interact with a live action film and learn CPR skills by doing and the realistic stressful situations make the learning memorable. By using correct CPR technique participants can help to 'save a life'. LIFESAVER also provides an opportunity to hear expert advice on CPR and real-life accounts of cardiac arrest.

## 6.8 Epilepsy Awareness

All staff trained in First Aid should make be aware of how to support someone with epilepsy. Epilepsy training can be covered within a first aid course but will need to be specifically requested.

## 7 FIRST AID SEQUENCE OF EVENTS

- ### 7.1
1. Remove the person from any danger, if safe to do so (do not put yourself at risk).
  2. Call for a designated first aider.
  3. The first aider will take control of the situation in line with their training.
  4. Where the injured person is conscious and it is safe and appropriate to do so, they should be moved to an area where treatment can be given, for example a medical room or office.
  5. Where the injured person is serious injured, the first aider will check for response, check for breathing and request 999 is called where further assistance is required. 111 can be called for non-urgent advice and support from an NHS trained individual.
  6. The information needed by emergency services is:
    - o Details of what has occurred/ injury
    - o Injured persons' name
    - o Age of injured person
    - o Whether the injured person is breathing/ conscious
    - o Location including postcode or [what3words](#) reference

Where an ambulance is called, the first aider should be notified of this and any relevant information shared by the emergency services.

7. Where the casualty is unconscious and not breathing normally, AED to be brought to the casualty.
8. Open the lid of the AED and follow the instructions provided (these will be voice prompts).
9. If more than one person is available, then the first person should commence CPR and the second calls 999 and collects the AED before returning to the casualty.

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10. When the electrodes are adhered to the casualty's bare chest, the AED will assess the casualty, checking the rhythm of their heart. Ensure that nobody touches the casualty while the AED is analysing the rhythm.
11. If a shock is indicated ensure that nobody touches the casualty.
12. The first aider should then follow the instructions provided by the AED and continue to do so until professional medical assistance arrives at the scene and assumes responsibility for the casualty.
13. If the injured person does not need to be defibrillated, the AED will not allow a shock to be administered.
14. The first aider should continue to administer CPR if the patient remains unconscious and is not breathing until professional help arrives.
15. Once the ambulance arrives, they will take responsibility for the situation and direct staff on what action is required.
16. Once the casualty is on way to hospital, dispose of used pads and replace with spare set, order new pads and place AED back in designated location.

Where a lone member of staff is with an injured person, that staff member will need to make an informed decision on the action to take and whether to leave the injured person to get help.

Professional support, including counselling is available for anyone affected by a medical emergency.

## 7.2 Anaphylaxis Emergency Action

**Anaphylaxis is potentially life threatening so if you suspect a child, staff member, or visitor to be in suffering from anaphylaxis, immediate action is crucial as death can occur in as little as 10 minutes.**

They may be struggling to breathe with swelling of the throat, a rash, and they may have circulatory problems or collapse.

1. Immediately send someone to dial 999, giving the following information  
*"This is an emergency, a young person/ member of staff/ visitor has collapsed and we believe they are suffering from anaphylaxis."*  
(Pronounced ana-fill-axis).
2. Ask for an ambulance with a paramedic
3. Speak clearly so that the ambulance control will know exactly where to come to (give the postcode/ What3 words location).
4. Send someone to stand at the entrance of the setting to direct the ambulance crew to the patient.
5. If offsite, ask other people in the vicinity, if there is a doctor available.

**All staff trained in First Aid should make a point of learning what to do if someone has an anaphylactic reaction and the correct use of auto-injector devices. This is additional training but can be covered within a first aid course but will need to be specifically requested.**

## 8 HYGIENE AND INFECTION CONTROL

- 8.1** All staff should take precautions to avoid infection and must follow basic hygiene procedures when supporting or treating a casualty. Staff should wear gloves and cover any broken skin or abrasions, and these should be available in first aid kits.

Spills of bodily fluids should be considered infected and must be dealt with immediately and appropriately. Staff have access to Bio-Hazard Body Fluid Clean Up Kits, Personal Protective Equipment (PPE) and hand washing facilities when dealing with bodily fluids (blood, faeces, and vomit). Appropriate PPE should be worn depending on the task being undertaken.

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All contaminated materials should be disposed of in a yellow clinical waste bag or double bagged and placed in general waste.

Always wash hands thoroughly with soap and water after treating a casualty or cleaning up bodily fluids.

## 9 RECORD KEEPING

- 9.1 Any injuries sustained as part of work activities should be recorded as per our Accident Procedure, this is detailed in Section 7 of the Safety and Health Policy. Accident records should be kept in line with data protection guidelines; they are medical data so considered sensitive data.
- 9.2 All training records must be sent to Learning and Development so they can be added to the Learning Hub.

## 10 DEFINITIONS

- 10.1 **AED** - An AED (Automated External Defibrillator) is a portable, user-friendly medical device that automatically analyses a person's heart rhythm and delivers an electric shock if needed to restore a normal rhythm during a sudden cardiac arrest. Built in computers use voice prompts to guide the user through the process, making it possible for even untrained bystanders to provide life-saving treatment until professional medical help arrives.
- 10.2 **Anaphylaxis** – Severe, potentially life-threatening allergic reaction involving the airway, breathing and/ or circulation often accompanied by skin and mucosal changes like rash and swelling. Immediate action must be taken if someone is suspected of being in anaphylactic shock.
- 10.3 **First-Aider** – A person who has been formally trained on a WG approved first aid course.

## 11 REFERENCES

- 11.1 **Legislation:**  
[Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(RIDDOR\)](#)  
[Health and Safety \(First Aid\) Regulations 1981](#)  
[The Health and Safety at Work etc. Act 1974](#)  
[The Management of Health and Safety at Work Regulations 1999](#)  
[The Children's Homes \(England\) Regulations 2015](#)  
[The Children's Homes Quality Standards 2015](#)  
[Care Standards Act 2000](#)  
[The Education \(Independent School Standards\) Regulations 2014](#)  
[Road Traffic Act 1988](#)
- 11.2 **Significant Guidance:**  
[DfE - Statutory framework for the early years foundation stage \(EYFS\)](#)  
[ISS - The Independent Schools Guidance](#)  
[DfE - National Minimum Standards for residential special schools](#)  
[HSE – First Aid](#)

## 12 ASSOCIATED DOCUMENTS

- 12.1 SHEF68 - First Aid Review  
SHEF69 - AED (Defibrillator) Record of Checks  
SHEF691 – Emergency Kits Checks  
SHEF692 – First Aiders Poster  
SHEG62 – First Aid Provision Guidance  
SHEG63 – HeartSine AED Set Up Guidance

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## APPENDIX 1 – First Aid Kit Contents Guidelines

### BS8599-1: 2019 First Aid Kits

The British Standards offers guidance on what should be available in a first aid kit as detailed below. Where certain items are used at a quicker rate, additional supplies should be ordered and placed in the box so these are available as needed, considering the wastage that may be generated. A common-sense approach should be taken when considering the amount of equipment needed, especially as each setting is going to have a number of first aid boxes available.

Item	Small	Medium	Large	Travel
Guidance Leaflet	1	1	1	1
Medium Sterile Dressings	2	4	6	1
Large Sterile Dressings	2	3	4	1
Triangular Bandages	2	3	4	1
Eye Pad Sterile Dressings	2	3	4	1
Sterile Plasters	40	60	100	10
Sterile Cleansing Wipes	20	30	40	10
Adhesive Tape	1	2	3	1
Nitrile Disposable Gloves (Pairs)	6	9	12	2
Finger Sterile Dressings	2	3	4	2
Resuscitation Face Shield	1	1	2	1
Foil Blanket	1	2	3	1
Burn Dressing	1	2	2	2
Shears	1	1	1	1
Conforming Bandage	1	2	2	1
Eyewash	0	0	0	1

### BS8599-1:2019 Travel and Motoring First Aid Kits

The list below meets the requirement of the Road Traffic Act 1986.

Item	Mini-bus first aid kit
Guidance Leaflet	1
Waterproof Plasters	10
Trauma Dressing	1
Medium Sterile Dressings	1
Wound Pad	1
Triangular Bandages	1
Eye Pad Sterile Dressings	2
Sterile Cleansing Wipes	10
Nitrile Disposable Gloves (Pairs)	2
Resuscitation Face Shield	1
Foil Blanket	1
Burn Dressing	2
Shears	1
Ambulance Dressing	3

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