ACHIEVING TOGETHER

FOUR STONES GATEWAY TRUST

FIRST AID POLICY

DATE POLICY WAS APPROVED	20.10.2025
DATE POLICY WILL BE REVIEWED	Summer 2027
MEMBER OF STAFF WITH RESPONSIBILTY FOR REVIEW	Head of Estates

Key Definitions

All policies incorporate the following schools or organisations within Four Stones Gateway Trust ('the Trust'):

- Clee Hill Community Academy
- Cleobury Mortimer Primary School
- Haybridge High School and Sixth Form
- Haybridge Teaching School Hub
- Haybridge SCITT
- King Charles I School
- Lacon Childe School
- SHaW (Shropshire, Herefordshire and Wolverhampton) Maths Hub
- Stottesdon CofE Primary School
- TDMS (The De Montfort School)
- Any other schools or organisations that may join the Trust from time to time and not listed above.

The terms Academy, School, Organisation and Trust are considered interchangeable in the context of all Trust policies.

Where appropriate, in this Policy the term:

"CEO" includes the Chief Executive Officer

"CFOO" includes the Chief Financial Officer

"Trust Senior Leadership Team" includes Executive Headteachers, Headteachers, strategic operational leads and Teaching School/SCITT Directors.

"Headteacher" includes the appropriate School Headteacher.

"Trustees or Trust Board" are appointed Trustees who oversee the business of Four Stones Gateway Trust, agreeing the overarching strategic direction and ensuring robust governance.

"Local Academy Boards (LAB)" are appointed Governors at a local level associated with the Trust's Worcestershire Schools. LAB Governors act as advocates for their school's Safeguarding, SEND, Standards and Stakeholder engagement.

"Local Governing Bodies (LGB)" are appointed Governors at a local level associated with the Trust's Shropshire Schools. LGB Governors are advocates for their school's Safeguarding, SEND, Standards and Stakeholder engagement.

"Chair" responsible for leading the board and ensuring its effectiveness

"Stakeholders" are any individuals or companies who are invested in the welfare and success of the Trust and/or School and its students, including staff members, students, parents, community members, LAB, LGB or Trust members, trade unions, local business leaders etc.

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1.0 Aims
This aims of our First Aid Policy are to:

- Ensure the health and safety of all staff, students, and visitors
- Ensure that staff are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2.0 Legislation and guidance
This Policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The School Premises (England) Regulations 2012, which require that suitable space is provided to cater for the medical and therapy needs of students/pupils

3.0 Policy Statement
The Trust will ensure that each school will:

- Undertake a first aid risk assessment, and review annually (see Appendix 1)
- Appoint an appropriate number of suitably trained personnel as first aiders
- Ensure sufficient first aid facilities and resources are available
- Ensure a record of accidents is maintained (see Incident Reporting & Investigation Procedure)
- Ensure a report is made annually to the Trust Board
- Ensure that suitable and sufficient information and training is provided to staff
- Ensure this Policy will be reviewed every year, or sooner following a critical incident.

3.1 What the School must do

- Undertake a first aid needs risk assessment, determining the first aid requirements for the school, factoring items such as first aid cover for offsite activities such as sports fixtures.
- Ensure sufficient first aid trained staff are available on-site, and complete Appendix 2.
- Ensure that suitable first aid arrangements are in place when off-site for educational visits and for sporting fixtures.
- Ensure that staff nominated to provide first aid receive recognised training.
- Ensure appropriate first aid material, equipment and facilities are provided.
- Inform staff and students of first aid arrangements.
- Ensure that all first aid equipment and facilities are well maintained with documented checks on the equipment and facilities.
- Keep accident records and report to the HSE as required under the Reporting on Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.
- Ensure that suitable records of first aid treatment are kept.

3.2 Determining First-Aid Needs

How much first-aid provision a school must make depends on the specific circumstances of that school. There is no fixed level but each school needs to assess what equipment, facilities and personnel are appropriate.

First-aid provision must be available at all times while people are on school premises, and off the premises whilst on school visits.

In determining appropriate provision overall, Headteachers or Senior Leaders need to take into account the following factors:

- the size and location of the school and the distribution of employees and students
- distance emergency services would need to travel to site
- the establishments history of accidents
- provision for absence of first aiders due to sickness, holiday cover etc
- staff accompanying a visit
- the nature of the off-site activities e.g. off-site and sporting activities
- hazards and risks encountered in the workplace
- staff and students with special medical conditions or disabilities
- provision outside normal hours e.g. extended services

The HSE have set the following guidance levels on first aid cover. (Taken from Appendix 3 of https://www.hse.gov.uk/pubns/priced/l74.pdf the HSE First aid at work The Health and Safety (First Aid) Regulations 1981)

Hazard level	Number of employees and/or students	Level of first aid provision required
Low hazard (e.g. office, shops, libraries, schools)	Less than 25	At least one appointed person
	25-50	At least one person trained in EFAW
	More than 50	At least one person trained in FAW for every 100 persons (or part thereof)

The Health and Safety (First Aid) Regulations do not oblige schools to provide first aid for anyone other than their own staff, but guidance recommends that organisations, such as schools, which provide a service for others should include these other persons in their risk assessments and provide for them. This is the Trust approach.

3.4 Type and Number of First-Aid Staff

The Health and Safety (First Aid) Regulations 1981 require an employer to provide an adequate number of suitable persons who are able to render first-aid to employees if they are injured or become ill at work.

There are three levels of provision:

- Paediatric first aid course: Staff who need to be qualified in first aid as they care for babies and children in a professional setting
- Emergency First Aid at Work (EFAW): This level will be relevant when a qualified first aid person/s are required but the work environment is deemed to be lower risk (such as an office)
- First Aid at Work (FAW): This level will be relevant when a qualified first aid person/s are required but where the work environment is deemed to be higher risk

Schools should provide persons qualified to the higher level of 'first aid at work' (FAW) with at least one FAW onsite acting as the first aid lead.

Schools that have high accident or incident numbers may require a higher number of first aiders.

3.5 Selection, Qualifications and Training
The selection of staff to become first aid qualified personnel should take account of a number of factors including:

- Reliability, disposition, and communication skills
- Aptitude and ability to absorb new knowledge and skills
- Ability to cope with stressful and physically demanding emergency procedures

In the event of any difficulty in recruiting volunteers, willingness to serve as a first aider can be made a selection criterion for staff appointed to any relevant post in the establishment.

A person will only be 'suitably qualified' if they have undergone training and have qualifications from a provider that is approved by the Health and Safety Executive.

Courses are as follows:

- The FAW is a full three-day course in first aid at work
- The EFAW s one-day course in emergency first aid at work

A three-year certificate will be issued to those who successfully complete an FAW or EFAW course. Re-qualification training for both courses is required after the three-year period.

During any three-year certification period, HSE strongly recommend that first aid personnel undertake annual basic skills update training. Awareness training can be found on the National College website, to support with this.

Our schools will maintain a list such as the example at appendix 2 to record details of those staff designated as First Aiders.

3.6 Off-Site First-Aid Requirements
Before undertaking any off-site activities, the Headteacher or the group leader, in conjunction with the school Educational Visits Coordinator, should assess what level of first aid might be needed.

Minimum first-aid provision should comprise a suitably stocked travel first-aid kit and a person appointed to be in charge of first-aid arrangements. This is a minimum requirement and schools should consider more than this, particularly for more complex activities.

Other considerations include:

- the numbers in the group and the nature of the activity
- the risk and type of injury that might be incurred and how effective first aid would be in those circumstances
- provision of first aid at the accommodation/site being visited
- the availability of an ambulance service, and the distance to a hospital with accident and emergency facilities

3.7 First-Aid Equipment and Facilities
Each establishment should have a suitable number of first aid boxes properly mark (the marking should be a white cross on a green background). More than one box is necessary if the school is large and only one box would not be readily accessible to all staff. There should be a box readily available in higher risk areas of schools such as:

- gymnasia/sports halls
- Science laboratories
- design and food technology areas
- art studios

There is no mandatory list of items that should be included in a first aid container although the Health and Safety Executive do make recommendations for contents Schools may wish to refer to British Standard BS 8599 which 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 must reflect the outcome of the first aid needs assessment.

Schools should not keep tablets and medicines in the first-aid box.

The needs assessment may indicate that additional materials and equipment are required, for example scissors, adhesive tape, disposable aprons and individually wrapped moist wipes. They may be kept in the first-aid container if there is room or stored separately.

A school's first-aid procedures should identify the person responsible for examining the contents of first-aid containers. These should be checked frequently and restocked as soon as possible after use.

Although there is no specified review timetable, many items, particularly sterile ones, are marked with expiry dates. They should be replaced by the dates given and expired items disposed of safely. In cases where sterile items have no dates, it would be advisable to check with the manufacturers to find out how long they can be kept. For non-sterile items without dates, it is a matter of judgement, based on whether they are fit for purpose.

3.8 First Aid/Medical Rooms
These may be required for the medical needs of staff and/or students. These should not be removed or have a change of use without speaking to the Head of Estates.

4.0 Information for Staff and Students
Schools must inform all staff of the first-aid arrangements. This should include the location of equipment, facilities and first-aid personnel, and the procedures for monitoring and reviewing the school's first-aid needs.

A simple method of keeping staff and students informed is by displaying first-aid notices in staff/common rooms. The information should be clear and easily understood.

Notices must be displayed in a prominent place, preferably at least one in each building if the school is on several sites. Appendix 2 shows a suitable sign for the school.

Including first-aid information in induction programs will help ensure that new staff and students are told about the first-aid arrangements.

It is also good practice to include such information in a staff handbook.

4.1 First-Aid Treatment Record Keeping as per the Incident Procedure
A record should be kept of any first aid treatment given. The record should include:

- date, time and place of the incident
- name and job of the injured or ill person
- details of the injury/illness and what first aid was given
- what happened to the person immediately afterwards (for example went back to work, went home, went to hospital)
- name of the first-aider or person dealing with the incident

5.0 Concussion Management
Appendix 3 highlights the principles of concussion management within schools.

Appendix 1 - FIRST AID NEEDS ASSESSMENT *to be completed by each School/Site*

Persons who undertake a First Aid Needs Assessment must have a level of competence and knowledge of the buildings/premises, staff demographic, likely hazards, and working arrangements within their department.

It is the responsibility of the Headteacher to ensure that staff conducting such an assessment is competent to do so.

SECTION 1

1.1 ACTIVITY	
Title:	**School Assessment First Aid Needs *(Incl Physical and Mental Health)***
School Name	
Location:	
Additional notes:	

1.2 PERSON(S) CONDUCTING THIS ASSESSMENT			
Name(s):		**Signature(s):**	
Date assessment undertaken:			

1.3 ASSESSMENT REVIEW HISTORY

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 Person must ensure that this assessment remains valid.

	Review 1	**Review 2**	**Review 3**	**Review 4**
Due date:				
Date conducted:				
Conducted by:				

SECTION 2A. DETERMINATION OF FIRST AID PROVISIONS

FACTORS TO CONSIDER	NOTES	FIRST AID PROVISIONS
HAZARDS: Use general risk assessments to inform the First Aid requirements, consider types of activities/hazards and the levels of first-aid provision required		
Does the workplace have low level hazards e.g. those found in an office?	Yes / No	Minimum provisions: An Appointed Person A First Aid box
Does the workplace have high level hazards e.g. those found in a lab or mechanical workshops? Consider hazards such as toxic substances, explosives, pathogens, high voltages, manual handling, machinery, fieldwork in remote areas.	Yes / No	Consider providing: First Aiders Additional specialist First Aid training A First Aid box Additional First Aid equipment A First Aid room
Additional factors to consider:		
People to Consider: Consider the number of people and those people that may be higher at risk		
How many people work in the school?		See Section 3
Are there staff on site that may be at higher risk? Consider inexperienced workers, those with existing health problems, young persons, new and expectant mothers, disability etc.	Yes / No	Consider providing: Additional specialist First Aid training Additional First Aid equipment

SECTION 2A. CONT'D

Do members of the public, visitors, contractors, students, school children visit your School / department?	Yes / No	It is strongly advised that First Aid provisions are made for non- employees that are on site
ACCIDENT HISTORY/RECORDS:		
What types of accidents and injuries have previously occurred?		Ensure that First Aid provision will cover the type of injuries that have occurred in the past in addition to those that are foreseeable.
Student medical conditions		
WORKING ARRANGEMENTS:		
Do staff work alone?	Yes / No	Ensure access to First Aid kit Ensure communications lines are accessible e.g. mobile phone, lone working device
Do any staff work shift or out of hours?	Yes / No	Ensure there is sufficient First Aid cover
Does the department occupy more than one building or operate on multiple floors?	Yes / No	Consider First Aid provisions in each building/floor
Are there times when the First Aider might be on holiday/absent?	Yes / No	Ensure sufficient First Aid provisions during holiday periods/unexpected staff absences

SECTION 2A CONT'D

Do any staff travel i.e. drive as part of work commitments?	Yes / No	Ensure mobile First Aid kits are provided Consider providing additional specialist First Aid
Do any staff conduct work off site, e.g. fieldwork, where specialist First Aid may be required?	Yes / No	Consider providing: Specialist First Aid kits Additional specialist First Aid training
Education Visits	Yes / No	
Have you considered whether First Aid provision covers any activities related to the Duke of Edinburgh Award, Forest School, or other outdoor learning programmes?	Yes / No	Outdoor first aid, suitable first aid kit for climates visiting
EMERGENCY SERVICES:		
What is the proximity to closest hospital?		
Inadequate provision of First Aid		
Inadequate Emergency Response		
Insufficient first aid Supplies		
Are staff aware of how to summon First Aid provision or an ambulance?		

SECTION 2B. MENTAL HEALTH FIRST AID PROVISIONS

FACTORS TO CONSIDER	NOTES	FIRST AID PROVISIONS
Have incidents associated with mental health previously occurred?	Yes / No	Consider: Appointing a Mental Health First Aider
Is there a degree of sick leave/absenteeism that is associated with mental health issues?	Yes / No	Consider: Appointing a Mental Health First Aider

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)
Low risk	<25	At least **1 Appointed person**
	25-50	At least **1 EFAW** trained First Aider
	>50	At least **1 FAW** trained First Aider for every 100 (or part thereof)
High risk	<5	At least **1 Appointed person**
	5-50	At least **1 EFAW** trained First Aider (consider the type of injuries that may occur)
	>50	At least **1 FAW** 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. Utilise the guidance in Section 2 and the table in Section 3 to determine your First Aid requirements in the workplace. Where a building/floor is shared with another department with similar hazards consideration should be given to sharing First Aid resources.

FIRST AID PERSONNEL	**REQUIRED YES/NO**	**NUMBER REQUIRED**
Appointed person	Yes / No	
EFAW First Aider	Yes / No	
FAW First Aider	Yes / No	
First Aider with additional training (please specify)	Yes / No	
FIRST AID EQUIPMENT AND FACILITIES	**REQUIRED**	**NUMBER REQUIRED**
Damp and dust proof First Aid container	Yes / No	
Contents of First Aid Box	▪ leaflet giving general advice on first aid (see HSE website); ▪ 20 individually wrapped sterile adhesive dressings (assorted sizes); ▪ two sterile eye pads; ▪ four individually wrapped triangular bandages (preferably sterile); ▪ six safety pins; ▪ six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings; ▪ two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings; ▪ 20 antiseptic wipes ▪ one pair of disposable gloves.	
Additional equipment	Emergency Inhaler Emergency Epi Pen	
Travelling First Aid kit	▪ leaflet giving general advice on first aid (see HSE website);	

	▪ 20 individually wrapped sterile adhesive dressings (assorted sizes); ▪ two sterile eye pads; ▪ four individually wrapped triangular bandages (preferably sterile); ▪ six safety pins; ▪ six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings; ▪ two large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings;	
First Aid room	Yes / No	*Detail location, type of room, sole use or can the room be vacated easily and quickly*
Shower	Yes / No	
MENTAL HEALTH FIRST AID PERSONNEL	**REQUIRED YES/NO**	**NUMBER REQUIRED**
Mental Health First Aider	Yes / No	

Appendix 2 – First Aid Sign for Schools

FOUR STONES GATEWAY TRUST

Insert School Name

Insert School Logo

List of trained staff

Lead First Aider Name			
Name	Position	Level of Training	Expiry Date of Certificate

Locations of First Aid Boxes

This sign should be displayed in each building of the school.

Appendix 3 - Principles of Concussion Management

To know the symptoms and signs of concussion and the DANGER SIGNS of potentially more serious brain injury.

Recognising Concussion
After a fall or impact, concussion should be suspected in the presence of, or following, any one or more of the following:

- Symptoms e.g. headache, dizziness, nausea
- Physical signs e.g. unsteadiness, loss of consciousness/responsiveness
- Impaired brain function e.g. being dazed, confusion, memory loss
- Abnormal behaviour e.g. change in personality

Danger Signs

- Deteriorating conscious state (more drowsy)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double or blurred vision
- Weakness, tingling or burning in limbs
- Midline or severe neck pain
- Increasing or persistent difficulty with walking normally or poor balance

It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed – IF IN DOUBT SIT THEM OUT.

Remove
If concussion is suspected give first aid and, if it is safe to do so, immediately remove the student from play. Students with any symptoms following a head injury must be removed from playing or training and must not return to activity until all symptoms have cleared.
Specifically, they must not return to play on the day of any suspected concussion.

Parents should be notified in all cases of head injury as they need to monitor their child following such an incident and if concerned advised to see a doctor immediately. Head injury instructions should be provided and ideally all children with concussion should be seen by a health care professional, preferably a doctor, that day.

Recover
The majority of cases of concussion recover fully within a few weeks but they must be given the time and opportunity to do so – this means resting the body and resting the brain.

The child or young person should have complete rest until symptom free. This includes rest from physical activities, and brain activities such as; reading, television, computer, video games and smart phones

To ensure complete recovery, it is recommended that even once symptom free they have a relative rest period for a minimum of 14 days from the injury. During this time they should
rest from exercise/sport, activities with a predictable risk of further head injury, and prolonged reading and use of television, computer, video games and smart phones.

If symptoms return, reduce the levels of provoking activity, and re-introduce them more gradually

It is reasonable for a child to miss a day or two of school after a concussion if they feel unwell or if on returning to lessons their symptoms return. However, extended absence is uncommon.

Return
Students should return to academic studies before they return to sport.

Concussion and School
Once symptom free, students should undertake a graded return to academic studies.
Consideration should be given to managed return to full study days and gradual re-introduction of homework.
In a small number of cases, symptoms may be prolonged and this may impact on the child's studies. In such cases, early referral back to their GP and educational support services is advised

Concussion and Participation in Sport
Following the recommended rest period students should return to sport by following a graduated return to play (GRTP) protocol. This should only be started when the student is:

- symptom free at rest
- off all medication that modifies symptoms
- returned to normal studies

Students should have an extended GRTP compared to adults and a minimum of 48 hours for each activity stage is recommended. This means that the minimum return to play interval is 23 days from injury unless their recovery is closely supervised by a doctor with expertise in concussion management.

Following a concussion or suspected concussion, where possible students should be reviewed/assessed by a doctor before returning to sport and other activities with a predictable risk of head injury e.g. football, rugby, gymnastics, horse riding, hockey, combat sports, skateboarding etc.

As an additional guiding principle, students should avoid activities that have a predictable risk of further head injury for a minimum of 14 days after their symptoms have resolved, unless their recovery is closely supervised by a doctor with expertise in concussion management.

Students who struggle to return to their studies or who persistently fail to progress through the GRTP because symptoms return should be referred to their doctor.

Students who sustain two or more concussions in a 12-month period should be referred to their doctor for a specialist opinion in case they have an underlying pre-disposition.