

First Aid Policy

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1 Introduction

The policy outlines the school's responsibilities to provide adequate and appropriate first aid to learners, staff, parents and visitors, and the procedures in place to meet that responsibility. The policy is reviewed every year and informs all staff of the first aid arrangements which includes the location of equipment, facilities and first aid personnel.

This policy should be read in conjunction with the Medical Condition Policy which incorporates the safe handling and administration of medication in school, and the Health & Safety Policy for Doucecroft school.

Staff should always dial 999 for emergency services in the event of a serious emergency, medical or otherwise before implementing the terms of this policy.

Aims:

- To identify the first aid needs of the school.
- To ensure that first aid provision is available at all times while staff and learners are on school premises, and also off premises whilst on school visits.

Objectives:

- To appoint the appropriate number of suitable trained staff as Appointed Persons and First Aiders to meet the needs of the school, including at least one trained paediatric First Aider in line with EYFS provision legislation.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To inform staff and parents of the school's first aid arrangements.
- To keep accident records and to report to the Health & Safety Executive (HSE) as required under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR).

Vision:

Our vision is to understand and support autistic learners so that they are able to access opportunities and fulfil their potential.

Mission:

Our mission is working together to put the needs of autistic people at the centre of everything we do.

Legislation:

In a school with EYFS provision, at least one person who has current paediatric first aid training must be on the premises at all times. Beyond this, in all settings (and dependent upon an assessment of first aid needs) the school must have a sufficient number of suitable trained first aiders to provide care if employees or learners are injured in school. Doucecroft has identified an Appointed Person who is responsible for overseeing the arrangements for first aid within the school.

This policy is based on advice from the Department for Education on first aid in schools <https://www.gov.uk/government/publications/first-aid-in-schools> and health & safety in schools <https://www.gov.uk/government/publications/health-and-safety-advice-for-schools> and the following legislation that is relevant to all schools.

- <https://www.legislation.gov.uk/ukxi/1981/917/regulation/3/made>
The Health & 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.

- <https://www.legislation.gov.uk/uksi/1992/2051/regulation/3/made>
The management of Health & Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees.
- <https://www.legislation.gov.uk/uksi/1999/3242/contents/made>
The management of Health & Safety at Work Regulations 1999, which require employers to carry out risk assessment, make arrangements to implement necessary measures, and arrange for appropriate information and training.
- <https://www.legislation.gov.uk/uksi/2013/1471/schedule/1/paragraph/1/made>
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health & Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept.
- <https://www.legislation.gov.uk/uksi/1979/628>
Social Security (Claims & Payments) Regulations 1979, which set out rules on the retention of accident records.
- <https://www.legislation.gov.uk/uksi/2014/3283/schedule/made>
The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of learners.

2 Responsibilities

Autism Anglia's Health & Safety Manager:

The charity's Health & Safety Manager has overall responsibility for Doucecroft's First Aid Policy and ensuring that practices followed meet the legal requirements. This policy should be read in conjunction with the school's Health and Safety Policy. This should include arrangements for first aid, based on a risk assessment of the school and should cover:

- Numbers of first aiders including FAW and EFAW/appointed persons.
- Locations of first aid boxes.
- Arrangements for off-site activities, trips and learners residential stays.
- Out of school hours arrangement e.g., fete, activity nights.

Headteacher:

The responsibility for health & safety across the school is overseen by the Headteacher for anyone on school premises. This includes teaching staff, non-teaching staff, learners and visitors, including contractors. Please also see Visitors to School Policy.

- The Headteacher should ensure that training is delivered in accordance with this policy.
- The Headteacher should ensure that all resources for first aid arrangements are appropriate and in place and that insurance arrangements provide full cover for potential claims arising from actions of staff acting within the scope of their employment.
- The Headteacher is responsible for putting the First Aid Policy into practice and for developing detailed procedures.
- The Headteacher should ensure that the policy and information on the school's arrangements for first aid are made available to parents.
- It is the responsibility of the Headteacher to collate the information contained in the First Aid Log and summarise this information into the safeguarding report for the Board of Trustees each term.
- The Headteacher will ensure procedures for ensuring that parents are informed of significant incidents that involve learners are stored in line with the data protection act.

Appointed Person – The Role of Health Care Assistant:

It is the policy of our school that the appointed person is not in the first instance, to be used in a first aid capacity. However, they may be called upon in the immediate absence of a

trained Emergency at Work First Aider or to assist in situations requiring another trained professional for help and/or advice. The school will continue to rely on the knowledge and experience of its trained Emergency First Aiders at Work in order to administer appropriate treatment to injured persons, they retain the option of calling upon the services of the Appointed Persons, if felt appropriate when they are on site.

The Health Care Assistant is responsible for:

- Ensuring they have access to relevant individual medical information about learners with whom they work, to ensure medical response decisions are made in line with the Medical Conditions Policy as well as the First Aid Policy. This is essential as some learners will require a specific response and immediate call to 999.
- Taking charge when someone is seriously injured or becomes ill, assess needs.
- Ensuring there is an adequate supply of medical materials in first aid kits and replenishing the contents of these kits.
- Ensuring that an ambulance or other professional help is summoned when appropriate.
- Ensuring accident reports are completed and information effectively reported through school pod.
- Ensuring communication with parents about the incident is correct and informative.
- Looking after the first aid equipment, e.g., restocking the first aid boxes, in their respective classrooms, offices, vehicles and kitchens.
- It is the responsibility of the Appointed Person/Health Care Assistant to scrutinise First Aid records for accuracy and note/comments made, reporting outcomes to the Headteacher discussing any issues that may have been identified via such scrutiny and reporting on to the Health & Safety Manager any potential RIDDOR reportable injuries.
- The Healthcare Assistant will complete analysis of Accident and First Aid records every half term and share with the Headteacher and Health & Safety Manager.
- Ensure First Aid notices are displayed in communal areas such as lobby areas/playgrounds so that all staff are aware where the nearest First Aid box is stored, and where First Aid boxes are stored.

Emergency at Work First Aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents. They will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Ensuring that an ambulance or other professional help is summoned when appropriate. In an emergency situation, the First Aider will still call for (or will instruct another member of staff to call) 999 and request that an ambulance/paramedics attend but can still be supported in the current situation by the Health Care Assistant or someone with appropriate authority if required and appropriate.
- Check with Health Care Assistant, phase lead or a member of the Senior Management Team prior to sending learners home to recover where necessary.
- Filling in an accident report on the same day, or as soon as reasonably practicable, after an incident.

The list of trained First Aiders at Doucecroft is available in each first aid box and circulated to all senior staff members as changes are made.

School Staff:

All school staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know relevant individual medical information about learners with whom they work to ensure medical response decisions are made in line with the Medical policy

as well as the First Aid Policy. In the school context, this is essential as some learners will require specific response and immediate call to 999.

- Ensuring they know who the First Aiders and Health Care Assistant(s) are in school.
- Completed Accident Reports for all incidents they attend to where a First Aider or Health Care Assistant is not called.
- Informing the Headteacher or their manager of any specific health conditions or first aid needs.

All Doucecroft Staff:

Teachers and other staff are expected to do all they can to secure the welfare of the learners.

3 Procedures

Risk Assessments:

Reviews of the site risk assessment, first aid training and first aid supplies should be carried out annually, or when circumstance alter, by the Health & Safety Manager. Recommendations on measures needed to prevent or control identified risks should be forwarded to the Headteacher.

Re-Assessment of First Aid Provision:

As part of the school's annual monitoring and evaluation cycle;

- The Headteacher, Health & Safety Manager and Training Lead monitors the number of trained first aiders, alerts staff to the need for refresher courses and organises their training sessions.

Providing Information:

The Health Care Assistant will:

- Ensure that staff are informed about the school's first aid arrangements.
- Ensures new staff are provided with information as part of their induction programme.
- Ensures all staff have information on the location of equipment, facilities and first aid personnel. This is included in staff induction.

Notifying Parents:

The Health Care Assistant will:

- Liaise with the class teacher to inform parents of any accident or injury sustained by a learner and inform of any first aid treatment given via the accident reporting system on School Pod. This must be done on the same day and as soon as reasonably practical.

Notifying Trustees & External As Needed:

- The Headteacher will notify Ofsted/RIDDOR of any serious accident, illness or injury to, or death of a learner, while in the school's care and report to safeguarding if needed. This will happen as soon as is reasonably practical and no later than 14 days after the incident.
- The Headteacher will also notify the Board of Trustees/Chief Executive Officer and the local authority of any serious accident or injury to, or the death of a learner while in the school's care.
- Statutory requirements state that under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) certain accidents must be report to the Health & Safety Executive (HSE).
- The Health & Safety Manager must keep a record on School Pod of any reportable injury, disease of dangerous occurrence. This must include:
 - a) The date and method of reporting.
 - b) The date, time and place of the event.

- c) Personal details of those involved
 - d) A brief description of the nature of the event or disease.
- This record can be combined with other accident records.
- The following accidents **involving employees or self employed** people working on the school site must be reported to the Health & Safety Executive (HSE).
 - a) Accident resulting in death or major injury, including as a result of physical violence.
 - b) Accidents which prevent the injured person from doing their normal work for more than 7 days.
- For definitions, see HSE Guidance of RIDDOR 1995 and Information on reporting School Accidents.

The following accidents **involving learners and visitors** to the school must be reported to the Health & Safety Executive (HSE).

- Accidents resulting in death or the person being taken from the site of the accident to hospital if the accident arises out of or in connection with work e.g., if it relates to:
 - a) Any school activity, both on and off the premises.
 - b) The way the school activity has been organised and managed.
 - c) Equipment, machinery or substances.
 - d) The design or condition of the premises.

The HSE must be notified of fatal major injuries and dangerous occurrences without delay. The Headteacher will liaise with the Health & Safety Manager who is responsible for ensuring this happens.

4 Record Keeping

It is the responsibility of the First Aider who has administered first aid to ensure the First Aid Register is up to date on School Pod immediately as part of the tidy up process and within 24 hours.

All record keeping must contain the following information:

- First Aid Register – Detailing date, time, name of First Aider, class, injury description, treatment given, teacher notified, and parent notified. This must be completed on the day or as soon as possible after an incident resulting in an injury.
- All First Aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained First Aiders, what training they have received and when this is valid until. The school will arrange for First Aiders to retrain before their first aid certificate expires. In cases where a certificate expires, the school will arrange for the staff to retake the full first aid course before being reinstated as a First Aider.
- **Statutory Accident Records:** The Headteacher must ensure that readily accessible accident records, written or electronic, are kept for a minimum of 3 years from the date of the last entry in line with DfE 'Guidance on First Aid for Schools February 2014'. Doucecroft use School Pod to record accidents.
- **School Central Record:** This can be combined with the RIDDOR record and the Accident Log, providing all legislative requirements are met.
- The Headteacher will ensure procedures for ensuring that parents/carers are informed of significant incidents that involve learners are stored in line with the Data Protection Act.

5 Provision

How Many First Aid Personnel are Required?

The Headteacher will consider the findings of the risk assessment in deciding on the number of first aid personnel required. The Headteacher will consider the needs of specific times places and activities in deciding on the provision needed. Arrangements should be made to ensure that the required level of cover of First Aiders is always available when people are on school premises.

Qualifications & Training

We endeavour to train adequate staff working at Doucecroft in First Aid, Emergency First Aid at Work and Paediatric First Aid. This training is undertaken so that all staff can deal with a first aid situation.

6 First Aid Materials, Equipment & Facilities

The Health Care Assistant or someone with appropriate authority in their absence must ensure that the appropriate numbers of first aid boxes are available.

- All first aid boxes are marked with a white cross on a green background.
- First aid boxes should be stored near handwashing facilities where possible.

All first aid containers are to be checked each term by the Health Care Assistant or someone with appropriate authority. Spare stock should be kept in school and dates checked, with stock safely discarded after the expiry date. Contents should vary according to the risk assessment of the site or that where there is no special risk identified in line with the HSE guidelines on minimum contents – See Appendix for guidance.

Automated External Defibrillator (AED)

The school has an Automated External Defibrillator (AED/D Fib) on site. This is stored in Ash and is checked fortnightly by the Health Care Assistant.

Medical Room

The Health Care Assistant or someone with appropriate authority, and the medical room are located in Ash. This is a suitable facility for medical treatment and care of learners during school hours.

7 Procedure in The Event of an Accident, Injury or Illness

In the event of an accident or injury, the member of staff in charge should be informed immediately and a First Aider called. The First Aider will assess the situation and determine whether or not the Health Care Assistant or someone with appropriate authority/emergency services need to be called.

The Health Care Assistant or someone with appropriate authority should be informed of the injury, even if their assistance is not required.

The Senior Management Team should be called if the Health Care Assistant or someone with appropriate authority is unavailable for any reason. First Aid trained staff are not trained as paramedics, and if the First Aider feels they cannot adequately deal with the injury, then they should arrange for access to appropriate medical care without delay.

Calling Emergency Services

An ambulance should always be called by staff in the following circumstances:

- A significant head injury.
- Seizure/Fitting or unconsciousness.
- Difficulty in breathing and/or chest pains.

- A severe allergic reaction
- A severe loss of blood.
- Severe burns or scalds.
- The possibility of a serious fracture.
- In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, or if they are unsure of the correct treatment.
- If an individual learner's medical protocol indicates the need.

The Health Care Assistant or someone with appropriate authority should be called in the instance of any of the above events.

If an ambulance is called, the member of staff in charge should ensure that access to the school is unrestricted and that the learner can be easily accessed by the emergency services on arrival.

Learners who are taken to hospital in an ambulance will be accompanied by a member of staff unless parents are able to reach the school in time to go with their child themselves. Ambulances will not be delayed waiting for parents to arrive at the school. Parents will be informed immediately of any medical emergency and told which hospital to go to.

All accidents and injuries must be reported in line with this policy.

8 Head Injuries in School

All learners who suffer a head injury at school should initially be seen by the Health Care Assistant, someone with appropriate authority or a First Aider for assessment, to plan ongoing care. Even when none of the worrying signs are present, after any head injury, it is important that the learner's parents/carers are informed about the head injury and given written information on how to monitor their child.

Minor Head Injury – No loss of consciousness:

A minor head injury often just causes a bump, swelling or bruising on the exterior of the head. Other symptoms include:

- Nausea.
- Mild headache.
- Tender bruising or mild swelling of the scalp.
- Mild dizziness.

Action to be taken in school for a minor head injury:

- Ice pack/cold compress to swelling.
- Observation.
- Accident form to be completed immediately, with checks carried out throughout the day which must be recorded on the form.
- Report to class teacher/Health Care Assistant.
- Parent informed by phone as preferred communication and email if unsuccessful.
- Accident form and head injury advice letter (see below) sent home at the earliest convenience or the end of the day.

Severe Head Injury – Loss of consciousness:

A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer.
- Difficulty in staying awake.
- Seizure.

- Slurred speech.
- Visual problems.
- Difficulty in understanding what people are saying.
- Balance problems.
- Loss of power in arms/legs/feet.
- Pins & needles.
- Amnesia.
- Leakage of clear fluid from nose or ears.
- Bruising around eyes/behind ears.

Action to be taken by school for a severe head injury:

- Suspect there is a neck injury if unconscious, DO NOT move the learner.
- CALL 999 FOR AN AMBULANCE.
- Notify parent/carer by phone.
- Complete accident form and send this home.

9 Analgesics

Learners will be provided with analgesics if prior permissions have been sought in line with the Medical Conditions Policy.

Parents/carers will be contacted if a learner required analgesics within 4 hours of being at school to check for history or previous dose before administering another. Parents/carers will be informed by email or over the telephone if analgesics are given to learners and the reason for this. The following link will be emailed to parents in the case of an ongoing health issue: <https://www.nhs.uk/live-well/healthy-body/is-my-child-too-ill-for-school/>

Learners starting new medication will have their health monitored and reported back to parents/carers for a period of 2 weeks – see Medical Conditions Policy for further information.

10 Procedure in the Event of Contact with Blood or Other Bodily Fluid

The school understands the importance of ensuring that the risk of cross contamination is reduced as far as is reasonably practicable, and the training that staff and First Aiders undertake outlines best practice for this. It is important that the First Aider at the scene of an accident or injury takes the following precautions to avoid risk of infection to both of them, other learners and staff:

- First Aider to cover any cuts and grazes on their own skin with a waterproof dressing.
- Wash hands after every procedure.
- Do not touch a wound with bare hands, wear suitable disposable glove, and disposable aprons if necessary, when dealing with blood or other bodily fluids.
- Dispose of all waste safely; soiled clothes should be placed in a yellow bag and sent home.

If the First Aider suspects that they or any other person may have been contaminated with blood and/or other bodily fluids that are not their own, the following actions should be taken without delay:

- Wash splashes off skin with soap and running water.
- Wash splashes out of eyes with tap water.
- Wash splashes out of nose or mouth with tap water, taking care not to swallow the water.
- Record details of the contamination.

- Complete an accident report on School Pod with details of the contamination.
- Report the incident to the Health Care Assistant or someone with appropriate authority, who will then arrange for the proper containment, clear up and cleansing of the spillage site.

11 First Aid On Site During Physical Education & Off Site Trips including Residential Trips

The risk of injury is increased during physical activity. It is the responsibility of the person leading the physical education session to ensure that they are aware of the nearest first aid box, depending on where in the school the session is being held. It is also their responsibility to carry a radio during the session so the Health Care Assistant/someone with appropriate authority or First Aider can be called as appropriate if needed.

Off Site

The Trip Lead will take responsibility for conducting a risk assessment for off-site venues and including reviewing the appropriate first aid provision. Extra first aid kits can be collected from the Health Care Assistant or someone with appropriate authority from Ash if required. Staff attending the trip should have read the venue risk assessment. If a trip takes place off site, a First Aider will be available, either covered by Doucecroft staff or the venue's own First Aiders. The Trip Lead will ensure this is checked and the Educational Visits Policy will be followed.

Residential Trips

The Health Care Assistant or someone with appropriate authority will work with the residential Trip Lead to ensure adequate First Aiders are available. The Health Care Assistant or someone with appropriate authority, will provide adequate first aid supplies for the duration of the trip. Staff will follow the same reporting system as when in school.

All injuries that occur off site should be reported in line with this policy and first aid follow up care continued where necessary.

12 Monitoring

Accident records can be used to help the Headteacher, and the Health & Safety Manager identify trends and areas for improvement. They can also help identify training or other needs and may provide useful information for insurance or investigative purposes.

13 Appendix 1 – Information on Common Illness & School Attendance

<https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/>

Infection	Exclusion Period	Comments
Anxious or Worried	It's normal for children to feel a little anxious sometimes. They may get a tummy ache or headache, or have problems eating or sleeping. Avoiding school can make a child's anxiety about going to school worse. It's good to talk about any worries they may	If your child is still struggling and it's affecting their everyday life, it might be good to talk to your GP

	have such as bullying, friendship problems, school work or sensory problems.	
Athlete's Foot	None.	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken Pox	Five days from onset of rash and all lesions have crusted over.	
Cold Sores (herpes simplex)	None.	Avoid kissing and contact with the sore. Cold sores are generally mild and heal without treatment.
Conjunctivitis	None unless they are feeling unwell, then keep them home.	
Cough and colds	It's fine to send your child to school with a minor cough or common cold . But if they have a high temperature, keep them off school until it goes.	
Diarrhoea and Vomiting	Whilst symptomatic and 48 hour after last symptom.	
Diphtheria	Exclusion is essential.	Preventable vaccination.
Flu (influenza)	Until recovered.	
Glandular Fever	None.	
Hand Foot and Mouth	Exclusion to be considered in some circumstances.	
High Temperature	keep them off school until it goes away.	https://www.nhs.uk/conditions/fever-in-children/
Head Lice	None.	Treatment recommended only when live lice seen.
Hepatitis A*	Excluded until 7 days after onset of jaundice (or 7 days after symptom if no jaundice).	
Hepatitis B*, C*, HIV	None	Hepatitis B, C and HIV are blood borne viruses that are not infectious through casual contact.
Impetigo	Until lesions are crusted/healed of 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered.	Preventable by vaccination (2 doses of MMR).
Meningococcal meningitis*/ septicaemia	Until recovered.	Meningitis ACWY and B are preventable by vaccination (see national schedule at www.nhs.uk)
Meningitis* due to other bacteria	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule at www.nhs.uk)
Meningitis Viral*	None.	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not to be excluded.

MRSA	None.	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise spread.
Mumps*	Five days after onset of swelling.	Preventable by vaccination with 2 doses of MMR (see national schedule at www.nhs.uk)
Ringworm	Not usually required.	Treatment is needed.
Rubella (German Measles)	Four days from the onset of rash.	Preventable by vaccination with 2 doses of MMR. (see national schedule at www.nhs.uk).
Scarlet Fever	Excluded until 24 hours of appropriate antibiotic treatment completed.	A person is infectious for 2-3 weeks if antibiotics are not administered.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Slapped Cheek / Fifth Disease / Parvo Virus B19	None (once rash has developed).	
Threadworm	None.	Treatment recommended for children and household.
Tonsillitis	None.	There are many cases, but most cases are due to viruses and do not need an antibiotic treatment .
Tuberculosis (TB)	The TB treatment team will advise you when it's safe to return.	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.
Warts and Verrucae	None.	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping Cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.
Covid 19	<p>If your child has mild symptoms, such as a runny nose, sore throat, or slight cough, and feels well enough, they can go to school.</p> <p>Your child should try to stay at home and avoid contact with other people if they have symptoms of COVID-19 and they either:</p> <ul style="list-style-type: none"> • have a high temperature • do not feel well enough to go to school or do their normal activities 	Your child is no longer required to do a COVID-19 rapid lateral flow test if they have symptoms. But if your child has tested positive for COVID-19, they should try to stay at home and avoid contact with other people for 3 days after the day they took the test.

14 Appendix 2 – First Aid Box Minimum Contents

This should be determined by a needs assessment by the Health & Safety Manager.

The below table shows the minimum required contents for small, medium and large first aid kits in order for them to comply with the British Standard for first aid, BS8599-1:2019. Kits may exceed these contents requirements and still be considered BS8599-1 compliant.

Safety First Aid 					BS8599-1:2019 Workplace First Aid Kit Contents	
Kit component	New workplace first aid kit contents			New travel & motoring kit contents	Personal issue kit contents	
	Small	Medium	Large			
Conforming bandage	1	2	2	1X Guidance leaflet	1X guidance leaflet, 1X contents list, 1X l. sterile dressing, 1X triangular bandage, 10X plasters, 4X alcohol-free wipes, 2X nitrile gloves (pairs), 1X resus shield, 1X foil blanket, 1X clothing cutters	
Guidance leaflet	1	1	1	1X Contents list		
Contents list	1	1	1	1X Med. sterile dressing		
Medium sterile dressing	2	4	6	1X Triangular bandage	Critical injury pack contents	
Large sterile dressing	2	3	4	10X Plasters		
Triangular bandage	2	3	4	10X Alcohol-free moist wipes	1X guidance leaflet, 1X contents list, 2X nitrile gloves (pairs), cutters, 2X large trauma dressing, 2X haemostatic dressing, 1X foil blanket, 1X clothing, 1X tourniquet	
Eye pad sterile dressing	2	3	4	2X Nitrile gloves		
Plasters	40	60	100	1X Resuscitation shield		
Alcohol-free moist cleansing wipes	20	30	40	1X Foil blanket		
Adhesive tape roll	1	2	3	2X Burn dressing		
Nitrile disposable gloves (pairs)	6	9	12	1X Clothing cutters		
Sterile finger dressing	2	3	4	1X Adherent dressing		
Resuscitation face shield	1	1	2	1X Medium trauma dressing		
Foil blanket	1	2	3			
Burn dressing	1	2	2			
Clothing cutters	1	1	1			









BS8599-1, updated on 1st January 2019, also includes specification for travel; and motoring first aid kits, personal issue first aid kits and critical injury packs. Safety First Aid supply all of these kits and all British Standard kits are compliant with the minimum contents set out in the updated 2019 standard.

What size kit do I need?

The size of the kit required is dependent on a combination of the level of risk and the number of employees in the workplace.

The table below provides guidance for employers but does not replace the requirement to carry out a risk assessment.

Category Of Hazard	Number Of Employees	Number & Size of First Aid Kit
Low Hazard e.g. shops, offices, libraries	1-24 ↑	Small 
	25-100 ↑	Medium 
	100+ ↑	1x Large  per 100 ↑
High Hazard e.g. light engineering and assembly work, food processing, warehousing, extensive work with dangerous machinery or sharp instruments, construction, chemical manufacture, etc	1-4 ↑	Small 
	5-25 ↑	Medium 
	25+ ↑	1x Large  per 25 ↑

Special circumstances also need to be considered, such as remoteness from medical services, special hazards such as the use of hydrofluoric acid, and sites with several buildings. In these situations, there may need to be more first aid kits than set out in the table. Personal issue kits, travel kits and/or critical injury packs may also be necessary.

The School Risk Assessment for the First Aid Policy can be found on Sharepoint in the Health & Safety Hub [Doucecroft First Aid Risk Assessment April 2025 V3.docx](#)