ROUTES

REACHING OUTCOMES USING TAILORED EDUCATION & SKILLS

FIRST AID POLICY 2025-26

Approved by:	Mr Daniel Luford (Director) Mr Nick Lyons (Director)	**Date:** 01/04/2023
Last reviewed on:	31/08/2025	
Next review due by:	31/08/2026	

Aims

The aims of our first aid policy are to:

1. Ensure the health and safety of all staff, young people and visitors
2. Ensure that staff and directors are aware of their responsibilities with regards to health and safety
3. Provide a framework for responding to an incident and recording and reporting the outcomes

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 pupils

Roles and responsibilities

Employers must usually have enough suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements, provided your assessment of need has considered the nature of employees' work, the number of staff, and the

layout and location of the site. The appointed person does not need to be a trained first aider.

Section 3.1 below sets out the expectations of appointed persons and first aiders as set out in the 1981 first aid regulations and the DfE guidance listed in section 2.

Appointed person(s) and first aiders

The organisation's appointed persons are Nick Lyons and Daniel Luford. They are responsible for:

- Taking charge when someone is injured or becomes ill
- 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 medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) 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
- Sending young people home to recover, where necessary
- Filling in an accident report on the same day as, or as soon as is reasonably practicable after, an incident
- Keeping their contact details up to date

The Directors

The Directors are responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present onsite
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of young people
- Reporting specified incidents to the HSE when necessary (see section 6)

Staff

Routes staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders and/or appointed person(s) onsite are
- Completing accident reports (see appendix 2) for all incidents they attend to where a [first aider/appointed person] is not called
- Informing the Directors of any specific health conditions or first aid needs

First aid procedures

Onsite 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 young person is too unwell to remain onsite, parents / carers will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents / carers
- If emergency services are called, the Director 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

Off-site procedures

When taking young people off premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit including, at minimum:

✓ A leaflet giving general advice on first aid
✓ 6 individually wrapped sterile adhesive dressings
✓ 1 large sterile unmedicated dressing
✓ 2 triangular bandages – individually wrapped and preferably sterile
✓ 2 safety pins

- ✓ Individually wrapped moist cleansing wipes
- ✓ 2 pairs of disposable gloves

- Information about the specific medical needs of the young person
- Parents' contact details

When transporting using a personal vehicle, Routes will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- ✓ 10 antiseptic wipes, foil packed
- ✓ 1 conforming disposable bandage (not less than 7.5cm wide)
- ✓ 2 triangular bandages
- ✓ 1 packet of 24 assorted adhesive dressings
- ✓ 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- ✓ 2 sterile eye pads, with attachments
- ✓ 12 assorted safety pins
- ✓ 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the tutor or mentor prior to any visit to a community-based activity.

First aid equipment

A typical first aid kit in onsite will include the following:

- ✓ A leaflet giving general advice on first aid
- ✓ 20 individually wrapped sterile adhesive dressings (assorted sizes)
- ✓ 2 sterile eye pads
- ✓ 2 individually wrapped triangular bandages (preferably sterile)
- ✓ 6 safety pins
- ✓ 6 medium-sized individually wrapped sterile unmedicated wound dressings
- ✓ 2 large sterile individually wrapped unmedicated wound dressings
- ✓ 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in:

- Reception (at the desk)
- Kitchen
- Personal vehicles

Record-keeping and reporting

First aid and accident record book

- An accident form will be completed by the tutor or mentor on the same day or as soon as possible after an incident resulting in an injury
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- For accidents involving young people, a copy of the accident report form will also be added to their personal record.
- Records held in the first aid and accident book will be retained by Routes Learning for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

Reporting to the HSE

The Directors 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 Directors 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.

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 Directors 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 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

Young people 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 where 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)

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report, HSE
http://www.hse.gov.uk/riddor/report.htm

Notifying parents / carers and primary care givers

The tutor or mentor will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents will also be informed if emergency services are called.

Training

All staff can undertake first aid training if they would like to.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. Routes Learning will keep a register of all trained first aiders, what training they have received and when this is valid until.

Routes Learning will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, Routes Learning will arrange for staff to retake the full first aid course before being reinstated as a first aider.

Monitoring arrangements

This policy will be reviewed by the Directors every year.

At every review, the policy will be approved by the Directors.

Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy