FIRST AID MANAGEMENT

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Health and Safety Policy			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
3.0	Full	June 2022	Review due	Health and Safety Committee
4.0	Full	December 2022	Ratified	Health and Safety Committee

Please note:

If you require a copy of this procedure in an alternative format (for example Large Print, Easy Read) or would like any assistance in relation to the content of this policy, please contact the Human Resources (HR) team on 01803 656680.

1. Purpose and Application

The Health & Safety (First Aid) Regulations 1981 requires an assessment of the risks involved to identify the level of risk to their employees in carrying out their work duties and consider what First Aid equipment, personnel and facilities the Trust needs to make available.

It is the primary aim of the procedure to ensure that Trust has adequate and appropriate First Aid Provision (Equipment, Facilities and Staff) to enable First Aid to be given to staff if they are injured or become ill at work. Within the scope of this procedure, the term “staff” is intended to mean all managers and employees, volunteers and contractors to the organisation.

In HSE published guidance it is strongly recommended that organisations include provision for visitors in their first aid arrangements. The Trust will ensure that any arrangements in place extend to anyone who is on Trust premises.

The implementation of the First Aid Regulations across the Trust is mandatory and this procedure must be read and implemented in conjunction with other relevant policies.

The Trust will indemnify peripatetic workers who administer First Aid to a member of the public during their working hours and within the limits of their competence. Healthcare professionals should be aware of their professional obligations under the code of conduct for their profession.

2. Responsibilities

2.1 Trust Board

The Trust Board has overall responsibility for Health & Safety and ensuring that effective management systems are in place to achieve high standards of Health, Safety and Welfare.

2.2 Chief Executive

The Chief Executive has overall responsibility for the effective implementation of the First Aid Procedure.

2.3 Director of Environment

The Director of Environment is the named Director with responsibility for Health and Safety, including management of First Aid.

2.4 Heads of Services and Line/Department/Ward Managers

Responsible for ensuring that the First Aid Policy is implemented and monitored within their areas of responsibility. In particular they must ensure:

- That a risk assessment of needs will be made and that sufficient numbers of employees are trained in First Aid and that appropriate First Aid equipment is readily accessible at all times

- That a competent person is available to complete the Risk Assessment(s) for the work area(s) and provision of First Aid

- That a competent person is available to provide First Aid or an Appointed Person is available in all his or her work areas, whenever anyone is at work in order to take charge of an incident where a person becomes ill or is injured whilst at work

- That staff are referred to the Trust Occupational Health Departments as appropriate

- That ***all*** employees are informed of the nature and location of First Aid facilities, ideally at work-based induction

- That First Aid notices are displayed in prominent positions, giving the location of equipment and how to contact first aiders

- That those with language difficulties or visual impairment are informed of the arrangements for First Aid

- That First Aid training and qualifications awarded are recorded and maintained

- That the records of any treatment given are maintained and managed

2.5 First Aiders

Are responsible for:

- Attending the appropriate Trust or profession approved training, maintaining its validity and keep all necessary records

- Administering (without putting themselves in the danger, and making the area safe) First Aid/Emergency Aid when summoned to do so and make a record of any such event

- Working within the guidelines for First Aiders issued through their training

- Keeping Departmental First Aid Notices up to date

- Stocking of First Aid provisions in conjunction with their Manager and ensuring stock is within date

2.6 All Trust Staff

All employees must:

- Take reasonable care for their own health and safety and the welfare of others who may be affected by their acts or omissions

- Ensure that they read and understand the First Aid policy

- Inform their manager of any accidents/incidents requiring the provision of First Aid

- Be familiar with and comply with instructions and training given by the Trust
- Co-operate with their employer and line managers to achieve a safe and healthy workplace
- Make their First Aiders aware of any medication required in the event of illness/injury, such as an inhaler for asthma, or an epi-pen for anaphylaxis shock

3. Definitions

3.1 First Aid

First Aid is defined as “the initial assistance or treatment given to any individual who is injured or becomes ill, in order to stabilise a condition that is potentially life threatening or to prevent a minor injury becoming more serious”.

Therefore, First Aid has two functions as defined below:

- In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse

People at work may injure themselves or fall ill. It doesn’t matter whether the injury or illness is caused by the work they do, what is important is that they receive immediate attention. First Aid is the first help given to someone to prevent injury or illness from becoming worse; it covers all the arrangements that each workplace makes to ensure that the injured person receives immediate attention.

3.2 First Aiders

A First Aider is someone who holds either a current First Aid at Work certificate or the Emergency First Aid at Work certificate issued by a competent First Aid training provider.

First Aiders may take appropriate additional courses to maintain their expertise and are required to stay up to date on the latest treatments. A First Aider may also undertake the duties of an Appointed Person (see below).

First Aid at Work does not include training in the giving of tablets and medicines to treat illness. The only exception is for suspected heart attacks where aspirin may be used as first aid for the casualty. In addition, if an individual needs to take their own prescribed medication the first aider may only help them to do so, and contact a doctor or emergency services (as appropriate).

3.3 Appointed Persons

Where an assessment of First Aid needs identifies that a designated first-aider is not required, the minimum requirement is to appoint a person to charge of the First Aid arrangements, including looking after the equipment and facilities and calling the

emergency services when required. An Appointed Person is someone who takes charge of an incident when someone is injured or becomes ill. Arrangements should be made for an appointed person to be available to undertake these duties at all times when staff are at work.

Appointed Persons must not give First Aid unless trained to do so, although they can provide emergency cover in the unforeseen absence of the First Aider (this does not include annual or planned leave).

3.4 Health Professionals and First Aid

Provided they can demonstrate current knowledge and skills in First Aid, the training and experience of the following qualify them to administer first aid in the workplace without the need to hold a FAW or EFAW or equivalent qualification:

- Doctors registered and licensed with the General Medical Council
- Nurses Registered with the Nursing and Midwifery Council
- Paramedics registered with the Health & Care Professions Council

However, a First Aider must be able to respond rapidly to an emergency situation and this may not be possible when the First Aider is a Health Professional and is routinely involved in treating patients. A risk assessment will assist in determining the requirements for First Aiders in clinical areas.

4. Procedures

4.1 Risk Assessment

Although the regulations outline the essential aspects of First Aid that the Trust must provide, no fixed levels of equipment or personnel are stated. Instead the onus is placed on employers to assess what facilities and personnel are appropriate, their decision being based on an assessment of each workplace.

The form that First Aid takes in each work area will depend on various factors. Clearly different work activities involve different hazards; therefore, it is important to complete a risk assessment undertaken by competent persons of all pertinent hazards, which should include the following:

- The nature of the work and any particular hazards or risks in the workplace, i.e. any dangerous chemicals, heavy equipment, tripping hazards. The Health and Safety Team will give advice on this area if required
- Any history of previous accidents or incidents, for example if there are a large number of tripping incidents in your area
- The number of staff and their distribution across the site
- The needs of travelling, remote or lone workers

- Peripatetic workers such as drivers, transportation, or delivery staff
- The size of the workplace and its location, i.e. whether it is within the hospital site or some distance away
- The distance from medical services, e.g. A&E /MIU
- Patterns of work i.e. whether there is shift or night working
- Employees working on shared or multi-occupied sites
- Annual leave and absences of First Aiders and appointed persons

Risk assessments must be reviewed at regular intervals to ensure that the arrangements made for First Aid remain suitable and sufficient.

The level of risk will determine:

- If a qualified First Aider is required or an appointed person
- The number of First Aid trained staff for the area (guidance table in Appendix 1)
- First Aid equipment requirements (guidance table in Appendix 2)

Risk assessments should be undertaken using the Trust General Health & Safety Risk Assessment Form. The risk of an incident occurring and the factors above should be considered.

4.2 First Aid Equipment

Following the assessment of first aid requirements, materials, equipment and facilities needed to provide the level of cover identified must be available to employees at all relevant times.

First Aid points will be clearly marked with a white cross on a green background and shall be readily accessible for all staff members at all times when they are on duty.

A minimum of one First Aid container should be provided at each work base. They should be easily accessible and ideally placed near to hand-washing facilities. These containers should be easily identifiable and readily accessible. They should be marked with a white cross on a green background, and they should be damp proof. There is no mandatory list of items that should be included in a First Aid box. First Aiders and Appointed Persons should decide what to include in the First Aid container from information gathered during their assessment of First Aid needs. There is an indicative contents list suggested for low risk workplaces and travelling staff in HSE guidance document L74.

Line managers will ensure that First Aid kits are regularly inspected to ensure contents are in date and serviceable, and that contents used are replaced as soon as possible. Disposal of items should be undertaken in line with the Trust Waste Management Policy.

For eye irrigation, where mains tap water is unavailable, at least one litre of sterile water or sterile normal saline (0.9%) in sealed, disposable containers should be provided and ideally administered via a giving set (do not re-use once seal is broken). Containers that have a broken seal or are out of date should be safely disposed of in line with Trusts policy.

First aid kits must not contain items such as tablets, creams, ointments or other medication.

Managers with staff who are required to work away from base location should undertake a risk assessment to determine whether there is a need for a travel First Aid kit or additional equipment.

4.3 Training

The Trust will ensure that following risk assessment a sufficient number of staff in-premises are trained to undertake the role of Appointed Person and/or First Aider. This process will ensure that an adequate number of trained staff with appropriate levels of knowledge and skills, is maintained and compliance with legislation is achieved.

First Aiders must attend a recognised course for First Aid at Work provided by a competent First Aid training provider and include practical and theory examinations and should be a least three full days duration with six contact hours per day. A recognised course for Emergency First Aid at Work should be of at least one full day's duration.

First Aid at Work and Emergency Fire Aid at Work certificates are valid for three years. Before the end of this time period First Aiders must arrange a refresher course to renew their certificate.

If a certificate expires, the staff member will cease to be a first aider and will have to undertake a full course of training to be re-established as a First Aider.

When selecting someone to take up the role of a first aider, a number of factors need to be taken into account, including an individual's;

- Reliability, disposition and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Normal duties, which should be such that they may be able to respond immediately and rapidly to an emergency

Details of First Aid training courses are available from the education and training department.

4.4 Reporting of Accidents / Incident Recording

However minor the injury, an accident/incident form must be completed in accordance with the Trust Incident Reporting Policy.

5. Monitoring, Audit and Review Procedures

Heads of Service and Managers will be responsible for monitoring that risk assessments have been completed via annual inspection records. They will also be responsible for ensuring adequate provision for First Aid is in place in each premise by checking through supervision and/or individual training records to ensure the identified first aid staff are still competent to carry out their duties.

The Health & Safety manager will be responsible for auditing the effectiveness of this procedure, and in conjunction with managers during inspections, monitor the effectiveness of First Aid provision throughout the Trust premises.

6. References

6.1 Main Enforcing Legislation:

- The Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013
- The Health and Safety (First Aid) Regulations 1981
- The Health & Safety (Safety Signs and Signals) Regulations 1996

Further information and guidance on health and safety including First Aid can be found on the Health and Safety Executive web pages www.hse.gov.uk

7. Appendices

Appendix 1 – First Aiders Provision Guidelines

Appendix 2 – First Aid Equipment Guidance

Appendix 1 – First Aiders Provision Guidelines

HSE suggested numbers of first aid persons following risk assessment:

1. From your risk assessment, what degree of hazard is associated with your work activities?	2. How many employees do you have?	3. What first-aid personnel do you need?	4. What injuries and illnesses have previously occurred in your workplace?	5. Have you taken account of the factors below that may affect your first-aid provision?
Low-hazard eg offices, shops, libraries	Fewer than 25	At least **1 appointed person**	• Ensure any injuries or illness that may occur can be dealt with by the first-aiders you provide • Where first-aiders are shown to be unnecessary, there is still a possibility of an accident or sudden illness, so you may wish to consider providing qualified first-aiders	• Inexperienced workers or employees with disabilities or particular health problems • Employees who travel a lot, work remotely or work alone • Employees who work shifts or out-of-hours • Premises spread out across buildings/floors • Workplace remote from the emergency services • Employees working at sites occupied by other employers • Planned & unplanned absences of first-aider/ appointed person • Members of the public who visit the workplace
	25–50	At least **1 EFAW** trained first-aider		
	More than 50	At least **1 FAW** trained first-aider for every 100 employed (or part thereof)		
Higher hazard eg light engineering and assembly work, food processing, warehousing, extensive work with dangerous machinery or sharp instruments, construction, chemical manufacture	Fewer than 5	At least **1 appointed person**		
	5–50	At least **1 EFAW** or **FAW** trained first-aider, depending on the type of injuries that may occur		
	More than 50	At least **1 FAW** trained first-aider for every 50 employed (or part thereof)		

Appendix 1 – First Aiders Equipment Guidance

There is no mandatory list of items to be included in a First Aid container. The decision on what to provide will be influenced by the findings of the first-aid risk assessment. As a guide, where work activities involve low hazards, a minimum stock of first-aid items might be:

- A leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work)
- 20 individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary)
- Two sterile eye pads
- Two individually wrapped triangular bandages, preferably sterile
- One sterile crepe bandage
- Six safety pins
- Two large sterile individually wrapped unmedicated wound dressings
- Six medium-sized sterile individually wrapped unmedicated wound dressings
- One sterile burns dressing
- At least three pairs of disposable gloves
- One disposable apron

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	**First Aid Management Procedure**		**Version and Date**	***V4.0 December 2022***	
Policy Author	SE, Senior Corporate Health and Safety Advisor				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? ***PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below***					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒

Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)					Yes ☐ No☒
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language[5] used throughout?					Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?					Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?					Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?					Yes ☐ No☒
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes ☒ No☐
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Review due					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Trust Health and Safety Committee members					
ACTION PLAN: Please list all actions identified to address any impacts					
Action			**Person responsible**		**Completion date**
AUTHORISATION: By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Senior Corporate Health & Safety Advisor		**Signature**	SE	
Validated by (line manager)	Corporate Health & Safety Manager		**Signature**	KW	

Any issues Please contact Diversity & Inclusion Lead

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy