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|  |  |
|--|--|
| <b>Related Trust Policies</b> (to be read in conjunction with) | MSB Health & Safety Policy<br>09030 MEHT Health & Safety Policy<br>04028Sickness Policy<br>04061 Risk Management Policy & Procedures<br>08070 Supporting staff involved in a traumatic incident, complaint or claim<br>08078 Lone Worker policy<br>MSB Lone Working Policy |
|--|--|

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## **1.0 Introduction**

- 1.1 Mid Essex Hospital Services NHS Trust is committed to meeting the duty of care under the Health and Safety (First Aid) Regulations 1981 by providing adequate and appropriate first aid equipment, facilities and appropriately trained first aiders in the event of an accident or illness occurring to employees at work.

## **2.0 Purpose**

- 2.1 The purpose of this policy is to set out the measures required by the Trust to ensure compliance with the Health & Safety (First Aid) Regulations 1981. It is not intended to replace or alter information given during first aid training courses. Similarly it does not replace, augment or in any way encroach upon policies and procedures for Doctors, Nursing staff and other health care professionals. Essentially this policy is directed at rendering first aid to Trust staff, although in the spirit of moral obligation in support of Trust values may be extended to other persons on Trust property.
- 2.2 The purpose of this policy is to enable managers and staff to comply with Health and Safety Regulations by ensuring that:
- There is a sufficient number of competent persons on duty and available for the numbers and risks on the premises to administer first aid in the workplace
  - There are suitable and sufficient facilities and equipment available to administer first aid
  - The above provisions are transparent and clear to all who may require them

## **3.0 Scope**

- 3.1 This policy applies to all individuals working in the Trust, including those employed by other organisations contracted to the Trust or working on the Trust's premises. Individuals exempt from this arrangement include staff employed by the Trust's private sector partners (or seconded to them under the Retention of Employment arrangement) or providing Facilities Management services.

Where the policy applies to individuals employed by other organisations the contractor will be specifically advised.

## **4.0 A Brief Guide to the First Aid Regulations 1981**

- 4.1 First Aid is defined in regulation 2 of the First Aid Regulations 1981 and covers the initial management of injury or illness pending the arrival of definitive medical care. It also includes the treatment of minor injuries that do not require intervention by a doctor or nurse.
- 4.2 It is a requirement for an employer to provide equipment and facilities that are adequate and appropriate in the circumstances for enabling first-aid to be rendered to our employees if they are injured or become ill at work.

4.3 As per the Health and Safety Executives (HSE) Approved Codes of Practice and Guidance, L74; provided staff responding 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 First Aid at Work, Emergency First Aid at Work 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 and Care Professions Council

## 5.0 Definitions

5.1 A number of definitions are detailed in the Regulations and it is important that employers and employees understand what they mean because they can be applied to different categories of employees and work activity.

5.2

| TERM                                | DEFINITION   |
|-------------------------------------|--|
| <b>Trust</b>                        | Mid Essex Hospital Services NHS Trust  |
| <b>First Aid /</b>                  | <p>For the purposes of this Policy and defined by the Health and Safety (First Aid) Regulations 1981, First Aid means:</p> <p>The treatment of minor injuries that happen on Trust premises that would otherwise receive no treatment or do not require treatment by a medical practitioner or nurse.</p> <p>In cases where a person will require help from a medical practitioner or nurse, first aid aims to preserve life and minimise the consequences of injury or illness until such help is obtained.</p>   |
| <b>First Aider</b>                  | <p>Someone who has undergone a training course in administering first aid at work and holds a current first aid at work certificate.</p> <p>They will be qualified to provide emergency first aid, take charge if someone is injured or falls ill, including calling for medical assistance or an ambulance. They will also be responsible for maintaining the first aid box. Where 50 or more people are employed within a Trust location, at least one such person should be a certified first aider unless the assessment justifies otherwise.</p>  |
| <b>First Aid 'Suitable persons'</b> | <p>For the purpose of the present Approved Code of Practice and Guidance, L74, practising medical practitioners and practising nurses whose names are entered on Part 1, 2, or 7 of the single professional register maintained by the Nursing and Midwifery Council and who have current knowledge and skills <b>MAY</b> take on the role of a first aider without the need to hold a First Aid at Work Qualification.</p> <p>First Aid covers initial management and treatment of any injury or illness suffered at work, although the cause does not have to be work related.</p> <p>First Aid does not include giving tablets or medicines to treat illness or pain.</p> |

|   |  |
|---|--|
| <b>Appointed Person</b>                       | A person to take charge of the first-aid arrangements, including looking after the equipment and facilities (e.g. checks and, as appropriate, replenishing the first aid boxes), and calling the emergency services when required. Typically an appointed person would be used in low-level hazards areas such as those that might be found in offices and shops. An appointed person is not required to have any formal training.   |
| <b>First Aid at Work Certificate: (FAW)</b>   | This is usually a 3 day course provided by an external trainer (Refer to Appendix 3 for Suggested Training Providers). In line with best practice, the syllabus of any course should meet the Health and Safety Executive's (HSE) standards for 'First Aid at Work'. Attendance is recommended for those staff based in locations where there is not ready access to A&E Departments, Minor Injuries Units, professionally trained medical personnel or, where the risk of injury is considered to be significant. |
| <b>Emergency First Aid Certificate (EFAW)</b> | This is obtained following attendance on a 1 day training course, covering basic life support skills, shock, use of the recovery position, and the management of choking or bleeding. Senior Managers should consider this training for Appointed Persons.   |
| <b>A mini first-aid kit</b>                   | A very basic first aid kit given to lone workers or workers travelling in a vehicle so that if they have an accident whilst out of the office, they can self-administer first aid.   |
| <b>Primary Survey</b>                         | Quick way for you to find out if someone has any injuries or conditions which are life-threatening.<br><br>Use the letters <b>DR. ABC</b> to remember the steps: <b>D</b> anger, <b>R</b> esponse, <b>A</b> irway, <b>B</b> reathing and <b>C</b> irculation (Refer to Appendix 3 )  |
| <b>First aid needs assessment</b>             | An assessment to determine that adequate and appropriate first aid provision is given for the circumstances of their area. This need not be formal or written down (Refer to Appendix 1 )  |

## Responsibility for the **6.0 Roles and Responsibilities**

implementation and management of this policy will generally fall in line with the scope and range of health and safety arrangements and responsibilities outlined in the Trust's Health and Safety Policy, with specific roles as outlined below:

- 6.1 **Health and Safety Group** will monitor the effectiveness of this policy by reviewing the delivery of the implementation plan and through its on-going review of incident data.
- 6.2 **Chief Executive** – has overall responsibility for ensuring Mid Essex Hospital NHS Trust has robust and up to date procedural documents in place to govern and guide activities. The implementation of this duty is delegated to the Executive Directors whom oversee specific portfolios of activity.

- 6.3 **Chief Estates & Facilities Officer** is the executive lead for Health and Safety and is responsible for reporting and acting on behalf of the Board in respect of Trust wide first aid compliance within their management responsibility, this includes;
- Compliance with current legislation and codes of practice
  - Supporting the Chief Executive on first aid initiatives made on behalf of the Trust Board
  - Reporting to the Chief Executive any non-compliance with the first aid Policy.
- 6.4 **Service Directors / Associate Directors /Divisional Leads** - will ensure their Senior Managers conduct first aid needs assessments and appoint sufficient First Aid coverage (this should be inclusive of need to cover periods of annual leave, sickness and other planned absences so that first aid is maintained, in compliance with the legislation.
- 6.5 **All Ward Managers/ Lead Nurses and Department Managers** must;
- Undertake a needs assessment for their workplace to determine that adequate and appropriate first aid provision is given for the circumstances of their area. There is no legal requirement for the assessment of first-aid needs to be formal or written down however if an area is isolated or does not have clinically trained staff within or nearby their areas, a formal needs assessment must be undertaken (Refer to Appendix 1 & 2).
  - For Trust departments that are low risk such as offices, a manager may only need to provide an appointed person to take charge of first-aid arrangements, and a clearly identified and suitably stocked first-aid box. Clinical areas with doctors/nurses present at all times are not required to undertake a formal needs assessment.
  - Ensure adequate materials (First Aid Kits / Supplies) exist to treat any member of staff or the general public.
  - Ensure wall notices are displayed in appropriate places throughout areas of service responsibility to provide information regarding the location of the nearest first aid point, personnel and supplies/equipment. Such notices should be clear and updated as necessary. There should be at least one such notice in each Ward/Department bearing a white cross on a green background.
  - Ensure all employees are made aware of the First Aid arrangements within their work place environment.
- 6.6 **All employees** must;
- Familiarise themselves with this policy and conform to the requirements contained within it.
  - Co-operate with managers on First Aid matters and observe all safety rules at all times.
  - Be aware of the first aid arrangements in their working environment and in particular, if they move between campus, or to work in an environment that is new to them or requires they work away from the hospitals.

- Notify the first-aider, appointed person or qualified person to administer first aid of when a first-aid incident occurs
- Report the loss of the first-aid box or damage to/ removal of its contents to the first-aider or appointed person
- Promptly report all First Aid Incidents, hazards or near misses and damage, in accordance with the Trusts Incident Reporting and Management Policy.
- Make suggestions to improve / enhance First Aid provision within the Trust to their manager.
- Must not provide any interventional first aid treatment to other persons if you have not had training, however, basic first aid measures such as applying direct pressure on a bleeding wound can be done

6.6 **The Health and Safety Team** is responsible for providing advice and guidance for the requirements of this Policy; including proposing changes to this as and when new legislation or regulations are introduced. Also for ensuring that this policy is distributed and updated every three years

#### 6.7 **Responsibilities of First Aiders, Emergency First aiders and Appointed Persons.** Responsible for:

- Regularly checking and maintaining the contents of the first aid box
- Taking charge in an emergency, and if necessary either summoning the Trust resuscitation team (2222) and/or an ambulance summoned through the 999 system dependant on local procedures
- Providing appropriate first aid care, to the level of their training. An appointed person is **not** to attempt to give first-aid for which they have not been trained.
- Ensuring details of an accident/incident are documented on the Trust's Datix System and in the first aid box accident book. Additionally, Appointed Persons should seek assistance from a First Aider/Emergency First Aider whenever possible.

### 7.0 **Assessment of First Aid Provision**

7.1 Risk assessments should be undertaken to determine the nature and extent of first aid provision and the number of first aiders required. In determining the nature and extent of first aid provision within the various localities, wards and departments, the following factors need to be taken into account (In addition refer to Checklist - Appendix 1):

- The nature of the work undertaken, the situation and environment and the hazards and risks they present.
- The size and location of the workforce.
- The location in relation to the nearest "expert" medical services (e.g. A&E, Minor Injuries Units, General Practitioners and Registered General Nurses).
- The sharing of First Aiders and facilities in multi-occupancy buildings.
- The provision during normal working hours and also any out of hours occupation of premises.
- Working patterns e.g. "fixed base" working, shift work, peripatetic working (i.e. members of staff, who have a work base but spend significant amounts of time within the community).

- The needs of travelling, remote or lone workers, particularly where their job is considered high risk. Such staff may need to be trained to become Appointed Persons and be provided with a personal first aid kit.
- Cover for leave/absence of first aiders.
- The number of non-employees (service users, visitors, contractors, members of the public etc.).
- The first aid provision already in place, i.e. trained staff and first aid boxes.
- The location of first aid materials and equipment that are readily available when needed.
- Based on risk, and the number of employees in the area, the number of First Aiders recommended by the HSE are:

|                        |              |  |
|------------------------|--------------|--|
| <b>Low risk areas</b>  | Under 25     | At least one appointed person  |
|                        | 25 - 50      | At least one first aider trained in Emergency First Aid at Work (EFAW)                           |
|                        | More than 50 | At least one first aider trained in First Aid at Work (FAW) for every 100 employees              |
| <b>High risk areas</b> | Up to 50     | At least one first aider trained in EFAW or FAW depending on the type of injury that might occur |
|                        | More than 50 | At least one first aider trained in First Aid at Work (FAW) for every 50 employees               |

- Where there are special hazards (e.g. Chemical substances), staff working within that environment should be aware of the specific hazards and emergency action required. These are documented within the COSHH assessments and should be available and shared with staff.
- Reassessment should be carried out from time to time and in particular after any operational changes to ensure the First Aid provision remains adequate.
- Managers will ensure that the criteria for selection of an employee for training meets the needs of the Trust and the First Aid at Work Regulations for undertaking either a First Aid at Work (FAW) Certificate or an Emergency First Aid at Work (EFAW).
- Managers will ensure that all employees are made aware of the arrangements for first aid within any environment they are required to work.
- Signs stating name and contact number of the nearest First Aider should be displayed prominently.
- Qualified medical doctors registered with the General Medical Council and nurses registered as Registered Nurse (General) with the Nursing and Midwifery Council are deemed, by their training, to be qualified to administer first aid.

7.2 It should be recognised that staff working in Emergency Department (ED) and Minor Injuries Units may not be able to respond in a timely way to a person who has collapsed, or who had suffered some other medical emergency; on such occasions, an ambulance should be summoned.

- 7.3 The Regulations do not require employers to provide first aid, for anyone other than their employees. However, given the nature of the Trust's business it is important to give consideration to service users, members of the public and contractors when assessing the need for first aid.

## **8.0 Lone working within the Trust and Community Based Staff**

- 8.1 All employees who undertake lone working within the Trust and/or within the community must carry a mini first aid kit in their car or bag.
- 8.2 All lone workers must inform their line manager if they have used something in their first aid kit which requires replacing. The line manager is then responsible for ensuring that member of staff has access to a replacement item.

## **9.0 Staff from other Organisations using Trust Facilities**

- 9.1 Must notify the first aider or appointed person when a first aid incident occurs.
- 9.2 Must follow local first aid procedures
- 9.3 Must report the loss of the first aid box or damage to/ removal of its contents to the first aider or appointed person

## **10.0 Unwell Staff**

- 10.1 There are no specifically designated first aid rooms within the Trust. Once assessed by the appointed person a suitable quiet place to rest should be found.
- 10.2 Normally staff that are not well enough to work will go home and access primary care services.
- 10.3 Staff should only attend the ED when urgent medical assistance is required. It is likely that routine illnesses or injuries will be sent away from the ED when the unit is busy, and staff will be requested to seek treatment elsewhere (see above).

## **11.0 Tablets and Medicines**

- 11.1 First aid at work does not include giving tablets or medicines to treat illness. The only exception to this is where aspirin is used when giving first aid to a casualty with a suspected heart attack in accordance with currently accepted first-aid practice. Tablets and medicines must not be kept in the first-aid box.
- 11.2 Some employees carry their own medication that has been prescribed by their doctor (e.g. an inhaler for asthma). If an individual needs to take their own prescribed medication, the first-aider's role is generally limited to helping them do so and contacting the emergency services as appropriate.

- 11.3 The use of an Epipen to treat anaphylactic shock is an example of an exemption from the restriction imposed by medicines legislation. Therefore, first-aiders may administer an Epipen if they are dealing with a life-threatening emergency involving a casualty who has been prescribed and is in possession of an Epipen, and where the first-aider is trained to use it.

## 12.0 Training

- 12.1 First Aid training is not classed as a Trust mandatory provision. To determine the level of need for first-aid a First Aid Needs Assessment must be completed by all Wards & Departments (see Appendix 1 & 2).
- 12.2 The trust does not employ first-aid trainers and all such training is to be sourced from external organisations and funded by individual directorates. First Aid training can be sourced from providers such as; British Red Cross, St Johns Ambulance Service and First Aid Chelmsford LTD.
- 12.3 All training courses must be booked and agreed with the Department Managers.
- 12.4 A “first aider at work” must achieve competencies in a range of first-aid skills needed in any workplace and hold a valid certificate of competence.
- 12.5 There are 2 training courses available;
- Emergency First Aid at Work (EFAW) training enables a first-aider to give emergency first aid to someone who is injured or becomes ill while at work.
  - First Aid at Work (FAW) training includes the same content as EFAW and also equips the first-aider to apply first aid to a range of specific injuries and illness.

| Course                             | Length of Course | Validation Period | Requalification Course |
|------------------------------------|------------------|-------------------|------------------------|
| First Aid at Work (FAW)            | 3 Days           | 3 Years           | 1 Day                  |
| Emergency First Aid at Work (EFAW) | 1 day            | 1 Year            |                        |

- 12.6 On completion of the first aid at work (FAW) training, successful candidates should be able to:
- Provide emergency first aid at work and Administer first aid to a casualty with:
  - Injuries to bones, muscles and joints, including suspected spinal injuries;
  - Chest injuries;
  - Burns and scalds;
  - Eye injuries;
  - Sudden poisoning;
  - Anaphylactic shock;
  - Recognise the presence of major illness and provide appropriate first aid.

12.7 On completion of an emergency first aid at work (EFAW) course, successful candidates should be able to:

- Understand the role of the first-aider
- The importance of preventing cross-infection
- The need for recording incidents and actions
- Use of available equipment
- Assess the situation and circumstances in order to act safely, promptly and effectively in an emergency
- Administer first aid to a casualty who is unconscious (including seizure)
- Administer cardiopulmonary resuscitation
- Administer first aid to a casualty who is choking
- Administer first aid to a casualty who is wounded and bleeding
- Administer first aid to a casualty who is suffering from shock
- Provide appropriate first aid for minor injuries

12.8 Please note: an 'Appointed Person' is not required to have any formal training.

### 13.0 Incident Reporting

13.1 Any events where attention is required by an appointed person, First Aider or qualified person to deliver first aid must be reported on Datix and within the accident books (that accompany the first aid boxes).

### 14.0 Monitoring compliance with policy

14.1

| Aspect of compliance or effectiveness being monitored | Monitoring Method                                       | Individual department responsible for the monitoring | Frequency of the monitoring activity | Group/Committee/forum which will receive the findings/monitoring report | Committee/individual responsible for ensuring the actions are completed |
|---|---|--|--------------------------------------|---|---|
| Incidents   | Collated incident reviews Datix reports: Trend analysis | Occ. Health / H&S Manager                            | Annual Review                        | Health & Safety Group   | Health & Safety Group   |
| First-Aid Provisions                                  | Review the first-aid boxes                              | Department Managers                                  | Two-Yearly                           | Divisional Meetings   | Divisional meetings   |
|   | Review of first-aid personnel                           | Department Managers                                  | Annually                             | Divisional Meetings   | Divisional meetings   |

14.2 The Health and Safety Group will review summaries of staff injury incidents and trends analysis on a regular basis. Where this review identifies areas at a high risk of incidents, further support and advice will be provided by the Health and Safety Manager and Occupational Health Manager.

14.3 Department Managers are responsible for checking that staff attend training and maintain their certificates.

## **15.0 Communication**

- 15.1 The policy will be made available on the Trust's intranet & website.
- 15.2 The approved policy will be notified in the Trust's Staff Focus that is sent via e-mail to all staff.

## **16.0 References**

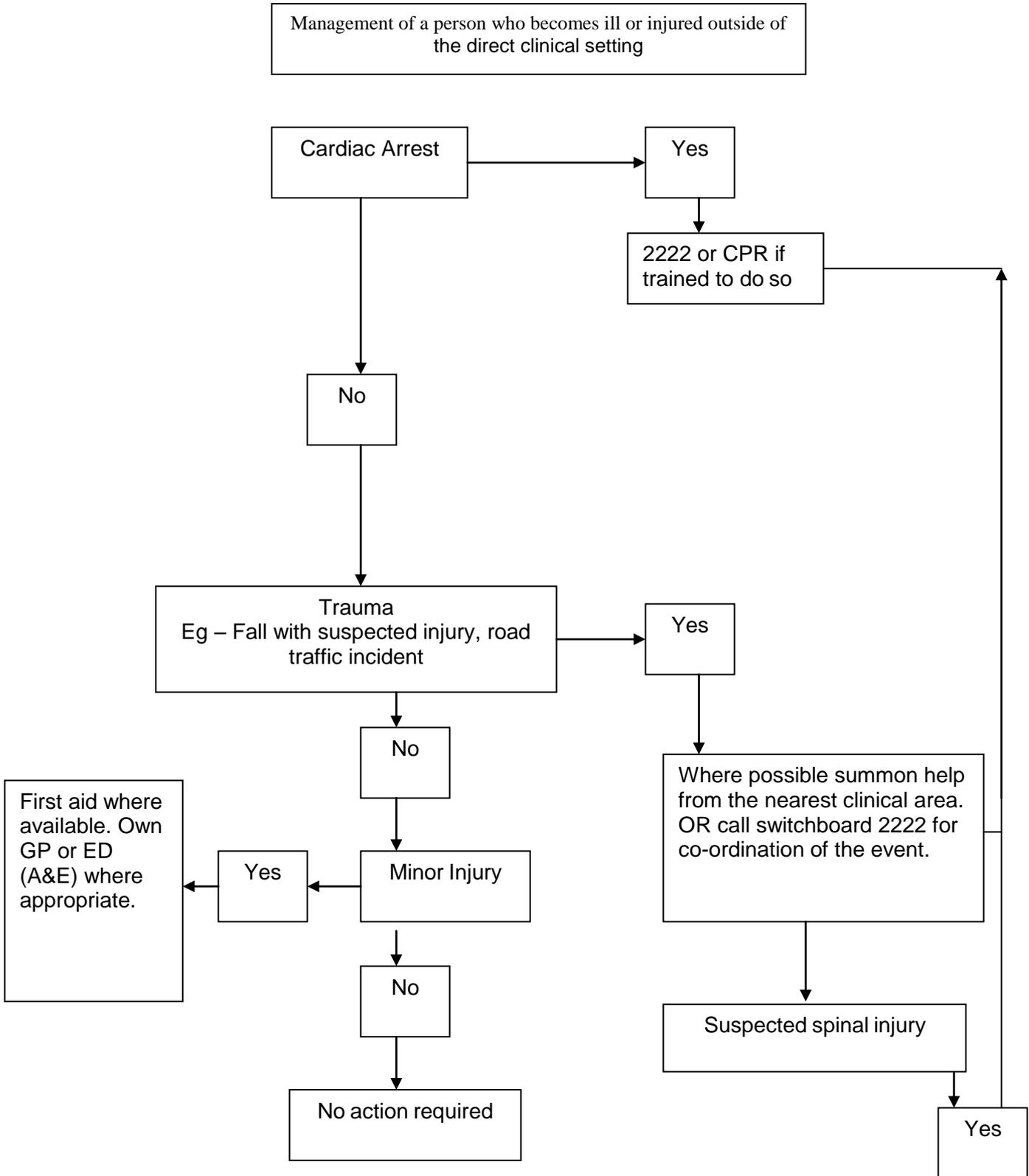
- The Health and Safety at Work Act (etc) 1974 (2) and (3)
- The Management of Health and Safety at Work Regulations 1999
- First aid at work, The Health and Safety (First-Aid) Regulations 1981
- Approved Code of Practice and guidance, L74

## **17.0 Equality Impact Assessment**

This policy has been the subject of an Equality Impact Assessment following the template used for all Trust policies. The result of the assessment demonstrates that no one as a consequence of this policy is placed at a disadvantage over others (Refer to Appendix 5)

**APPENDIX 1:**

**QUICK REFERENCE FLOW CHART**



**APPENDIX 2:****Departmental First Aid Needs Assessment Form**

|   |                  |   |
|---|------------------|---|
| Department:   |                  |   |
| Names of those involved in completing the checklist:  |                  |   |
| Signed:   |                  | Assessment date:  |
| Risk being considered   | Yes / No Or N/A? | Notes   |
| <b>Hazards</b>  |                  |   |
| Does your workplace have low-level hazards such as those that might be found in offices and shops?  |                  | The minimum provision is:<br>an appointed person to take charge of first-aid arrangements;<br>a suitably stocked first-aid box  |
| Does your workplace have higher level hazards such as chemicals or dangerous machinery?   |                  | You should consider:<br>providing first-aiders;<br>additional training for first-aiders to deal with injuries resulting from special hazards;<br>additional first-aid equipment;<br>precise location of first-aid equipment;<br>providing a first-aid room;<br>informing the emergency services |
| How many people are employed within the department?   |                  | Where there are small numbers of employees, the minimum provision is:<br>an appointed person to take charge of first-aid arrangements;<br>a suitably stocked first-aid box.   |
| Workers involved in processes that need a specific type of first aid?   |                  | Where there are large numbers of employees you should consider providing:<br><br>first-aiders;<br>additional first-aid equipment;   |
| <b>Employees</b>  |                  |   |
| Are there inexperienced workers on site, or employees with disabilities or particular health problems?<br>Staff with disabilities or ill health?<br>Staff with language or reading difficulties?<br>Shift and out of hours workers?<br>Areas of shared occupancy? |                  | You should consider:<br>additional training for first-aiders;<br>additional first-aid equipment;<br>local siting of first-aid equipment.<br>Your first-aid provision should cover any work experience trainees.   |
| <b>Accidents and ill health record</b>  |                  |   |

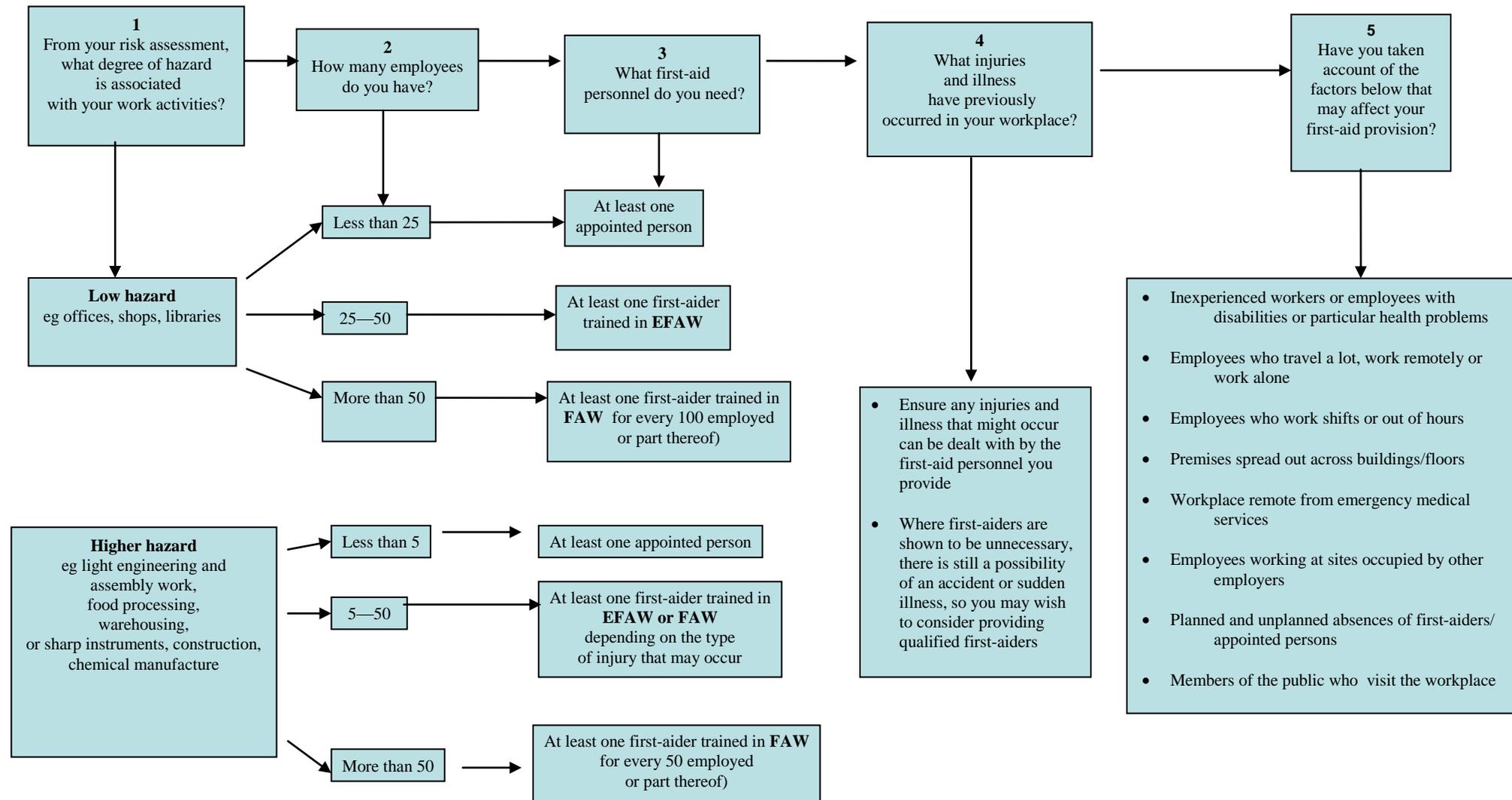
|  |     |  |
|--|-----|--|
| What is your record of accidents and ill health?<br>What injuries and illness have occurred and where did they happen? |     | Ensure your first-aid provision will cater for the type of injuries and illness that might occur in your workplace. Monitor accidents and ill health and review your first-aid provision as appropriate. |
| <b>Working arrangements</b>  |     |  |
| Do you have employees who travel a lot, work remotely or work alone?   |     | You should consider:<br>issuing personal first-aid kits;<br>issuing personal communicators/mobile phones to employees.   |
| Do any of your employees work shifts or work out of hours?   |     | You should ensure there is adequate first-aid provision at all times people are at work.   |
| Are the premises spread out, eg are there several buildings on the site or multi-floor buildings?                      |     | You should consider provision in each building or on each floor.   |
| Is your workplace remote from emergency medical services?  |     | You should:<br>inform the emergency services of your location;<br>consider special arrangements with the emergency services.   |
| Do any of your employees work at sites occupied by other employers?  |     | You should make arrangements with other site occupiers to ensure adequate provision of first aid. A written agreement between employers is strongly recommended.   |
| Do you have sufficient provision to cover absences of first-aiders or appointed persons?                               |     | You should consider:<br>what cover is needed for annual leave and other planned absences;<br>what cover is needed for unplanned and exceptional absences.  |
| <b>Non-employees</b>   |     |  |
| Do members of the public visit your premises?  |     | Under the Regulations, you have no legal duty to provide first aid for non-employees but HSE strongly recommends that you include them in your first-aid provision.                                      |
|  |     |  |
| Is an action plan required?  | Yes | No   |
|  |     |  |
| Actions required   |     |  |

The availability of doctors and nurses should be taken into account in determining first aid provision and in particular the need for appointing first aiders or appointed persons. However, it should be noted that they must be available at all times.

Ensure that Appendix 2 is used in conjunction with Appendix 3

# APPENDIX 3: Identifying First Aid requirements Health and Safety Executive's suggested numbers

First aid at work, The Health and Safety (First-Aid) Regulations 1981 Approved Code of Practice and guidance, L74 (2009)



## APPENDIX 4 – First Aid Equipment and Supplies

### What should a first-aid box in the workplace contain?

The decision on what to provide will be influenced by the findings of the first-aid needs 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
- individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters are ideal). \*Catering Departments and food preparation **MUST** supply blue adhesive plaster dressings to utilise within their departments.
- sterile eye pads;
- individually wrapped triangular bandages, preferably sterile;
- safety pins;
- large sterile individually wrapped unmedicated wound dressings;
- medium-sized sterile individually wrapped unmedicated wound dressings;
- disposable gloves
- Tablets and medicines must **not** be kept in the first-aid box.

This is only a suggested contents list from the HSE (as applicable October 2018).

The British Standards BS 8599 can provides further guidance. Whether using a first-aid kit complying with BS 8599 or an alternative kit, the contents should reflect the outcome of the first-aid needs assessment.

### How often should the contents of first-aid boxes be replaced?

Although there is no specified review timetable,

Departments (by a Manager and/or delegated operative with first aid provision responsibility) should ensure First Aid boxes and supplies should be periodically reviewed. Two-yearly will generally be adequate unless circumstances change significantly (e.g. new techniques, equipment, accommodation, service).

Many items, particularly sterile ones, are marked with expiry dates and should be replaced by the dates given and expired items disposed of safely. For non-sterile items without dates, it is a matter of judgement, based on whether they are fit for purpose.

Replacement stock can be ordered via procurement.

**Table 1: Recommended first-aid kits**

| Category of hazard   | Number of employees | Number and size of first aid kits  |
|--|---------------------|------------------------------------|
| LOW HAZARD<br>e.g. Offices, libraries, Medical records rooms   | Less than 25        | Small size kit                     |
|  | 25-100              | Medium size kit                    |
|  | Over 100            | 1 large kit for each 100 employees |
| HIGH HAZARD<br>e.g. light engineering, assembly work food processing warehousing extensive work with machinery or sharp instruments construction manufacture | Less than 5         | Small size kit                     |
|  | 5-25                | Medium size kit                    |
|  | More than 25        | 1 large kit per 25 employees       |

## APPENDIX 5 – First Aid Primary Survey (**DR ABC**)

### **Danger:**

If someone needs help, before you go up to them check – is it safe?

- **No:** If you can see or hear any danger nearby, for you or them, like broken glass or oncoming traffic, then make the situation safe before you get any closer
- **Yes:** If you can't see or hear any danger then it is safe to go up to them.

### **Response:**

Do they respond when you ask them: 'Are you alright?' or if you say: 'Open your eyes!'

- **No:** If they don't respond, pinch their ear lobe or gently shake their shoulders, or with a child - tap their shoulder, and with a baby - tap their foot. If they still don't respond, then you can presume they're unresponsive and move on to the next stage – **Airway**. Someone who's unresponsive should always take priority so you should treat them first and as quickly as possible.
- **Yes:** If they respond by making eye contact with you or some gesture then you know that they're responsive and you can move on to the next stage – **Airway**.

### **Airway:**

Is their airway open and clear?

- **No: Responsive:** If they're responsive, treat them for conditions that may be blocking their airway, such as [choking](#). Only move on to the next stage – **Breathing** – once their airway is open and clear.
- **No: Unresponsive:** If they're unresponsive, tilt their head and lift their chin to open their airway. Only move on to the next stage – **Breathing** – once their airway is open and clear.
- **Yes:** If their airway is open and clear, move on to the next stage – **Breathing**.

### **Breathing:**

Are they breathing normally? You need to look, listen and feel to check they're breathing.

- **No: Responsive:** If they're conscious, treat them for whatever is stopping them breathing, for example, an obstructed airway. Then go to the next stage – **Circulation**
- **No: Unresponsive:** If they're unconscious and not breathing, call 999/112 for an ambulance, or get someone else to call if possible, and start giving chest compressions and rescue breaths [CPR – cardiopulmonary resuscitation](#). If this happens you probably won't move on to the next stage as the casualty needs resuscitation.

**Yes:** If they are breathing normally, move on to the next stage – circulation.

### **Circulation:**

Are there any signs of severe bleeding?

- **Yes:** If they're [bleeding severely](#), control the bleeding with your gloved fingers, dressing or clothing, call 999/112 for an ambulance and treat them to reduce the risk of them going into [shock](#).
- **No:** If they aren't bleeding, and you're sure you have dealt with any life-threatening conditions, then you can move on to the [Secondary Survey](#), to check for any other injuries or illnesses.



## Appendix 6: Preliminary Equality Analysis

This assessment relates to: (please tick all that apply)

|                                   |   |   |   |                                |   |
|-----------------------------------|---|---|---|--------------------------------|---|
| A change in a service to patients | N | A change to an existing policy          | Y | A change to the way staff work | N |
| A new policy                      | Y | Something else<br>(please give details) |   |                                |   |

| Questions  | Answers   |
|--|---|
| 1. What are you proposing to change?   | Quick reference flowchart added to align with MSB. First Aid primary survey added to rear |
| 2. Why are you making this change?<br>(What will the change achieve?)  | Slight changes to meet legislation and align with MSB policies                            |
| 3. Who benefits from this change and how?  | Trust Staff   |
| 4. Is anyone likely to suffer any negative impact as a result of this change? If no, please record reasons here and sign and date this assessment. If yes, please complete a full EIA. | no  |
| 5. a) Will you be undertaking any consultation as part of this change?<br>b) If so, with whom?   | Yes, refer to pages 1 & 2<br><br>Health Care Professionals                                |

Preliminary analysis completed by:

|             |             |                  |                    |             |            |
|-------------|-------------|------------------|--------------------|-------------|------------|
| <b>Name</b> | Steve Lewis | <b>Job Title</b> | Senior H&S Advisor | <b>Date</b> | 22/11/2018 |
|-------------|-------------|------------------|--------------------|-------------|------------|