



First Aid at Work Policy

This is a new procedural document and must be read in full - it was encompassed in the Health and Wellbeing Policy but is now a stand-alone Policy.



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The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

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Amendment Form

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1 INTRODUCTION

The need for a correct response and the provision of first aid treatment, once an accident has occurred can be of vital importance and in certain circumstances can mean the prevention of further injury, or even death.

First aid treatment has two functions in that firstly, it provides treatment for the purpose of preserving life and minimising the consequences of injury or illness until medical help can be obtained. Secondly, it provides treatment of minor injuries which would otherwise receive no treatment, or which do not need specialised medical treatment.

The provision of first aid in the workplace is regulated by the Health & Safety (First Aid) Regulations 1981 (and amendments 1989, 1993, 1997) and the Approved Code of Practice and Guidance (1997 and Second Edition published 2009) to these regulations. The main requirements of the regulations are for the employer to provide: -

- an adequate number of suitably qualified first aiders
- adequate first aid equipment and facilities

Where a first-aid needs assessment identifies that a first aider is necessary the minimum requirement on an employer is to have an appointed person. These persons are those appointed to take charge of the first-aid arrangements, including looking after the equipment and facilities and calling the Emergency Unit and emergency services when required.

2 PURPOSE

This document explains the arrangements for the provision of first aid within the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

3 DUTIES AND RESPONSIBILITIES

Chief Executive

The Chief Executive has overall responsibility for the implementation of this policy but employer's duties will be delegated down to local managers as shown below.

Ward/Departmental Managers

Ward and departmental managers will be responsible for the following:

- Carrying out a first-aid needs assessment of their area to determine what arrangements for the provision of first aid are required.
- Ensuring that such arrangements are put in place and that training is provided for the relevant staff.
- Provide an adequate number of suitably qualified first aiders or appointed persons
- Provide adequate first aid equipment and facilities including replenishing of first aid boxes.

Employee

- To ensure they receive appropriate training in line with the latest legislation

4 PROCEDURE

The Code of Practice follows recent legislation which stresses the linkage between first aid provision and the other elements of health and safety management and risk assessment. In particular the Code contains guidance to assist wards and departments in establishing their first aid requirements in relation to the nature of their activities and/or risks. Consideration needs to be given to the risk factors in Appendix 1.

The ward/departmental manager, utilizing the findings of the first-aid needs assessment, must decide:-

- How many first-aiders are required?
- What first-aid equipment is required?

Small low risk departments may only require an appointed person rather than a first aider. They may also share facilities, i.e. persons to take charge of first-aid arrangements, first-aid equipment. Due regard will also need to be paid to staff absences to ensure that cover is maintained.

4.1 Emergency Department

Any person who has had an accident and sustained an injury should be sent to the appropriate Emergency Department for treatment. For those with serious injury an ambulance should be called via the appropriate Hospital switchboard using the emergency telephone number '2222'.

If a cardiac arrest is suspected then the cardiac arrest team should be called using the emergency telephone number '2222'.

For those persons sustaining a serious injury in isolated areas (e.g. estates/laundry) or on sites without an Emergency Department an ambulance should be called either via switchboard or by dialling 999.

4.2 Cardio-Pulmonary Resuscitation (CPR)

Training in CPR is mandatory for certain groups of staff and can be provided internally for any members of staff requiring it. This training is provided by the Resuscitation services team.

4.3 The Provision of First Aid Equipment

First aid equipment should be readily available to all employees at all times. First aid boxes for general use should be placed in a clearly identified and readily accessible location. Every first aider should have access to first aid equipment.

It is the responsibility of ward/departmental managers to ensure that first aid boxes are replenished as soon as possible after use in order to ensure that there is always an adequate supply of all materials. Expiry dates of contents should also be checked. Normally the Appointed Person or First Aider would carry out this duty. In those departments without first aiders there should be a person nominated to carry out this duty.

Note: It is the responsibility of the ward or department to requisition the appropriate first aid supplies. Appendix 2 describes the minimum requirement for the contents of first aid boxes.

4.4 Special Provisions

4.4.1. Eye Wash

Mains tap water should be used for eye irrigation. Where it is not readily available proprietary sterile saline solution should be kept near first aid kits.

4.4.2. Protection against Biological Hazards

Consideration should be given to protecting the first-aider against any hazards through exposure to biological agents such as the provision of gloves, aprons and possibly face masks for use in resuscitation.

4.5 Provision of Information

Notices should be displayed in a conspicuous position in buildings giving the locations of first aid equipment and the name(s) and location(s) of first aiders. The health & safety adviser can advise on the provision of signs.

5 TRAINING/SUPPORT

First aid training should be arranged by the ward/departmental manager. The person/s nominated as first aiders in any area must be appropriately qualified. The level of first aid training chosen for these persons should be dependent on the results of the risk assessment.

All training should be identified through the Statutory and Essential Training (SET) programme and identified by a Training Needs Analysis (TNA).

5.1 First Aiders – First Aid at Work Qualified

The First-Aid at Work Qualification is obtained on successful completion of an examination at the end of the four day course. These courses can only be taught by training organisations accredited to do so by the HSE.

The First-Aid at Work certificate expires after a 3 years period.

Refresher training must be undertaken before expiry of the certificate or individuals will need to attend the whole four day course.

5.2 Appointed Persons

Where a first-aid needs assessment identifies that a first aider is not necessary the minimum requirement on an employer is to have an appointed person. These persons are those appointed to take charge of the first-aid arrangements, including looking after the equipment and facilities and calling the Emergency Unit and emergency services when required. Appointed persons should have undertaken emergency first aid training. This takes the form of one half-day course that provides a basic knowledge of life preservation and should be arranged by the ward/departmental manager.

The person/s nominated as first aiders in any area must be appropriately qualified. The level of first aid training chosen for these persons should be dependent on the results of the risk assessment.

5.3 Medical Doctors, Nurses and Midwives

The training and experience of:-

- Qualified medical doctors registered with the General Medical Council
- Nurses and midwives whose names are registered in Parts 1 and 2 of the Single Professional Register maintained by the Nursing and Midwifery Council qualifies them to administer first-aid.

Registered nurses should bear in mind the contents of their Code of Professional Conduct regarding competency and thus may choose to take a first-aid course.

5.4 The Recruitment of First Aiders

First aiders are recruited on a voluntary basis, there being no remuneration for undertaking this duty.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Compliance with the First Aid at Work Regulations 1981	Ward/Department managers	Monthly	Reviewed visually by ward/department managers who will rectify any deficiencies. Reported at Department/Divisional meetings

7 DEFINITIONS

None required

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 3)

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/HSFS 1 - Health and Safety Policy, including Health and Safety Risk Assessment form.
PAT/PA 19 - Mental Capacity Act 2005 - Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS)
PAT/PA 28 - Privacy and Dignity Policy
CORP/EMP 4 – Fair Treatment for All Policy
CORP/EMP 27 – Equality Analysis Policy

10 REFERENCES

The Health and Safety (First-Aid) Regulations 1981

First Aid at Work – Approved Code of Practice and Guidance HSE 1997 and Second Edition published 2009.

APPENDIX 1 – ASSESSMENT OF FIRST-AID NEEDS CHECKLIST

Aspects to Consider	Impact on First-Aid Provision
1. What are the risks of injury and ill health arising from the work?	
2. Are there are specific risks, e.g. working with:- - hazardous substances; - dangerous tools; - dangerous machinery; - dangerous loads or animals?	Additional specialised training may be required
3. Are there any parts of your ward/department where different levels of risk can be identified?	You will probably need to make different levels of provision in different parts of the establishment.
4. How many people work in your department?	You may need to employ first-aiders to deal with the higher probability of an accident.
5. What is your ward/department record of accidents and cases of ill health? What type are they and where did they happen?	You may need to :- - locate your provision in certain areas; - review the contents of the first-aid box.
6. Are there inexperienced workers, or employees with disabilities or special health problems? (see paragraph 16)	You will need to consider :- - special equipment; - local siting of equipment.
7. Are the premises spread out?	You will need to consider provision in each building or on several floors.
8. Is there shift work or out-of-hours working?	Remember that there needs to be first aid provision at all times people are at work.
9. Are there areas in different buildings? Are these areas in outer buildings on your work site? Are they on other sites?	You will need to :- - inform local medical services of your locations; - consider special arrangements with the emergency services.
10. Do you have employees who travel outside the site or work alone?	You will need to :- - consider issuing personal first-aid kits and training staff in their use; - consider issuing personal communicators to employees. You will need to make arrangements with the other site occupiers. Remember that your first-aid provision must cover them. You have no legal responsibilities for non-employees, but HSE strongly recommends you include them in your first-aid provision.
11. Do you have employees with reading or language difficulties?	You will need to make arrangements to give them first-aid information.

APPENDIX 2 – FIRST AID BOXES AND THEIR CONTENTS

1. Suggested contents for first aid boxes as a guide where work activities involve low hazards:

Guidance card	1
Individually wrapped sterile adhesive dressings	20
Sterile eye pads, with attachment	2
Triangular bandages individually wrapped (preferably sterile)	4
Safety pins	6
Medium sterile unmedicated dressings	6 (approx. 12cmX12cm)
Large sterile unmedicated dressings	2 (approx. 18cmX18cm)

The contents of such boxes may however vary according to the activity and level of risk involved.

2. Consideration should also be given to the provision of items to protect the first aider such as disposable gloves and aprons and resuscitation face masks.

APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
First aid requirements	Estates and Facilities	Neil P Donegan	New	January 2019
1) Who is responsible for this policy? Name of Division/Directorate: Estates and Facilities				
2) Describe the purpose of the service / function / policy / project/ strategy? To ensure that the Trust complies with the First Aid at Work Regulations				
3) Are there any associated objectives? Legislation – as above				
4) What factors contribute or detract from achieving intended outcomes? – None				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] No				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>				
Date for next review: January 2022				
Checked by: Sean Tyler			Date: 08/01/2019	