

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

FIRST AID MANAGEMENT POLICY

Policy Number:	First Aid Management Policy HS12
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TRUST-WIDE NON-CLINICAL POLICY

2019 – Version 1

*Striving for perfect care
and a just culture*

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FIRST AID MANAGEMENT POLICY

Further information about this document:

Document name	First Aid Management Policy HS12
Document summary	The Health and Safety (First Aid) Regulations 1981 requires employers to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to employees who are injured or become ill at work. This policy is designed to set out those management arrangements to comply with legislation
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To be read in conjunction with	Risk Management Policy SA02 Health Safety & Welfare Policy SA07 Risk Assessment Policy HS1
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

		Version History:
Consultation Draft, Version 1	circulated or presented to the following groups for consultation: Staff side health and safety representatives Service managers Health and Safety Committee	15 February 2019

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1.0 PURPOSE AND RATIONALE

- 1.1 The statutory requirements for first aid in the workplace, are detailed in the Health and Safety (First Aid) Regulations 1981. The Regulations place a duty on an employer to provide adequate facilities, equipment, and personnel to render first aid treatment to employees who are injured or who become ill at work. Whilst there is no legal duty under these Regulations for non-employees, e.g. service users, visitors, contractors the Trust and its services will extend the provision of first aid to include the needs of all people within the workplace.

2.0 OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 The purpose of this policy is to set out the Trust-wide arrangements for providing first aid at work for all employees in order to give immediate assistance to casualties presenting with common injuries or illnesses, injuries or illnesses likely to arise from specific hazards at work and to summon an ambulance or other professional help as required.

3.0 SCOPE

- 3.1 This policy has been drawn up to give managers and employees support and advice relating to the provision of first aid. The policy draws on legislative requirements detailed in the First Aid (Health and Safety at Work) Regulations 2013. This policy applies to all staff working in Mersey Care NHS Foundation Trust and must be applied within all working environments including plant rooms

4.0 DEFINITIONS

Appointed Person (AP)	An individual appointed to take charge of first aid arrangements. The role includes looking after the first aid equipment and facilities and calling the emergency services when required. An individual identified to take charge of: (i) a situation involving an injured or ill individual who will need help from a medical practitioner or nurse, and, (ii) the first aid equipment and facilities provided. An appointed person may be identified where first aid provision is not required and to cover periods of temporary absence of the first aider.
Emergency First Aid at Work Training (EFAW)	Training designed to equip the individual with skills to provide emergency first aid to someone who is injured or becomes ill while at work. Duration of training: Minimum of six hours training over a minimum of one day
First Aid (FAW) at Work training	Training designed to equip the individual with skills to provide emergency first aid to someone who is injured or becomes ill while at work together with skills to apply first aid to a range of specific injuries and illnesses. A minimum of 18 hours training over a minimum of three days.
Emergency First Aider	An individual with a valid Emergency First Aid at Work (EFAW) certificate
First Aid	The provision of support for the purpose of preserving life and minimising the consequences of injury and illness until help can be provided by a medical practitioner, nurse, etc. Treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse
First aid assessment	An assessment of circumstances (hazards and risks) together with the identification of first aid equipment, facilities and personnel required. Assessments are carried out by people familiar with the work circumstances. Additional advice and support can be provided by the occupation health service and/or the health and safety team.

First Aid Provision	The arrangements that need to be made to manage injuries or illness suffered at work.
First Aider	An individual who has undergone training, has the qualifications to provide first aid and is competent to perform their role appropriate to the circumstances

5.0 DUTIES

5.1 **Board of Directors** – The Board of Directors has overall responsibility for ensuring that the Trust health and safety policies are carried out effectively and that adequate resources are available to comply with statutory provisions

5.2 **Directors and Chief Operating Officers (COO)** - Service Directors and Chief Operating Officers are responsible for ensuring that arrangements are in place to ensure first-aid provision within their areas of responsibility.

5.3 **Departmental Managers/Ward Managers** – Will ensure that:-

- First Aid risk assessment at **Appendix 1** is completed to identify first aid requirements appropriate to the circumstances (hazards and risks) for their area(s) / workplace in order to determine the number of first aiders required and the amount and type of suitable first aid equipment required to support the first aid requirements;
- First aid provision provides the required level of First Aid competence for the risks identified on the risk assessment;
- The needs of under 18's, trainees, pregnant workers and employees with known disabilities or particular health problems (e.g. asthma, diabetes, food peanut allergies, epilepsy or a history of heart disease) are considered during the assessment;
- First Aid information is provided to all staff including new, temporary, transferred and agency staff. Information must include: The location of first aid equipment, facilities and personnel;
- First aid notices and details of first aiders are displayed around work places. These will give the location(s) of first-aid equipment, facilities and the name(s), location(s) and contact numbers of first aiders;
- First Aid arrangements are in place during operational hours to include cover for annual leave and other absences of permanent first aiders and/or appointed persons;
- Identify staff to undergo first aid training to ensure adequate cover during operational hours;
- Work activity and First Aid risk assessments to include risks associated with blood borne viruses. Staff to attend First Aid training during working hours;
- First aiders are allocated time during working hours to regularly review their course manual and any other material in order to ensure that competencies are maintained;
- If the first-aid needs assessment indicates that first-aiders are required, they should be available whenever the need arises. This means that at all times during the working day there should be a first-aider on duty.
- The trust operates 24/7 so first aiders may be required 24/7 within inpatient services.

Managers should also consider the following:

Service Specific requirements: Adult Mental Health and Learning Disabilities: All ward managers/supervisors to be first aid (FAW) trained in order to respond.

5.4 **First aiders will:**

- Attend FAW training to achieve qualified status;

- Notify their manager of any changes in their circumstances that may place restrictions on their ability to provide first aid;
- Book their re-qualification training sufficiently in advance to ensure continued first aid provision;
- Undertake refresher training to maintain their qualified status i.e. within prescribed timescales. See First Aid training prospectus on Intranet for more information.
- Check the first aid container contents and expiry dates and replenish as required. Out of date items should be safely disposed of once they reach their expiry date;
- Regularly review their course manual and any other instructional materials in order to maintain their first-aid skills.

5.5 **Emergency First Aiders- will:**

- Attend EFAW training to achieve qualified status;
- Book one day re-qualification training sufficiently in advance to ensure continued first aid provision;
- Annually review their course manual and any other instructional materials in order to maintain their first-aid skills;
- Carry out monthly check and replenish first aid facilities and equipment if this task is not allocated to an appointed person.

5.6 **Appointed persons - will:**

- In the absence of a first aider will take charge of the first-aid arrangements, including looking after the equipment and facilities, and calling the emergency services when required;
- Provide emergency cover in the absence of first-aiders but only where the absence is due to exceptional, unforeseen and temporary circumstances. Absences such as annual leave do not count;
- Carry out monthly check and replenish first aid facilities and equipment if this task is not allocated to a first aider.

5.7 **Trust Health and Safety Team & Staff side health and safety team - will:**

- Give advice where necessary in areas where there may be special or specific First Aid requirements;
- Monitor elements of this policy during annual health and safety inspections.

5.8 **Learning and Development Team will:**

- Annually through its training prospectus provide the 2 day First Aid at Work Requalification;
- Maintain a list of approved first aid training providers and will follow the HSE guidance on selecting a training provider and tailor training to meet the needs of the organisation based on the First Aid risk assessment and any specific hazards identified by the organisation;
- Ensure that individual training records are updated on ESR clearly showing the level of first aid training undertaken FAW/EFAW qualification.

5.9 **Occupational Health Service will:**

The Trust's Occupational Health Service will give advice where necessary in areas where there may be special or specific First Aid requirements together with hepatitis B virus (HBV) administration.

5.10 Employees Will:

- Take responsibility to note first aid arrangements within their area of work;
- Report any concerns regarding first aid arrangements to their line manager;
- All clinical staff regardless of qualification must maintain their resuscitation training requirements as stated in the Trust Resuscitation Policy;
- Some workers may carry their own medication that has been prescribed by their doctor (e.g. inhaler for asthma, nut allergy and carries adrenalin); If an individual needs to take their own medication, the first aider's role is generally limited to helping them to do so and contacting the emergency services, as appropriate.

5.11 Contractors

Contractors coming onto Trust premises to carry out work contracted by the Trust will make provision to provide their own first aid unless arrangements to utilise Trust provision is identified at the pre-contract stage.

6.0 PROCEDURES

6.1 First Aid Needs Assessment; the assessment can be found at Appendix. The first aid needs assessment will be completed annually as part of the Safety Partnership Agreement (SPA). The assessment will assist in identifying the first aid needs in your specific service areas. Service Managers, Local managers and their supervisors are best placed to understand the exact nature of their workplace environment and the type inherent risks and injuries that might be occur.

6.2 What is the minimum first aid requirement? When your first-aid needs assessment indicates that a first-aider is unnecessary, the minimum requirement is to **appoint** a person to take charge of first-aid arrangements. The roles of this appointed person include looking after the first-aid equipment and facilities and calling the emergency services when required. They can also provide emergency cover, within their role and competence, where a first-aider is absent due to unforeseen circumstances (annual leave does not count). Appointed persons are not necessary where there is an adequate number of first-aiders;

6.3 Do appointed persons need to undertake first-aid training? No, appointed persons do not need first-aid training. However, emergency first-aid training courses are available.

6.4 Can appointed persons perform first aid, eg cardiopulmonary resuscitation (CPR)? No, Appointed Persons **are not first-aiders** and should not attempt to give first aid for which they have not been trained. However if a staff member has completed CPR training when undertaking management of violence and aggression training (MVA) then it will be acceptable to perform CPR.

6.5 Can other health professional provide first aid? Yes, some health professionals can administer first aid in the workplace without the need to hold a FAW or EFAW or equivalent qualification. The following groups can be considered:

- a) Doctors registered and licensed with the General Medical Council
- b) Nurses registered with the Nursing and Midwifery Council
- c) Paramedics registered with the Health Professions Council

6.6 However the following criteria must be met:

- Individuals must be able to demonstrate current knowledge and skills in first aid appropriate to the hazards and risks identified and agree to act as a First Aider, Emergency First Aider at Work or Appointed Person.
- Individuals will be identified by name on first aid signage.

6.7 Where the above criteria cannot be met or effectively assessed it is advised that any clinical staff volunteering to provide first aid cover attend the relevant FAW or EFAW training course

6.8 Your first aid provision must be:

- 'Adequate and appropriate'. This means that you must provide sufficient first aid equipment, facilities and trained personnel at all times if your assessment identifies the requirement;
- In order to decide what first aid provision you need, you must complete the first aid needs risk assessment which can be found at Appendix 1.

6.9 When assessing your first aid needs, you should consider:

- a) the nature of the work you do;
- b) workplace hazards and risks (including specific hazards requiring special arrangements);
- c) the nature and size of your workforce;
- d) the work patterns of your staff;
- e) holiday and other absences of those who will be first aiders;
- f) your department, ward, working environment history of accidents and type of injuries reported;

6.10 You also need to consider:

- a) the needs of travelling, remote and lone workers;
- b) the distribution of your workforce;
- c) the remoteness of any of your sites from emergency medical services (i.e accident and emergency departments);
- d) whether your staff work in shared or multi-occupancy sites;
- e) first aid provision for non-employees (e.g. members of the public).

6.11 **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) a leaflet giving general guidance on first aid (for example, HSE's leaflet [Basic advice on first aid at work](#));
- b) individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- c) sterile eye pads;
- d) individually wrapped triangular bandages, preferably sterile;
- e) safety pins;
- f) large sterile individually wrapped un-medicated wound dressings;
- g) medium-sized sterile individually wrapped un-medicated wound dressings;
- h) disposable gloves (for advice on latex gloves please see [Selecting latex gloves](#))
- i) some form of pocket mask or face shield for CPR when outside of clinical areas, where no first responder available.

6.12 This is only a suggested contents list.

6.13 Managers and first aiders may wish to refer to British Standard BS 8599 which provides further information on the contents of workplace first-aid kits.

- 6.14 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. It is recommended that you don't keep tablets and medicines in the first-aid box. More advice is given in HSE's free leaflet: [First aid at work: your questions answered](#).
- 6.15 **How often should the contents of first-aid boxes be replaced?** Although there is no specified review timetable, many items, particularly sterile ones, are marked with expiry dates of approximate 3yrs which must be replaced by the dates given and expired items disposed of safely. In cases where sterile items have no dates, it would be advisable to check with the manufacturers to find out how long they can be kept. For non-sterile items without dates, it is a matter of judgement, based on whether they are fit for purpose.
- 6.16 **Do I need to provide a room for first aid?** You should provide a suitable first-aid room only if your first-aid needs assessment identifies this as necessary.
- 6.17 What should be kept in the first-aid room? Typical examples of the equipment and facilities a first-aid room may contain are:
- a) a sink with hot and cold running water;
 - b) drinking water and disposable cups;
 - c) soap and paper towels;
 - d) a store for first-aid materials;
 - e) foot-operated refuse containers, lined with yellow, disposable clinical waste bags or a container suitable for the safe disposal of clinical waste;
 - f) an examination/medical couch with waterproof protection and clean pillows and blankets;
 - g) a chair;
 - h) a telephone or other communication equipment; and
 - i) a record book for recording incidents attended by a first-aider or appointed person.
- 6.18 **Are first-aiders allowed to give tablets and medication to casualties?** First aid at work does not include giving tablets or medicines to treat illness. In accordance with currently accepted first-aid practice. It is recommended that tablets and medicines should not be kept in the first-aid box.
- 6.19 Some workers may 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 to do so and contacting the emergency services as appropriate.
- 6.20 However, this does not apply to the administration of prescription only medication specified in Schedule 19 of the Medicines Regulations 2012, where this is for the purpose of saving life in an emergency. Adrenaline 1:1000 up to 1 mg for intramuscular use in anaphylaxis is an example.
- 6.21 Where a first aid needs assessment identifies that Schedule 19 medication may be required to be used in an emergency, you should consider providing workplace first aiders with additional training in their use.
- 6.22 **What should I do for lone workers and employees who travel regularly or work elsewhere?** Managers are responsible for meeting the first-aid needs of their staff working away from the main office. The assessment of first-aid needs should determine whether:
- those who travel long distances or are continuously mobile should carry a personal first-aid box;
 - employees should be issued with personal communicators/mobile phones.

- 6.23 When dealing with a casualty, how can the risk of cross-infection be minimised?**
Training courses for first-aiders in the workplace highlight the importance of preventing cross infection in first-aid procedures.
- 6.24 Particular concerns have been raised about the possibility of first-aiders becoming infected by a blood-borne virus (including HIV, hepatitis B virus and hepatitis C virus) while performing first aid. HSE's free leaflet, [Blood-borne viruses in the workplace](#), addresses this issue and advises on steps that can be taken to reduce the risk of infection.
- 6.25 The following precautions must be taken to reduce the risk of infection:
- Cover any cuts or grazes with a waterproof dressing
 - Wear suitable disposable gloves when dealing with blood or any other body fluids
 - Use suitable eye protection and a disposable apron where splash risk is possible
 - Use devices such as face shields, pocket mask when you give mouth-to-mouth resuscitation, but only if you have been trained to use them
 - Wash your hands after each procedure
 - Hepatitis B Vaccination (HBV) – The Trust advises that all first aid staff covering clinical and patient facing workplaces should be immunised against Hepatitis B and offered Hepatitis B immunisation
 - All clinical staff working within wards are offered Hepatitis B immunisation at the start of their employment.
- 6.26 First aiders must comply with all infection prevention and control policies and procedures for the Trust. If contact with blood/bodily fluids occurs advice should be sought in line with the '**Infection Control Policy**'. Advice during office hours can be sought from the Occupational Health Service and outside of normal working hours staff are advised to visit the nearest Accident and Emergency Department.
- 6.27 What training is required for using Automated External Defibrillators?** Although health and safety legislation does not require you to have an automated external defibrillator (AED) in your workplace, the Trust has committed to provide AED's within its community sites. Where you have identified the need through a needs assessment that you wish to provide an AED in the workplace, then the Provision and Use of Workplace Equipment Regulations 1998 (PUWER) apply. For the purpose of complying with PUWER in these situations, the Basic Life Support Team will provide information and written instructions, for example from the AED's manufacturer, on how to use it. Training on AED's is now an integral part of the syllabus for FAW and EFAW courses.
- 6.28 First Aid Information to Employees,** Each site will have suitable signage displayed, informing staff of the arrangements for first aid in their area/site. The signage should inform staff of the location of equipment, facilities and staff identified to deliver first-aid. All staff should be aware of what to do and who to contact in the event of a member of staff being taken ill or injured. Staff should ensure they are aware of the first aid arrangements on shared or multi-occupied sites. This is particularly important for staff traveling between multiple sites.
- 6.29 Staff should co-operate fully with the first aider/emergency first aider and assist and take instruction as required; this may include telephoning the Emergency Services.
- 6.30 Shared sites First Aid Arrangements:** All occupying teams should undertake a full exchange of information about the hazards and risks presented by their work activities. This will allow teams to identify common themes and where First Aid provision can be shared.
- 6.31 Some work activities may present specific risks and fall outside the cover of shared arrangements. Specific risks arising out of work activity risk assessments may include working with medical gases,

power tools, hazardous chemicals and working with machinery etc. All teams/employers should agree the arrangements and keep employees informed.

6.32 A written agreement between employers is strongly recommended to avoid any misunderstanding. This must be documented in the first aid risk assessment(s).

6.33 It will be the responsibility of the majority stakeholder in the premise to ensure that first aid arrangements are communicated to all occupants.

6.34 Liability Insurance: All suitably trained staff providing first aid are covered by the insurance arrangements for the Trust. In the unforeseen absence of a first aider or an emergency first aider, any member of staff encountering a first aid situation would be supported by the Trust for any 'good Samaritan' action taken within their level of competence. If the situation warrants, the first course of action will be to summon the emergency services via a (9) 999 call.

6.35 Access to and funding first aid training

6.36 A list of local First Aid providers can be found at Appendix 2. These providers are compliant with the requirements of the Health and Safety Executive regarding first aid training.

6.37 Funding of first aid training courses and requalification will be met via divisional/service budgets. Invoices should be generated prior to attending the course. On completion of the course candidates will provide a copy of their first aid certificate to their health and safety advisor who will maintain a list of qualified persons.

6.38 Review: The Health and Safety Committee will review this policy every two years or sooner where a change to legislation, national policy or guidance occurs.

7. CONSULTATION

7.1 The Trust will ensure that all members of staff are provided with the information that they require to work safely and without risk to their health. This will include information, such as the results of assessments and the appointment of various categories of competent persons, required under various pieces of legislation.

7.2 Consultation on health and safety matters with employees who are members of a recognized trade union will take place through the agreed channels. However; employees who are not members of a recognized trade union will be consulted with either directly or through a representative whom they have elected. This will enable the trust to meet its obligations under the Consultation with Employees Regulations 1996.

8.0 TRAINING AND SUPPORT

8.1 If first aid staff are required the service should always consider volunteers in the first instance to act as first aiders. In addition to volunteering, the following factors need to be taken into account in identifying staff to undergo training:

- Reliability, disposition and communications 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.

8.2 Refresher and Requalification Training

- 8.3 Where first aiders/emergency first aiders at work attend the relevant requalification course prior to the certificate expiry date, the new certificate will take effect from the date of expiry. Once certificates have expired the first aider / emergency first aider is no longer considered to be competent to act as a workplace first aider.
- 8.4 Requalification courses are shorter in duration than initial training and cover the same content as original learning. Individuals can attend a requalification course within one month of their certificate expiry date. After one month, if they have not attended the requalification courses, they will be required to undertake the full initial training.

8.5 First-aid qualifications achieved during non-Trust employment

- 8.6 Where Trust employees hold a current first-aid qualification other than a certificated FAW/EFAW the Trust can consider if the competencies are suitable in relation to the role of first aider within their area of work.
- 8.7 Holders of FAW/EFAW certificates attained outside of the Trust can act as first aid staff if their level of skill provides the necessary cover for the hazards and risks present at their workplace.

9.0 MONITORING

Ref	What will be monitored	By who	How	Evidence	Responsible group/committee	Frequency
6.1	Completion of first aid needs assessment	Health and safety team	By departmental managers	Completed copies of first aid need assessment	Health and Safety Committee Health and safety Team Risk Leads	Annually
6.1	First aid personnel are available in line with the requirements identified by the local first aid risk assessment	Health and safety team	Maintain records and copies of certificates	FAW/EFAW certificates	Health and Safety Committee	On going
Appendix: 2	First aid facilities and equipment are available in line with the requirements identified by the local first aid risk assessment	Health and safety team	Workplace inspection	Workplace inspection	Health and Safety Committee Health and safety Team Risk Leads	Annually

10. Equality and Human Rights Analysis

Title: First Aid Policy
Area covered:

What are the intended outcomes of this work? <i>Include outline of objectives and function aims:</i> Compliance with employers' legal duties under the Health and Safety (First-Aid) Regulations 1981 which require the Trust to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. This procedure will ensure that those duties are complied with.
Who will be affected? staff, patients, service users, visitors

Evidence
What evidence have you considered? Non compliance with health and safety legislation could result in HSE enforcement and fines
Disability (including learning disability)
Sex No
Race <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i> No issues
Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i> No issues
Gender reassignment (including transgender) <i>Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i> No issues
Sexual orientation <i>Consider and detail (including the source of any evidence) on</i>

<p><i>heterosexual people as well as lesbian, gay and bi-sexual people.</i></p> <p><i>No issues</i></p>
<p>Religion or belief <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i></p> <p><i>No issues</i></p>
<p>Pregnancy and maternity <i>Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</i></p> <p><i>No issues</i></p>
<p>Carers <i>Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</i></p> <p><i>No issues</i></p>
<p>Other identified groups <i>Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</i></p> <p><i>No issues</i></p>
<p>Cross Cutting <i>implications to more than 1 protected characteristic</i></p> <p>No issues</p>

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	<i>not engaged</i>
Right of freedom from inhuman and degrading treatment (Article 3)	<i>not engaged</i>
Right to liberty (Article 5)	<i>not engaged</i>
Right to a fair trial (Article 6)	<i>not engaged</i>
Right to private and family life (Article 8)	<i>not engaged</i>
Right of freedom of religion or belief	<i>not engaged</i>

(Article 9)	
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	<i>not engaged</i>
Right freedom from discrimination (Article 14)	<i>not engaged</i>

Engagement and Involvement <i>detail any engagement and involvement that was completed inputting this together.</i>
Collaborative working with members of the health and safety committee, Risk Leads and senior managers in agreeing the policy content

Summary of Analysis <i>This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010</i>
Eliminate discrimination, harassment and victimisation <i>This procedure has been developed to comply with health and safety legislation and ensure that anyone who comes into contact with our service is offered first aid if they become ill</i>
Advance equality of opportunity <i>No issues identified</i>
Promote good relations between groups

<i>What is the overall impact?</i> <i>Safe healthcare premises improved patient, staff and visitor experience in event of emergencies</i>

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

Not engaged

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record

Name of persons who carried out this assessment:

Carlton Brooks

Date assessment completed:

January 2019

Name of responsible Director:

Elaine Darbyshire

Date assessment was signed:

January 2019

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Communication plan	Send draft policy to following groups for consultation <ul style="list-style-type: none"> • Risk leads • service managers • Staff side • Members of safety committee 	16 Jan 2019	CB
Ratify policy	Present policy to next available safety committee meeting for agreement	Mar 2019	CB
Policies on Policies Group	Present policy to group for final executive approval if required	Apr 2019	CB

12. APPENDICES

Appendix 1: First aid needs assessment and guidelines

Appendix 2: List of local first aid course providers

Appendix 3: Provision of first aid facilities

Appendix 4: Monthly first aid box checklist

Appendix 5: Printable first aid sign

Appendix 1: First Aid Needs Assessment and General Guide

Location and Service Name	
Nature of business (ward, outpatient, administration, healthcare centre kitchen etc)	
Name of person carrying out assessment	
Date assessment completed	
Number of employees	
Type of work performed and the nature of the hazards (e.g. clerical, clinical rooms, workshops, chemical storage, offices, vehicles, etc.).	
Number of injuries reported in the department in last 12 months	
Type of injuries reported within last 12 months (e.g. slips, cuts, collision, with stationary objects, physical assault, manual handling injuries etc)	
Number staff requiring hospital treatment due to being injured whilst working in this department, ward, office	
Describe the general risk level of working environment (e.g. high, med, low) if high/med provide reasons why and type of injuries expected to occur	

The minimum first aid provision for a small office should be:

- *A suitably stocked first-aid box;*
- *An appointed person (no training required) to take charge of first-aid arrangements;*
- *Monthly inspection and signing of first aid check list*
- *Information for all employees giving details of first-aid arrangements (e.g. displaying names, location and how to contact first aiders)*

*It is recommended that you complete this assessment in conjunction with the **HSE's leaflet INDG214 "First aid at work - Your questions answered"***

<http://www.hse.gov.uk/pubns/indg214.pdf>

Risk consideration	Comment
Have you identified foreseeable hazards and risks from the work activities undertaken by staff in this ward, dept, office etc?	
Do you have immediate access to trained nurses, doctors or a medical response team?	
<p>List significant hazards present within the workplace e.g.:</p> <ul style="list-style-type: none"> • Hazardous substances (COSHH) • Physical assault • Manual handling work (people and equipment) • Slip trips falls • Lone working • Electricity or gas • Dangerous machinery or equipment • Working at height 	Consider each area of the workplace and document the risks present and possible injuries that could occur
<p>Are there workers who are:</p> <ul style="list-style-type: none"> • Inexperienced • have disabilities • or particular health problems? <p>Also consider the age of workers and patients</p>	
Do any staff: travel a lot, work remotely, shifts, out of hours or lone work?	
<p>Premises lay out e.g.:</p> <p>Any other buildings on site where first aid treatment might be obtained (e.g. working in shared buildings)</p>	

Risk consideration	Comment
Proximity of workplace to local hospital emergency services.	
Access to Automatic External Defibrillator (AED)?	
Access to telephones?	

Is there first aid provision for your staff working on other employers' sites?	
Is there first aid provision for sickness/holiday cover for current first aiders/appointed persons?	Consider who will provide cover in absence of trained first aider
Do members of the public visit your premises? <i>Under the Regulations, you have no legal duty to provide first aid for non- employees, but the HSE strongly recommend that you include them in your first-aid provision</i>	Consider all of the above boxes when thinking about visitors to your workplace for a 'best practice' approach
What are the types of injury and/or ill health identified on your work activity risk assessments? 1= Minor injury not requiring first aid 2 = Minor injury or ill health – First aid treatment needed 3 = Moderate injuries requiring more than first aid (e.g. hospital care) 4 = Major injuries / ill-health include injuries likely to result in long term incapacity, disability or loss of limb 5 = Situations that can cause death or major permanent incapacity	<p>Low 1-3 indicates you are generally meeting requirements (use of appointed persons)</p> <p>Med 3-4 indicates there are areas which may need addressing</p> <p>High 5 indicates immediate action is needed</p>

Summary of first aid provision	Comment
Number of first aiders required for your building, ward, office etc	Refer to first aid guide below (6.6)
Type of first aid course required	
Appointed person only - no training requirement (rational: low risk score, low numbers of accident/incident in department, close proximity to local emergency service, shared first aid arrangement with other employers	
Other specific first aid requirements available	

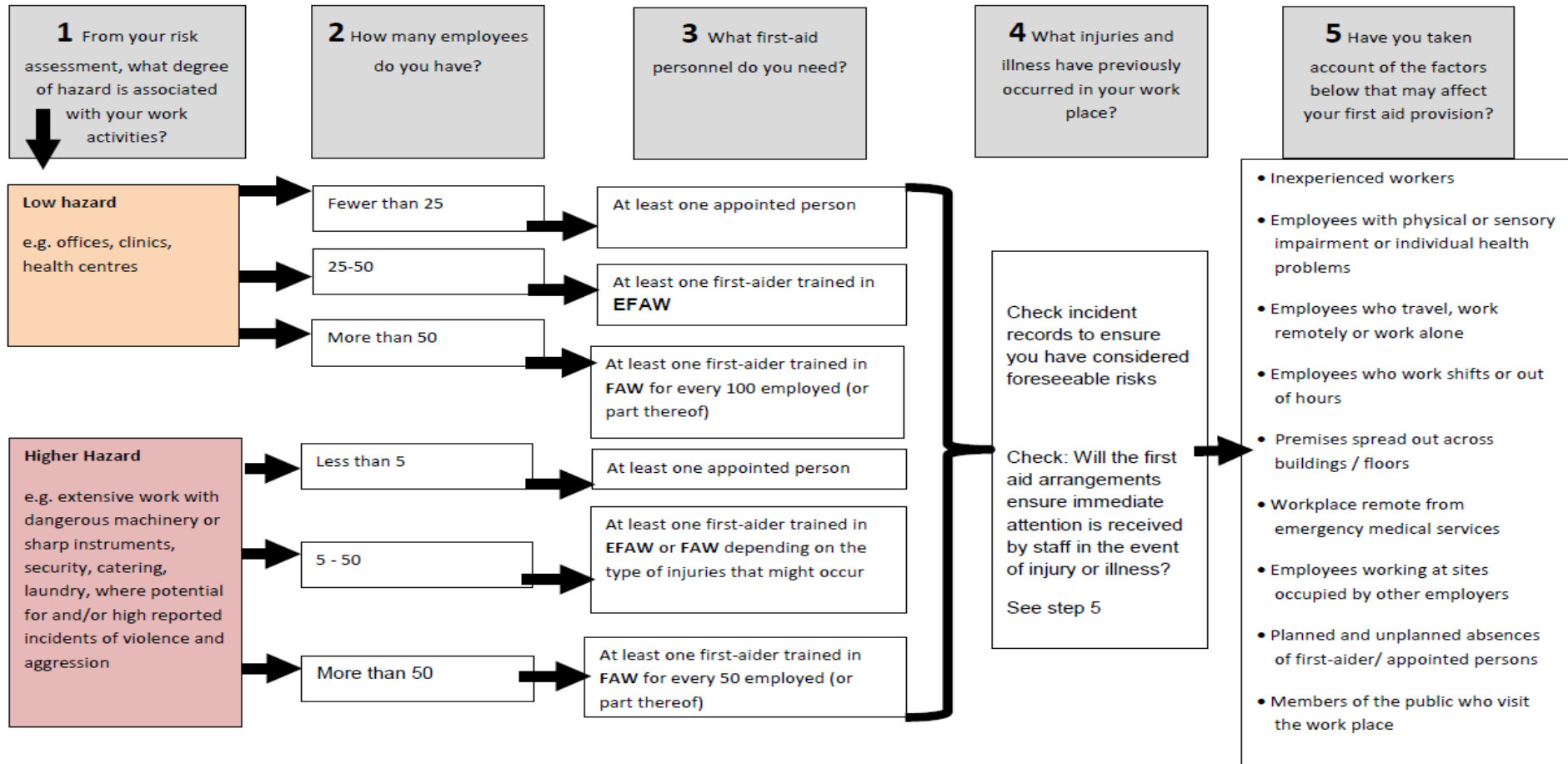
Annual Review

Date	Completed by	Comments

First Aid Requirement General Guide

General guide to the number of first aiders or appointed persons that might be needed

N.B. Actual numbers required will be determined by your needs assessment



Appendix 2: Local List of First Aid Providers

Who	Telephone	Website
First aid training courses Liverpool	0151 908 0134	www.firstaidcoursesliverpool.co.uk
British Red Cross First Aid Training Merseyside Whalley Southport	0845 564 8835	www.redcrossfirstaidtraining.co.uk
St John Ambulance Liverpool Southport Whalley	0844 770 4800	http://www.sja.org.uk
APT Health & Safety Training Merseyside Birkenhead	01512 944275	www.apthealthandsafety.co.uk/first-aid-courses-liverpool/

APPENDIX 3: Provision of Adequate Equipment and Facilities

First Aid Containers and contents:

First aid containers should be of a material that is wipeable, protect the contents from damp and dust, and is clearly identified as a first aid container - marked with a white cross on a green background. First aid containers must be easily accessible and be available to employers at all times preferably placed near to hand-washing facilities.

More than one container might be need for large sites.

The decision on what equipment 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 include:

First aid container:

There is no minimum or standard list of first aid container content and the following is provided as a guide:

- a leaflet giving general guidance on first aid (for example, HSE's leaflet *Basic advice on first aid at work*);
- 20 x individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- 2 x sterile eye pads;
- 2 x individually wrapped triangular bandages, preferably sterile;
- 6 x safety pins;
- 2 x large sterile individually wrapped non-medicated wound dressings;
- 6 x medium-sized sterile individually wrapped non-medicated wound dressings;
- 3 pairs of disposable gloves – Latex free e.g. Nitrile

Where there is no mains tap water readily available for eye irrigation a minimum of one litre of sterile water or sterile normal saline solution should be provided. If the seal is broken or the expiry date has passed then the container should be disposed of and not used.

Additional equipment may include: scissors, hyper allergenic microporous tape, disposable aprons, individually wrapped moist wipes, foil blankets, defibrillator, travelling first-aid kits, first aid room, etc.

Please note: Tablets and medicines must not be kept in the first-aid container – aspirin used as first aid to a casualty with a suspected heart attack in accordance with currently accepted first-aid practice may be carried by the first aider.

The contents of the first aid container may vary from the above if the risk assessment determines the need for larger quantities or additional items. The first aider/emergency first aider must have been trained to use any additional items.

Travelling first aid container: There is no mandatory list of items to be included in first-aid kits for travelling workers. They might typically contain:

- a leaflet giving general guidance on first aid (for example HSE's leaflet *Basic advice on first aid at work*);
- individually wrapped sterile plasters (hypoallergenic plasters can be provided, if necessary);
- individually wrapped triangular bandages, preferably sterile;
- safety pins;
- large sterile un-medicated dressing;
- individually wrapped moist cleansing wipes;
- disposable gloves.

If travelling kits are issued suitable arrangements should be in place for restocking.

Basic kits are available via NHS Supply Chain and order information can be obtained from procurement.

Employers may wish to refer to British Standard BS 8599 which provides further information on the contents of workplace first-aid kits. 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.

First aid room:

Any first aid room provided must be easily accessible to stretchers and to any other equipment needed to convey patients to and from the room.

- The first aid room must be signposted with suitable signage
- be large enough to hold an examination/medical couch, with enough space at each side for people to work, a chair and any necessary additional equipment;
- have washable surfaces and adequate heating, ventilation and lighting;
- be kept clean, tidy, accessible and available for use at all times when employees are at work;
- be positioned as near as possible to a point of access for transport to hospital;
- display a notice on the door advising of the names, locations and, if appropriate, telephone extensions of first-aiders and how to contact them.

Typical examples of the equipment and facilities a first-aid room may contain

- a sink with hot and cold running water;
- drinking water with disposable cups;
- soap and paper towels;
- a store for first-aid materials;
- foot-operated refuse containers, lined with disposable, orange clinical waste bags or a container suitable for the safe disposal of clinical waste;
- an examination/medical couch with waterproof protection and clean pillows and blankets (a paper couch roll may be used that is changed between casualties); a chair;
- a telephone or other communication equipment;
- access to DATIX or a record book for recording incidents attended by a first-aiders or appointed person

APPENDIX 4: First Aid Box Monthly Checklist for

Dept:.....**Year:**.....

Items	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Bandage various sizes												
Bandage triangular												
Bandage crepe												
Pads sterile												
Plasters												
Safety Pins												
Antiseptic cream/ointment												
Scissors												
Resuscitation mask												
Wipes sterile												
Tape surgical												
Eye shield												
Gloves disposable sterile (2 pairs)												
Apron disposable												
Cotton balls absorbent												
Gauze swab sterile												
Water sterile (eye, skin wash)												
Sanitizer hand												
First aid guide												
Inspected by (initials)												

Legend	X = OK	O = Open	R = Replaced	NR = Needs replacing
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Note: Checklist must be placed next to first aid boxes

Appendix 5: Printable First Aid Signage



First aid signage must be displayed in all buildings i.e. at reception, in offices. Kitchens and on safety notice boards