



First Aid Policy

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1 Purpose and Scope

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) has a legal duty to provide adequate first aid provision for all employees in accordance with the Health & Safety (First Aid) Regulations 1981.
- 1.2. First aid at work covers the initial arrangements that need to be made should a person become ill or be injured at work but does not include giving tablets or medicines to treat illness. If staff have been specially trained to act beyond the initial management stage, the regulations do not prevent them doing so. Contents of a workplace first aid kit are contained at Appendix 4.
- 1.3. The Regulations place a general duty on the Trust to ensure that there is adequate first aid provision for their employees. This is inclusive of those employees working away from the Trusts' establishments.
- 1.4. The Trust is required to inform their employees of the first aid arrangements.
- 1.5. This policy is applicable to all staff in the Trust and sets out the arrangements for first aid.

2 Policy Statement

- 2.1. Managers who have responsibility for a specific physical location will assess the first aid needs by completing the First Aid Needs Risk Assessment (FANRA) at Appendix (1).
- 2.2. The number of first aiders/appointed persons and first aid provision shall be determined on the findings of the FANRA and with reference to the guidance document at Appendix (2).
- 2.3. Consideration will be provided to maintaining adequate numbers of first aiders/appointed persons to provide sufficient cover during times of business operation, with recognition that some sites will require 24/7 cover.

3 Definitions

- 3.1. First Aid - is the initial emergency care or treatment provided to an ill or injured person until appropriate medical treatment is available (where required)
- 3.2. First Aiders in the workplace should have a valid certificate of competence in either First Aid at Work (FAW) or Emergency First Aid at Work (EFAW). EFAW training enables a first aider to give emergency first aid to someone who is injured or becomes ill while at work. FAW training includes EFAW and equips the first aider to apply first aid to a range of specific injuries and illness.

- 3.3. In this policy the term “first aider” applies to both FAW and EFAW as well as healthcare professionals exempt from first aid training as detailed at section 3.7 of this policy. First aiders can also fulfil the duties of an appointed person.
- 3.4. Appointed Person is someone who will: take charge when someone is injured or unwell, including calling an ambulance if required; look after the first aid equipment, eg restocking the first aid box if this is not being undertaken by the relevant first-aiders.
- 3.5. Appointed persons should not attempt to give first aid for which they have not been trained and there are no legal requirements for appointed persons to have any approved training to carry out their responsibilities.
- 3.6. Contained at Appendix 3 is the duties of the Appointed Person
- 3.7. The following health professionals are exempt from a qualification in first aid provided they can demonstrate current knowledge and skills in first aid. The training and experience of the following healthcare professionals qualify them to administer first aid in the workplace without the need to hold a FAW or EFAW or equivalent qualification:
- Doctors registered and licensed with the General Medical Council.
 - Nurses registered with the Nursing and Midwifery Council.
 - Paramedics registered with the Health and Care Professions Council

4 Health Professionals Exempt from requiring a First Aid Qualification

- 4.1. Registered healthcare professionals in the Trust exempt from requiring a first aid qualification as set out at section 3.7 of this policy can provide first aid to colleagues. It is expected that the use of professional resources is kept to a minimum, particularly in contact centres where other patients may be waiting for care.
- 4.2. Where colleagues present with unexpected, serious urgent or emergency healthcare needs that exceeds the scope of EFAW/FAAW trained staff, they become a patient.
- 4.3. Registered healthcare professionals in the Trust should treat colleagues whose needs exceed first aid level only after the status has been agreed (colleague becomes a patient) and a CAD incident raised. The CAD incident does not need to be raised immediately as this may delay care, but there must be a clear agreement that escalation to the provision of healthcare (as opposed to first aid) has been reached.
- 4.4. Once the colleague has progressed from first aid to patient status, any registered healthcare professional is authorised and indemnified to use their skills to care for the patient.

- 4.5. Within the contact centres, a CAD incident can be raised by any suitably trained EOC/111 member of staff. Outside of contact centres, a running call should be made using the Airwave radio or by making a 999 call.
- 4.6. Within the EOC/111 environment the first aider on scene will be the responsible person for requesting a CAD incident to be raised where emergency medical support outside the scope of the first aider is needed.
- 4.7. Where no first aider is present and a colleague requires first aid, this should be escalated without delay to supervisor or manager. It should be noted that the First Aid Regulation require that a First Aid Needs Risk Assessment is completed, which directs a consistent level of risk based first aid cover in the workplace.

5 Responsibilities

- 5.1. The **Chief Executive Officer** is accountable for ensuring the adequate provision of first aid within the Trust.
- 5.2. The **Executive Director of Quality and Nursing** has delegated responsibility for ensuring adequate provision of first aid within the Trust in accordance with this policy.
- 5.3. The **Head of Health, Safety and Security** has responsibility for establishing an Annual Health and Safety Audit Programme that provides for Internal Controls Risk Management Assurance (ICRMA) on this policy.
- 5.4. The **Regional Health and Safety Managers** has responsibility for conducting ICRMA on this policy as part of the regional annual Health and Safety Audit Programme.
- 5.5. The **Consultant Paramedic – Clinical Education** has responsibility for the delivery of EFAW and FAW training to nominated first aiders.
- 5.6. **All employees** are responsible for reporting injury or ill health and for reporting any defect or misuse of first aid equipment on Datix.
- 5.7. **All manager with local site responsibilities** has responsibility for:
- Assessing the need for the level of first aid arrangements required in their area of responsibility using the FANRA at Appendix (1) and additional guidance at Appendix (2).
 - Where applicable each manager will identify sufficient designated First Aiders/Appointed Persons to provide first aid cover during periods of business, ensuring resilience is built in for staff leave, absence, rotas etc.

- Will provide on the health and safety noticeboard details of on duty first aiders/appointed persons.
- Ensure that identified first aiders receive training in EFAW/FAW as determined by the FANRA.
- Manager will ensure that first aiders are provided refresher training, and this is given prior to the expiry of current certification.
- In areas where there is a first aid box/boxes the manager will be responsible for ordering first aid supplies. This duty may be delegated to a first aider or appointed person along with the responsibility to restock first aid boxes when items are used.
- First aid boxes shall be checked no later than two monthly and recorded on the two monthly safety inspection form.
- Each manager will ensure that all First Aiders/Appointed Persons receive a copy of the First Aid Policy.

5.8. **All First Aiders** has responsibility for:

- Keeping skills up to date
- Holding a current FAW Certificate or EFAW Certificate issued on completion of training by Clinical Education.
- Ensuring first aid containers are suitably stocked and supplies have not passed their expiry date.
- Informing line managers of the impending expiry of their first aid certificate where held (at least 6 months in advance of the expiry of the certificates).

6 Education and training

6.1. Clinical Education will provide the following training to meet the needs of nominated first aiders:

- Emergency First Aid at Work – Guided Learning hours – 6 – Classroom based.
- First Aid at Work – Guided Learning hours – 18 – Classroom based.

6.2. Access to courses by colleagues will be based on availability and will be guided by the requirements of the First Aid Risk Assessment for their area of work.

7 Audit and Review (evaluating effectiveness)

7.1. All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.

7.2. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).

- 7.3. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 7.4. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

8 Associated Trust Documentation

- 8.1. Health and Safety policy

9 References

- 9.1. Health and Safety at Work Act 1974
- 9.2. The Management of Health and Safety at Work Regulations 1999
- 9.3. The Workplace (Health, Safety and Welfare) Regulations 1992
- 9.4. The Health and Safety (First Aid) Regulations 1981
- 9.5. HSE L74 – Guidance on Regulations

10 Financial Checkpoint

- 10.1. Finance has confirmed this document to have financial implications and the relevant Trust processes have been followed to ensure adequate funds are available.

11 Equality Analysis

- 11.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 11.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.

Appendix 1: First Aid Needs Risk Assessment

Site Address	
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EXISTING PERSONNEL RESOURCES: HOW MANY OF THE BELOW FIRST AID EMPLOYEES DO YOU HAVE AT PRESENT:		
APPOINTED PERSON:	EMERGENCY FIRST AIDERS (EFAW):	FIRST AIDER (FAW):
Total:	Total:	Total
<i>Note Exempt clinicians who do not require first aid training should only be included when they are an available resource</i>		

EXISTING PREMISES RESOURCES: HOW MANY OF THE BELOW FIRST AID ITEMS DO YOU HAVE AT PRESENT:
CONSIDER: WHAT FIRST AID FACILITIES, E.G. EMERGENCY SHOWERS, EYEWASH STATIONS, AND FIRST AID KITS, INCLUDING TRAVEL KITS, ETC. ARE CURRENTLY AVAILABLE, WHERE ARE THEY LOCATED AND WHO IS RESPONSIBLE FOR CHECKING THESE?

HAZARDS IN YOUR WORKPLACE:			
CONSIDERATION:	YES:	NO:	RECOMMENDATION to be in place during work periods.
Does your workplace have low-level hazards such as the ones you might find in offices and or classrooms?			<p><25 - At least one appointed person.</p> <p>25-50 - At least one first-aider trained in EFAW.</p> <p>>50 - At least one first-aider trained in FAW for every 100 employed (or part thereof)</p> <p>First aid box</p> <p>Location of first aid box on health and safety noticeboard</p> <p>On duty first aiders / Appointed person displayed on health and safety noticeboard.</p>
Does your workplace have higher level hazards such as machinery, forklifts, warehousing, fleet maintenance, working from height, working in confined spaces, arduous physical activity.			<p><5 - At least one appointed person.</p> <p>25-50 - At least one first-aider trained in EFAW.</p> <p>>50 - At least one first-aider trained in FAW for every 50 employed (or part thereof)</p> <p>First aid box</p> <p>Location of first aid box on health and safety noticeboard</p> <p>On duty first aiders / Appointed person displayed on health and safety noticeboard</p>
Does your workplace use any substances which may require consideration.			<p>Eyewash station</p> <p>First aid burns kit</p> <p>Location of first aid burns kit and or eye wash station displayed on health and safety noticeboard</p>

EMPLOYEES & OTHERS:			
TOTAL EMPLOYEES WORKING ON SITE AT ANY GIVEN TIME:			
CONSIDERATION:	YES:	NO:	RECOMMENDATION to be in place during work periods.
Are there inexperienced workers on site (Including those on 'work experience'), or employees with disabilities or health problems?			<p>You Should Consider:</p> <ul style="list-style-type: none"> • Additional training for first aiders • Additional first-aid equipment.

			<ul style="list-style-type: none"> • Location of first-aid equipment.
Do members of the public visit your premises?			<ul style="list-style-type: none"> • 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.

WORKING ARRANGEMENTS:			
CONSIDERATION:	YES:	NO:	RECOMMENDATION to be in place during work periods.
Do you have employees who travel a lot, work remotely, or work alone?			You Should Consider: <ul style="list-style-type: none"> • Issuing personal first-aid kits. • Issuing personal communicators/ mobile phones to employees.
Do any of your employees work shifts or work out of hours?			You should ensure there is always adequate first-aid provision for people at work.
Are the premises spread out, e.g. are there several buildings on the site or multi-floor buildings?			You should consider provision of first aid measures in each building or on each floor.
Do any of your employees work at sites occupied by other employers?			You should plan with other site occupiers to ensure adequate provision of first aid. A written agreement between employers is strongly recommended.
Do you have a high occupancy building that regularly has more than 100 staff and or visitors at any single time?			Consider an Automated External Defibrillator (AED)
Do you have enough provision to cover for your first-aiders or appointed persons when they are absent?			You Should Consider: <ul style="list-style-type: none"> • What cover is needed for annual leave and other planned absences. • What cover is needed for unplanned and exceptional absences

OTHER WORKPLACE CONSIDERATIONS:

What injuries and illness have occurred in your workplace and where did they happen?	
Where applicable, provide details of any special first aid requirements recommended in safety data sheets?	

RECOMMENDATIONS & ACTIONS

PERSONNEL RESOURCES:		
HOW MANY OF THE BELOW FIRST AID EMPLOYEES DO YOU REQUIRE FOLLOWING THIS ASSESSMENT:		
APPOINTED PERSON:	EMERGENCY FIRST AIDERS:	FIRST AIDER:
HOW MANY FIRST AID EMPLOYEES DO YOU REQUIRE TRAINED TO PROVIDE COVER DURING BUSINESS HOURS:		
APPOINTED PERSON:	EMERGENCY FIRST AIDERS:	FIRST AIDER:
n/a – no first aid training required		

PREMISES RESOURCES:			
HOW MANY OF THE BELOW FIRST AID ITEMS DO YOU REQUIRE FOLLOWING THIS ASSESSMENT:			
ITEM	NUMBER	ACTION OWNER	DUE DATE

ASSESSMENT COMPLETED BY:	
Name of Assessor:	
Date of Assessment:	
Date for Review:	

Appendix 2: Guidance

The following table is provided by the Health and Safety Executive (HSE) within publication L74 – Guidance on Regulations.

Fig 1 - Suggested numbers of first-aid personnel to be available when staff are working.

1. From your risk assessment, what degree of hazard is associated with your work activities?	2. How many employees do you have?	3. What first-aid personnel do you need?	4. What injuries and illnesses have previously occurred in your workplace?	5. Have you taken account of the factors below that may affect your first-aid provision?
Low-hazard eg offices, shops, libraries	Fewer than 25	At least 1 appointed person	<ul style="list-style-type: none"> • Ensure any injuries or illness that may occur can be dealt with by the first-aiders you provide • Where first-aiders are shown to be unnecessary, there is still a possibility of an accident or sudden illness, so you may wish to consider providing qualified first-aiders 	<ul style="list-style-type: none"> • Inexperienced workers or employees with disabilities or particular health problems • Employees who travel a lot, work remotely or work alone • Employees who work shifts or out-of-hours • Premises spread out across buildings/floors • Workplace remote from the emergency services • Employees working at sites occupied by other employers • Planned & unplanned absences of first-aiders/appointed person • Members of the public who visit the workplace
	25–50	At least 1 EFAW trained first-aiders		
	More than 50	At least 1 FAW trained first-aiders for every 100 employed (or part thereof)		
Higher hazard eg light engineering and assembly work, food processing, warehousing, extensive work with dangerous machinery or sharp instruments, construction, chemical manufacture	Fewer than 5	At least 1 appointed person		
	5–50	At least 1 EFAW or FAW trained first-aiders, depending on the type of injuries that may occur		
	More than 50	At least 1 FAW trained first-aiders for every 50 employed (or part thereof)		

Appendix 3: Role of the Appointed Person

The appointed person's responsibilities are:

- Maintaining first aid kits
- Checking first aid kits
- Taking charge of the scene in an emergency, including calling an ambulance if needed
- Reporting of incidents and first aid provided on Datix

Some additional duties may include:

- Risk assessments and ensuring enough first aid trained staff are on duty during shifts.
- Overseeing first aiders having their training renewed in time.

What is the difference between an appointed person and a first aider?

- The two are not mutually exclusive. An appointed person is not necessarily a qualified first aider, but a qualified first aider could be an appointed person.
- A first aider is always trained and certified for their role.
- To make this clear, you can think of a first aider as being 'hands-on' with an injured person. Whereas an appointed person oversees operations, without being hands-on with the injured person.
- An appointed person does not need to be certified in first aid. However, if your appointed person happens to hold a valid and in-date first aid certificate, then they may operate as both roles.

Appendix 4: Contents of a first aid kit

Good practice would dictate that first aid kits conform to British Standard (BS) 8599

The contents of your workplace first aid kit should be guided by your first aid needs assessment, this should consider the level of hazards, workplace environment and number of employees. Footfall of members of the public also falls under the Health and Safety Executive's recommendation to offer a duty of care to people on your premises.

What should a basic workplace first aid kit include?

- Plasters: used for small cuts and grazes.
- Dressings: used to apply pressure to larger wounds and help to stop bleeding.
- Bandages: used to support joints, hold dressings in place, put pressure on wounds and to stop swelling.
- Scissors: used to cut bandages or sticky tape or someone's clothing if you need to get to a wound.
- Disposable gloves: used to reduce the risk of infection.
- Face shields or pocket masks: used to prevent infection when you give rescue breaths.
- Cleansing wipes, alcohol free wipes: used to clean the skin around the wound.
- Adhesive tape: used to hold dressings or the loose end of bandages in place.
- Foil blankets: used to help retain body heat in survival, emergency and first aid situations!