



Public - To be published on the Trust external website

First Aid at Work Procedure

Ref: HS-0001-004-v4

Status: Approved Document type: Procedure Overarching policy: <u>Health and Safety Policy</u>



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1 Introduction

The Trust has a legal and moral obligation to manage risk. By following this procedure responsible persons will ensure that the health and safety risks are adequately controlled.

This procedure links to Our Journey To Change as outlined within the Health and Safety Policy.

2 Purpose

Following this policy will help the Trust to comply with its legal obligations:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- The Health and Safety (First Aid) Regulations 1981

3 Who this procedure applies to

This procedure applies to all bank, locum, permanent, fixed term contract employees (including apprentices) who hold a contract of employment or engaged with the Trust, and seconded (including students), volunteers, non-Executive Directors, Governors, and those undertaking research work within TEWV Trust. It also applies to limb workers, external contractors, (including Private Finance Initiative (PFI)), agency workers, including those within the Gig Economy, and other workers who are assigned to TEWV Trust.

4 Related documents

This procedure describes what you need to do to implement duties under the Trust Health and Safety Policy.

This procedure also refers to:

✓ Risk Assessment Procedure



5 Procedure

Managers need to:

- Identify the risks the team are exposed to and identify first aid needs. (<u>Section 5.2</u> and <u>Section 5.3</u>)
- Ensure that staff are adequately trained and the appropriate first aid provision is put in place (<u>Section 5.4</u>)
- Ensure the assessment is regularly reviewed considering any changes.

5.1 First Aid Information

Under the First Aid at Work Regulations 1981, provision of first aid cover within the workplace applies to treatment of staff. The level of cover should be based on a needs risk assessment.

Provision of first aid treatment to patients and clients does not fall under these regulations, however, the Trust has a duty of care to provide first aid treatment to patients and clients whilst in our care or on our premises. The provision of first aid treatment to patients would be carried out by qualified doctors, nurses or fully qualified first aid personnel.

The following statement has been provided by the Health and Safety Executive (HSE) re first aid provision by qualified medical doctors and nurses:

'The training of qualified medical doctors registered with the General Medical Council and nurses whose names are registered in Part 1, 2, 10 or 11 of the Single Professional Register maintained by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (now known as the Nursing and Midwifery Council), qualify them to administer first aid. Where such doctors and nurses are employed, the employer may take that into account in determining first-aid provision.'

5.2 Needs Assessment

An employer should carry out a risk assessment of first aid needs appropriate to the circumstances (hazards and risk) of each workplace.

The aim of first aid is to reduce the effects of injury or illness suffered at work, whether caused by the work itself or not. First-aid provision must be adequate and appropriate in the circumstances. This means that sufficient first-aid equipment, facilities, and personnel should be available at all times, taking account of alternative working patterns, to:

- Give immediate assistance to casualties with both common injuries or illnesses and those likely to arise from specific hazards at work.
- Summon an ambulance or other professional help.



With regards to first aid cover for staff, the level of cover should be based on a risk assessment and take into consideration the number of qualified nursing staff at any location.

First aid identified requirements should ensure that First Aid personnel are always available when people are at work, based on the assessment of risk and the number of workers as shown in figure 1.

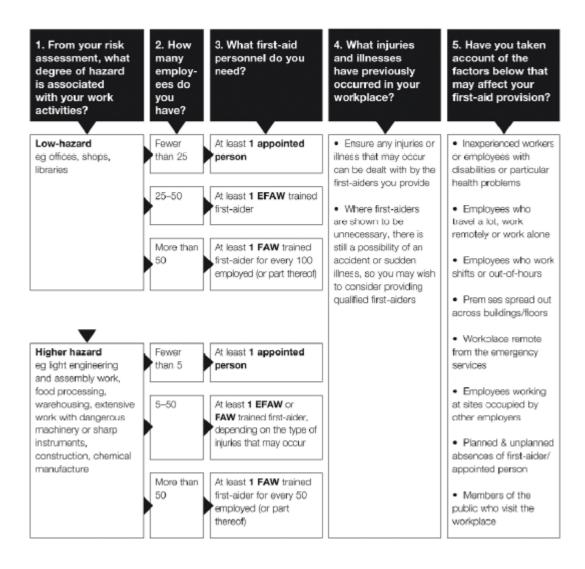


Figure 1 - Suggested numbers of first-aid personnel to be available at all times people are at work, L74 HSE Guidance



5.3 Risk Assessment for First Aid Cover

A risk assessment of first aid provision should be carried out by the person responsible e.g., Manager.

The risk assessment should consider the following:

- The nature of the work activities and workplace hazards and risks.
- The nature of workforce.
- The organisations history of accidents.
- The size of the organisation.
- The needs of travelling, remote and lone workers.
- Work patterns.
- The distribution of the work force.
- The remoteness of the site from emergency medical services.
- Employees working on shared or multi occupied sites.
- Annual leave and other absences of first aiders and appointed persons.
- First aid provision for non-employees.

Numbers of First Aiders/Appointed Persons should be identified by the risk assessment.

A sufficient number of adequately stocked first aid boxes should be maintained and checked regularly using the standardised check list available at <u>Appendix 2</u>.

Managers may choose to display their first aiders on appropriate notice boards.

5.4 Training

The following courses are recommended:

- First Aid at Work: 3-day course refresher 2 day course every 3 years.
- Emergency First Aid at Work: 1 day course with refresher every 3 years.
- First Aid at Work/Emergency First Aid at Work (EFAW) refresher course.

These courses are available from the following websites and should be booked using Cardea:

- British Red Cross <u>www.redcross.org.uk</u>
- St John Ambulance <u>www.sja.org.uk</u>



Table showing examples of additional training needs:

| Additional training | When additional training may be relevant |
|---|--|
| Management of a casualty suffering from hypothermia or hyperthermia | Extensive exposure to the outdoor environment due to, for example, regular maintenance activity, e.g. trackside rail work, forestry |
| Management of a casualty suffering from hydrofluoric acid burns | Glass industry, chemical manufacture, or other industries using pickling pastes containing hydrofluoric acid |
| Management of a casualty suffering from cyanide poisoning | Chemical manufacture |
| Oxygen administration | Confined space work, for example tank cleaning operations and working in sewers. Also, where there is a risk of exposure to hydrogen cyanide |
| Management of a drowning casualty | Swimming pools, fish farms |
| Application of haemostatic dressings and/or tourniquets | Sectors such as agriculture, forestry and construction |
| | Employers of people working in hospitality, events or other relevant sectors might wish to consider additional training to prepare for injuries to colleagues or the public, resulting from terrorist acts or other violent incidents |
| Recognise the presence of major illness and provide appropriate first aid (including heart attack, stroke, epilepsy, asthma, diabetes) | Wherever the environment is low hazard, but you have identified a risk, either based on the known health profile, age and number of employees or a need to consider members of the public |
| Paediatric first aid, as required by the Department for Education or local authorities, which complies with the syllabus produced by OFSTED for first-aid provision for children in a school or other childcare setting | Schools and nurseries |

Reference: L74 HSE Guidance



5.4 First Aid Boxes and their Content

There is no mandatory list of items to be included in a first aid box. The decision on what to provide will be influenced by the findings of the first aid needs risk assessment.

As a guide, where work activities involve low hazards, a minimum stock of first aid items might be:

- A leaflet giving general guidance on first aid (for example, HSE's leaflet: Basic advice on first aid at work).
- Individually wrapped sterile plasters (assorted sizes) appropriate to the type of work (hypoallergenic plasters can be provided if necessary).
- Sterile eye pads.
- Individually wrapped triangular bandages, preferably sterile.
- Safety pins.
- Large sterile individually wrapped un-medicated wound dressings.
- Disposable gloves.
- First Aid Checklist (<u>Appendix 2</u>).

5.5 First Aid: Expiry Dates

Not all products have an expiry date, however sterile items most often do. If a product is sterile and does not have an expiry date, it is best to check with the manufacturer to find out how long the product can be kept. If a non-sterile product has no expiry date, it's a question of judgment based on if the product is still suitable for use.

Product code, revision date, LOT number and expiry dates can be checked using the following image as a guide:

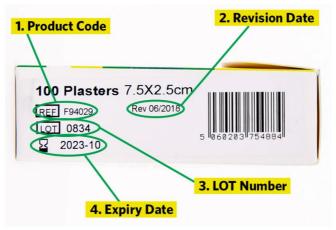


Figure 2: Reference St John Ambulance



(1)

5.6 First Aid Treatment

All first aid treatment or assistance must be recorded on DATIX, the Trust incident reporting system which should include person injured, what treatment has been provided, person (first aider) providing assistance (first aid).

5.7 First Aid Consent

Consent must be obtained first before providing first aid. Consent can be implied (e.g., going to a first aid room) or expressed (verbal or written). In the case of a child or young person they may be able to consent themselves if they have capacity or someone with parental responsibility may consent on their behalf (up to the age of 16).

If a person does not have capacity to consent to first aid, then consent can be provided by a Lasting Power of Attorney, or if there is no LPA a decision can be made in the person's best interests (ideally following discussion with friends or relatives).

In an emergency and if it is not possible to find out a patient's wishes, first aid can be provided without patient consent, provided the treatment is immediately necessary to save their life or to prevent a serious deterioration of their condition and in their best interests.

6 Health, Safety and Security Team

The Health, Safety and Security Team (which also includes a Local Security Management Specialist) provides advice and support to all staff and managers around the management of risk.



7 Definitions

| Term | Definition |
|------------------------------|---|
| First Aider | • Someone who has received training in administering first aid at work which equips them to apply first aid to a range of specific injuries and diseases, and holds a current first aid at work (FAW) certificate |
| Emergency First Aider (EFAW) | Someone who has received emergency first aid at work (EFAW) training in administering first aid to someone injured or becomes ill at work. |
| Appointed Person | Someone who looks after the first aid equipment, facilitates, and calls for emergency services when required |
| Cardea | Trust procurement/ordering system |
| Datix | Trust incident reporting system |

An Appointed Person should not give first aid unless they have been trained to do so and up to date with training

A First Aider can act as an Appointed Person.





8 How this procedure will be implemented

- This procedure will be published on the Trust's intranet.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.
- Line managers to ensure that the appropriate staff are booked on to the courses identified in the below training needs analysis and the examination (where applicable) is successfully completed.

8.1 Training needs analysis

| Staff/Professional Group | Type of Training | Duration | Frequency of Training |
|-----------------------------|--|--------------------------------------|-----------------------|
| As Identified | British Red Cross St Johns Ambulance or another certified provider. | As per external training provider | Update 3 yearly |



9 How the implementation of this procedure will be monitored

| Number | Auditable Standard/Key Performance Indicators | Frequency/Method/Person Responsible | Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). |
|--------|---|--|--|
| 1 | Compliance with the legal requirements outlined within the Management of Health and Safety at Work Regulations 1999. <i>NB. There</i> <i>are 14 questions listed in the</i> <i>audit template that are</i> <i>assessed for compliance.</i> | Frequency: Annual rolling audit programme. Method: Risk Assessment audits will be carried for a sample of all teams utilising standard audit templates via an internet-based audit platform (iAuditor). Results are collated and discussed at Health, Safety, Security and Fire Group (HSSF GROUP) with quarterly report to be submitted to Quality Assurance Committee (QAC). Responsible: Undertaken by members of the Health and Safety Team as directed by the Head of Health, Safety and Security. | Implementation and monitoring are directed by Quality Assurance Committee (QAC) and devolved to the HSSF Group. |

10 References

- ✓ Health and Safety at Work Act 1974
- ✓ L74 (third edition published 2013 reissued with minor amendments in 2018) First Aid at Work: The Health and Safety (first aid) regulations 1981 Guidance on Regulation
- ✓ The Health and Safety (First Aid) Regulations 1981
- ✓ The Management of Health and Safety at Work Regulations 1999
- ✓ St John Ambulance
- ✓ British Red Cross



11 Document control (external)

To be recorded on the policy register by Policy Coordinator

| Date of approval | 18 May 2023 |
|--|---|
| Next review date | 18 May 2026 |
| This document replaces | HS-0001-004-v3 First Aid Procedure |
| This document was approved by | Health, Safety, Security and Fire Group - 18 May 2023 (pending Care Group member approval – now received) |
| This document was approved by | Care Group member – 02 June 2023 (retrospective approval received) |
| This document was ratified by | EFM DMT |
| This document was ratified | 18 May 2023 |
| An equality analysis was completed on this policy on | 17 February 2023 |
| Document type | Public |
| FOI Clause (Private documents only) | n/a |

Change record

| Version | Date | Amendment details | Status |
|---------|----------|--|-----------|
| 1 | Nov 2013 | Section 6.1: Appendix 1- First Aid Points of Contact Form Section 6.2: Appendix 2- First Aid box Checklist | Withdrawn |
| 2 | Aug 2016 | Undergone thorough review of legislation with minor amendments with reference to HSE Guidance | Withdrawn |
| 3 | Feb 2020 | Addition of Appendix 2 to Section 3.5 First Aid Boxes and their content Minor amendments to spelling and grammar only. Section 7 – update to reference L74 | Withdrawn |





| | July 2020 | Review date extended 6 months | |
|---|-------------|--|-----------|
| 4 | 18 May 2023 | Clarity on wording within all sections. First Aid box contents list removed as completed by risk assessment. First Aid: Expiry Dates section added. Consent information added. | Published |
| | | Accessibility improved. | |

Appendix 1 – First Aid Points of Contact Form

FIRST AID ARRANGEMENTS POINTS OF CONTACT



First Aiders:

| Name | Location | Tel. No: | |
|------|----------|----------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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Appointed Persons:

| Name | Location | Tel. No: | |
|------|----------|----------|--|
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Location of First Aid Box(es):

Appendix 2 – First Aid Box Checklist

| Date | Print Name | Signature | Comments |
|------|------------|-----------|----------|
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FIRST AID BOX CHECKLIST

Appendix 3 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

| Section 1 | Scope |
|---|--|
| Name of service area/directorate/department | Health & Safety, EFM |
| Title | First Aid Procedure |
| Туре | Procedure |
| Geographical area covered | Trust wide |
| Aims and objectives | The objectives of this procedure are to: Comply at all times with the Health and Safety at Work etc. Act 1974 etc., the Management of Health and Safety at Work Regulations 1999, and all other relevant statutory provisions; Manage health and safety effectively to improve the quality of patient care, visitors and working conditions of staff and others. |
| Start date of Equality Analysis Screening | 10 February 2023 |
| End date of Equality Analysis Screening | 17 February 2023 |

| Section 2 | Impacts |
|--|--|
| Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit? | All staff, patients, contractors and visitors and the general community. |
| Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? | Race (including Gypsy and Traveller) NO Disability (includes physical, learning, mental health, sensory and medical disabilities) NO Sex (Men, women and gender neutral etc.) NO |

| | Gender reassignment (Transgender and gender identity) NO Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO Age (includes, young people, older people – people of all ages) NO Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO Armed Forces (includes serving armed forces personnel, reservists, veterans and their families NO |
|-------------------------------|--|
| Describe any negative impacts | There will be times when health and safety has to take priority and this may have an impact on a person's protected characteristics. TEWV would however always try and mitigate as much as possible any negative impact whilst ensuring health and safety legislation is followed. |
| Describe any positive impacts | Procedure is in place to reduce risk to all staff, patients, visitors, contractors etc. |

| Section 3 | Research and involvement |
|---|--|
| What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.) | Health & Safety at Work Act 1974 Management of Health and Safety at Work Regulations 1999 (MHSWR) |
| Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups? | Yes |

| If you answered Yes above, describe the engagement and involvement that has taken place | Programme of visits and audits have been undertaken where concerns have been discussed and documented. These have been considered while reviewing the procedure. |
|--|--|
| If you answered No above, describe future plans that you may have to engage and involve people from different groups | |

| Section 4 | Training needs |
|--|----------------|
| As part of this equality analysis have any training needs/service needs been identified? | No |
| Describe any training needs for Trust staff | N/A |
| Describe any training needs for patients | N/A |
| Describe any training needs for contractors or other outside agencies | N/A |

Check the information you have provided and ensure additional evidence can be provided if asked



Appendix 4 – Approval checklist

| | Title of document being reviewed: | Yes / No / Not applicable | Comments |
|----|---|---------------------------------|----------|
| 1. | Title | | |
| | Is the title clear and unambiguous? | Yes | |
| | Is it clear whether the document is a guideline, policy, protocol or standard? | Yes | |
| 2. | Rationale | | |
| | Are reasons for development of the document stated? | Yes | |
| 3. | Development Process | | |
| | Are people involved in the development identified? | Yes | |
| | Has relevant expertise has been sought/used? | Yes | |
| | Is there evidence of consultation with stakeholders and users? | Yes | |
| | Have any related documents or documents that are impacted by this change been identified and updated? | Yes | |
| 4. | Content | | |
| | Is the objective of the document clear? | Yes | |
| | Is the target population clear and unambiguous? | Yes | |
| | Are the intended outcomes described? | Yes | |
| | Are the statements clear and unambiguous? | Yes | |
| 5. | Evidence Base | | |
| | Is the type of evidence to support the document identified explicitly? | Yes | |
| | Are key references cited? | Yes | |
| | Are supporting documents referenced? | Yes | |
| 6. | Training | | |
| | Have training needs been considered? | Yes | |
| | Are training needs included in the document? | Yes | |
| 7. | Implementation and monitoring | | |

| | Title of document being reviewed: | Yes / No / Not applicable | Comments |
|-----|---|---------------------------------|------------------|
| | Does the document identify how it will be implemented and monitored? | Yes | |
| 8. | Equality analysis | | |
| | Has an equality analysis been completed for the document? | Yes | |
| | Have Equality and Diversity reviewed and approved the equality analysis? | Yes | 20 February 2023 |
| 9. | Approval | | |
| | Does the document identify which committee/group will approve it? | Yes | |
| 10. | Publication | | |
| | Has the policy been reviewed for harm? | Yes | |
| | Does the document identify whether it is private or public? | Yes | Public . |
| | If private, does the document identify which clause of the Freedom of Information Act 2000 applies? | Yes | |