

## Relevant Legislation

*Health and Safety (First-aid) Regulations 1981(as amended)*

### General

The Regulations and Approved Code of Practice (L74, 3<sup>rd</sup> edition) place a general duty on all employers to make adequate first-aid provision for their employees. The Code of Practice suggests numbers of first aid personnel that should be available onsite but there are no standard rules on exact numbers. Employers should make a formal risk assessment of the first aid needs and these should be appropriate to the circumstances of each workplace. For this reason, it is best that managers make the assessment of need locally for their own workplace. It is possible that on a complex site where many activities are undertaken simultaneously, more than one risk assessment will be required.

The risk assessment should take account of the following:

- workplace hazards and risks.
- the nature of the activities being undertaken.
- the nature of the workforce, for example, young people, pregnant workers and employees with disabilities or particular health problems.
- Previous accidents or records of ill health
- the remoteness of the site from emergency medical services.
- the needs of travelling, remote and lone workers.
- employees working on shared or multi-occupancy sites.
- annual leave or other absences of first aiders and appointed persons.

Managers must ensure that adequate first aid arrangements are in place to provide an immediate response should there be an accident to someone at the place of work.

## First aid Provision

In order to co-ordinate emergency action effectively a number of employees should be given appropriate instructions. There should be an adequate number of volunteers to provide cover for foreseeable absences such as sickness and leave.

The risk assessment process should determine whether the nominated person should be an 'appointed person' or whether a 'fully qualified first aider' is required. The difference between these terms relates to the level of training the person has received, and hence the extent of their ability to administer first aid treatment.

As a rule, the more employees there are, the greater is the possibility of injury or illness occurring. However, the number of employees should not be the only factor taken into account when deciding whether fully qualified first aiders are needed and, if so, how many. For example, in isolated places remote from medical facilities, there is likely to be a greater need for a fully qualified first aider.

Where the need for fully qualified first aiders is identified, sufficient should be provided. Where 25 or more people are employed at one site, at least one such person should be provided.

The particular needs of employees potentially at greater risk, such as trainees and some people with disabilities should be addressed. The size and layout of a building should also be taken into account.

Employees should be kept informed about the current arrangements for first aid in their workplace. The method for this is usually by displaying notices which detail:

- the names and locations of first aiders.
- the location of first aid materials.

Notices should display a white cross on a green background. They should be prominently displayed and clearly understood. The employer should take account of those persons with reading and language difficulties. First aid provision should be reviewed on a regular basis, particularly after any changes in the workplace to ensure that provision remains appropriate.

## Training

First aiders should be reliable, have good communication skills, be able to absorb new knowledge and be able to cope with stressful emergencies.

A first aider must hold a valid certificate (for example St John's Ambulance certificate) in first aid at work. This is valid for three years. Refresher training must be

undertaken before the certificate expires. First aiders should also be encouraged to arrange a programme of self-directed revision in order to maintain their first aid skills. There is no longer a requirement for the Health and Safety Executive to approve first aid training and qualifications and therefore it is important that an employer carefully selects a training provider that will meet their specific workplace requirements and provide training to a suitable standard. However, many training providers choose to operate through voluntary accreditation schemes with the intention to maintain the standards in line with HSE requirements. Further guidance on selecting a first aid training provider is given in the HSE's information sheet GEIS3.

The need to take account of service provision and administration of first aid to non – employees when deciding on the level of training is dealt with below under **Non - Employees**.

Where the risk assessment identifies that a fully qualified first aider is not necessary, the minimum requirement is to appoint a person to take charge of first aid arrangements, including looking after equipment, facilities and calling the emergency services. It is important that someone is always available to take control. It should be remembered that emergency aiders are not first aiders and should not attempt to administer first aid treatments for which they have not been trained.

Appointed persons should also be trained to carry out their duties. An emergency first aid course for appointed persons will provide the basic information required. These courses are usually at least four hours long. It is recommended that a course covering the basic information, tailored to the needs of the individuals, is chosen. The Learning and Organisational Development section can provide information on the suitability of courses if necessary. Numerous companies offer courses including The Red Cross and St John Ambulance. These companies' details are as follows:

AZEA – 01665 714000 email: info@azea.co.uk  
St John Ambulance - Tel: 0844 770 4800  
Red Cross - Tel: 0844 871 1111

The emergency aid courses cover:

- what to do in an emergency.
- cardio-pulmonary resuscitation.
- first aid for the unconscious casualty.
- first aid for the wounded or bleeding.

## Equipment

First aid equipment should be suitably marked, easily accessible and available where required.

## Records

It is good practice for first aiders to make a record of all incidents which require their attendance and detail the treatment rendered. Records could be kept on the ACC1 form or another document. This will become ever more important as a result of changes in the way civil proceedings are processed and will afford the first aider a level of protection. In addition, keeping such records will enable the employer to fulfil its obligations under RIDDOR.

## First Aid Rooms

In certain high risk activities such as a construction site or where it is identified as part of an assessment, there may be a need for a first aid room. Further detailed guidance about these requirements is given in the Approved Code of Practice.

## Non-Employees

The regulations do not oblige employers to provide first aid to anyone other than their own employees. However, it is essential that emergency procedures cover all premises users and it is good practice to extend provision to members of the public, service users and school children if they are likely to frequent the premises. In the case of schools, libraries, and social services establishments, extending of first aid provision to service users would be expected to enable the occupiers to discharge their common law duty of care.

In this respect the decision on the appropriate level of training for first aiders will be influenced by direct service provision, eg Paediatric first aid may be appropriate when dealing with nursery provision to very young children.

## Control of Infection

Further useful information concerning immunisation for Hepatitis B and accidental inoculation injury procedure is available in the Infection Control Policy. The

document 'Policy on supporting children with medical needs' may also be of interest. [Public Health England](#) is the main source of specialist information on communicable diseases.

## Recommended Contents of First-Aid Boxes

First aid boxes and travelling first-aid kits should contain a sufficient quantity of first aid materials and nothing else. Antiseptic creams are not recommended and should be withdrawn. Present day emphasis in first-aid stresses the need to get a wound completely clean; to smother a wound in a cream does not promote healing nor does it prevent infection in a dirty wound. No other medication of any kind should be kept in first aid boxes.

The box should be clearly identified as a first-aid container by marking it with a white cross on a green background (in accordance with the Safety Signs and Signals Regulations 1996). When purchasing first aid materials their expiry date should be noted. The contents of the box should be examined frequently and should be restocked as soon as possible after use. Care should be taken to dispose of items safely after the expiry date has passed.

At the very minimum each box should contain the following items:

- Guidance leaflet.
- individually wrapped sterile adhesive dressings (assorted sizes) (blue for cooking activities).
- Two sterile eye pads, with attachment.
- Four individually wrapped triangular bandages (preferably sterile).
- Six safety pins.
- Six medium sized individually wrapped unmedicated wound dressings (approximately 12cm x 12cm).
- Two large sterile individually wrapped unmedicated wound dressings (approximately 18cm x 18cm).

Additional Items:

- Disposable gloves.
- Resuscitades.

- Wide bore rubber tubing for eye irrigation.

It should be noted that this is the very minimum required. For larger numbers of employees the quantities should be scaled up accordingly.

Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 300ml and should not be re-used once the sterile seal is broken. At least 900ml should be held in stock. **Eyebaths, egg cups and refillable containers should not be used for eye irrigation.** These are not practicable as they do not contain enough water to enable washing to continue for long enough and they are difficult to maintain in a sterile condition.

## Travelling First- Aid Kits

The contents of travelling first-aid kits should be appropriate for the circumstances in which they are to be used. At least the following should be included:

- card giving the general first-aid guidance.
- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated dressing.
- 2 triangular bandages.
- 2 safety pins.
- individually wrapped moist cleansing wipes.
- Two pairs of disposable gloves

## Guidance for Use of Additional Items

### Eye Irrigation Tube - Notes for Guidance

For chemical burns to the eye it is essential that the eye is irrigated quickly to prevent serious injuries. When irrigating the eye, first aiders should be particularly careful not to splash the casualty or themselves. Protective gloves should be worn if they are available.

Manufacturers' safety data sheets for all hazardous products should be available in all places of work. These should state the duration of irrigation and advise whether it is necessary for the casualty to seek medical attention. First aiders should be aware of their location and, if possible, data sheets should be taken with the casualty if medical attention is required.

Any clean, soft, wide (or narrow, as appropriate) bore tube is suitable for eye irrigation. The eyewash tube should, preferably, be placed in a self seal bag, labelled 'For eye wash only' and kept in the first aid box. It is essential that in an emergency the eyewash tube can be found quickly and that it can be attached easily to the tap. However, if the tube cannot be found any suitable clean container should be used to irrigate the eye or, alternatively, the casualty's head should be placed directly under the tap.

The eyewash tube should be disposed of after emergency use and a replacement obtained.

### ***Using the Eyewash Tube:***

- Do not allow the casualty to touch the injured eye or forcibly remove a contact lens.
- Attach the eyewash tube to the cold water tap. The water supply to the sink used as an eyewash station should be fed directly from the mains. However, the risk from using water supplied from a tank is low and in an emergency situation colleagues should not hesitate to irrigate the eye if they are unsure as to the source of the water supply.
- The tap should be turned on at low pressure and the open end of the tube placed on the bridge of the casualty's nose to ensure that contaminated water does not splash the uninjured eye.
- If the eye is shut in a spasm of pain, the eyelids should be gently but firmly pulled open and the surface of the eye washed. It is important to make sure that both sides of the eyelid are irrigated thoroughly. If both eyes are affected each eye should be rinsed alternately; both eyes should be irrigated as quickly as possible. The first aider should continue to alternate between eyes and ensure that irrigation is carried out for the required duration. For chemical contamination this should be at least ten minutes.
- If the tube is not available or appears to be defective then other first aid procedures for eye irrigation should be applied until a replacement is in situ.

### ***Storage***

The rubber tube should be protected from direct sunlight or intense artificial light. The tubes should be stored in an A4 bag to prevent deformation.

## ***Checking its Condition***

The condition of the tube should be checked along with the other first aid materials. Colleagues should verify that the tube fits onto the tap(s) that would be accessed in an emergency. If the bore of the tube should become wet during this exercise it is recommended that it be allowed to dry before being repackaged.

## ***Obtaining Replacements***

The tubes come in two sizes, namely 16mm and 20mm. These are suitable for taps with outer diameters of about 19mm and 24mm respectively. When the tube is no longer serviceable a replacement should be reordered from the Corporate Health and Safety Team by telephoning 01670 623805.

## **Blunt Ended Scissors**

Scissors are kept to trim adhesive dressings and cut bandages etc. The scissors should be kept clean at all times.

## **Defibrillators**

Some County Council Services have defibrillators in place. Staff that may need to use the defibrillator should be trained to use it as this will promote greater confidence amongst staff in the use of the defibrillator. Further information can be found by via the [Resuscitation Council \(UK\) website](#).



## Arrangements within Each Directorate

It is desirable that there should be trained first-aiders in all establishments and the Authority will continue to encourage members of staff to become qualified. The cost of funding for all training courses is controlled by managers.

Action	Responsibility
<p>Each Directorate will ensure that an appropriate number of first aiders are trained in accordance with Corporate Guidelines, taking account of leave and absences</p> <p>Notices stating the names and location of the nearest first aider will be strategically displayed throughout all Directorate workplaces.</p>	Line Managers
The training needs, including refresher training, of first aiders will be reviewed as part of their 6 monthly appraisals.	Line Managers & First Aiders
Adequate supplies of first aid materials will be supplied for use and replaced as necessary. All first aid treatments should be recorded on the relevant ACC1 form.	First Aiders
Some officers will need to complete emergency first aid training due to the nature of their activities. Details of any member of staff required to carry out this training will be included in the health and safety training needs analysis for the post. If first aid training is required for these purposes a small travelling first aid kit should be provided to keep in the employees' vehicle.	Line Managers.
A check of the first aid equipment available in the section is included in the managers' health and safety inspection every six months.	Divisional Managers.
On sites that are shared, a joint agreement must be reached with other managers as to the level of provision that should be made available.	Manager
It is necessary to ensure that adequate first aid provision is available to trainees	Manager

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It is necessary to ensure that first aid provision is available for off-site activities	Manager & First Aiders
It should be noted that that non-teaching members of staff who become designated first aiders as an additional role are eligible for an annual payment.	Manager