

## **First Aid at Work Policy**

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Corporate / Directorate **Corporate**

Clinical / Non Clinical **Non-Clinical**

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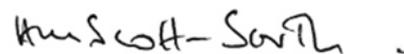
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**Chief Executive**

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**24 October 2017**

# Burton Hospitals NHS Foundation Trust

## POLICY INDEX SHEET

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## REVIEW AND AMENDMENT LOG

Version	Type Change	of	Date	Description of Change
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# BURTON HOSPITALS NHS FOUNDATION TRUST

## FIRST AID AT WORK POLICY

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# BURTON HOSPITALS NHS FOUNDATION TRUST

## FIRST AID AT WORK POLICY

### 1. INTRODUCTION

The Health and Safety (First-Aid) Regulations 1981 as amended requires employers to provide adequate and appropriate equipment, facilities and appropriately trained staff to enable first aid to be given to employees if they are injured or become ill at work.

What is adequate will depend on the circumstances in the workplace. Employers should carry out an assessment of first aid needs to determine this.

This policy reflects the requirements and applies to all Burton Hospital NHS Foundation Trust workplaces. The Regulations do not place a legal obligation on employers to make first aid provision for members of the public and patients.

However the Trust does consider the first aid needs of non-employees (e.g. patients, students, visitors, volunteers, contractors, members of the public) when undertaking their assessment for the Provision of first aid treatment.

The First Aid guidance recommends layers of provision to ensure employers comply with the Regulations. These layers are:

- First Aid at Work (FAW);
- Emergency First Aid at Work (EFAW);
- Appointed Persons (AP).

### 2. PURPOSE

To provide guidance and to ensure all areas of the Trust have access to first aid provision and facilities.

### 3. DEFINITIONS USED

#### **First Aid**

Is the immediate care given to an ill or injured person until more advanced care arrives or the person recovers, its aim is to **P**reserve Life, **P**romote recovery and **P**revent further injury of the affected person/s.

It may cover:

- Cases where a person needs help from a medical practitioner or treatment from a nurse, where the purpose of First Aid is to preserve life and minimise injury until such help is obtained.
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.
- First Aid does not include giving tablets or medicines to treat illness or pain.

### **A qualified First Aider**

Holds 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 also equips the first-aider to apply first aid to a range of specific injuries and illnesses.

No one may be deemed a First Aider unless they have attended and passed a Trust approved FAW / EFAW course however they may be designated as an Appointed Person.

### **An Appointed Person**

Takes charge of an incident when someone is injured or becomes ill.

They are responsible for looking after any first aid equipment and re-stocking the first aid box.

An Appointed Person should be available when anyone is at work in an area for which they are responsible. This could mean that managers have to nominate more than one Appointed Person. However, it may be possible for adjacent areas to arrange mutual cover by an Appointed Person.

It is recommended in the HSE guidance (L74) that they attend a training course that will teach them the basics:

- What to do in an emergency
- Cardiopulmonary resuscitation (CPR)
- First Aid for the unconscious person
- First Aid for the wounded and bleeding.

### **NOTE: Registered clinical staff and medics**

In many areas attendance on the Trust's Basic Life Support (BLS) course would provide an appropriate level of knowledge for a person to be deemed as an Appointed Person, therefore, Registered clinical staff can be classified as 'Appointed Persons' as they attend BLS training annually as a minimum.

The BLS training of an Appointed Person maybe minimal in relation to some first aid situations, therefore an appointed person should not attempt to give first aid for which they have not been trained.

## **4. KEY RESPONSIBILITIES / DUTIES**

### **Chief Executive**

The Chief Executive has overall accountability to ensure compliance with the Health and Safety (First Aid) Regulations (1981), issued by the Health and Safety Executive and that adequate first aid provision for employees is made should they become injured or ill at work.

### **Head of Health and Safety**

The Head of Health and Safety has responsibility for reviewing this policy and assisting Wards / Departments to carry out suitable and sufficient risk assessments to determine the level of first aid provision required for their area/s.

### **Ward/ Department Managers**

Ward / Department Managers will ensure:

- Suitable and sufficient risk assessments are undertaken to ascertain the level of first aid provision required, taking into consideration those areas outside of the direct clinical environment.
- Adequate and appropriate first aid equipment and facilities are made available.
- Adequate and appropriate number of first aid personnel (either qualified First Aiders or Appointed Person as appropriate).
- Keep a locally held record of all first aiders, their work base and location of all first aid boxes within their areas of responsibility.
- That all qualified first aiders receive Trust approved training and attend update training as specified by the Trust defined by HSE guidance.
- The purchase of sufficient numbers of first aid boxes for their area of responsibility as deemed necessary.
- Ensure that adequate first aid notices are displayed on the Health & Safety Notice board detailing first aiders/ appointed persons and location of first aid box or boxes.
- Ensure that each incident relating to giving first aid is recorded on the Trust's incident reporting system.

### **Designated First Aider/ Appointed Person**

- Ensure they are up to date with their training as specified by the Trust defined by HSE guidance.
- Ensure contents of first aid boxes for their area of responsibility is up dated and stock replenished as required.

- Ensure the first aid notice displayed on the Health & Safety Notice board has the correct details of first aiders / appointed persons and location of first aid box or boxes.
- Ensure that each incident relating to giving first aid is recorded on the Trust's incident reporting system.

## **Staff**

All staff must:

- Take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions.
- Be familiar with and comply with instructions and training given by the Trust.
- Co-operate with their employer and line managers to achieve a safe and healthy workplace.
- Complete an incident form in the event of an accident or incident on the incident reporting system.
- Inform first aider or appointed person if first aid box is not in the correct location or if equipment is low,

## **5. POLICY IMPLEMENTATION**

The practical application of first aid to staff and others as outlined in this policy is supported by comprehensive guidance, see Appendix 1.

Information relating to contents of departmental first aid boxes is given in Appendix 2.

Risk assessment in relation to the necessity and provision of first aid is detailed in Appendix 3. In the event of a person collapsing in a non-clinical area the Trust's cardiac arrest procedure will need activating. This is detailed at the end of Appendix 3.

The contents of an EFAW course and refresher training are detailed in Appendix 4.

### **Community Hospitals**

All Community Hospitals staff on discovering a member of staff (or patient) that is unresponsive or not breathing are required to call 999 and commence Basic Life Support, refer to the Resuscitation Policy and call 999.

## **6. MONITORING COMPLIANCE AND EFFECTIVENESS**

The Health and Safety Group will monitor the effectiveness of this policy.

Where monitoring has identified deficiencies, recommendations and action plans will be developed and changes implemented accordingly. Progress on these reports will be reported to the Quality Committee.

## **7. REFERENCES**

First Aid at Work. The Health & Safety (First Aid) Regulations 1981  
Guidance on Regulations HSG L74 2013

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**GUIDANCE – First Aid at Work**

**First Aid at Work/ Emergency First Aid at Work**

Managers should bear in mind the requirements of the course and the qualities likely to make a good First Aid at Work/ Emergency First Aid at Work (FAW or EFAW). It is essential that people who are reliable and likely to remain calm in an emergency are selected. Also the FAW or EFAW should be able to use the knowledge and skills learnt during the course. It is also important that the FAW or EFAW is in a position to cope with the physical demands that may sometimes be placed on them.

**Criteria for deciding adequate and appropriate provision of first aid cover**

For non-clinical areas where a risk assessment indicates the need for a First Aider the manager for that department shall ensure that persons are nominated and receive the appropriate FAW or EFAW training.

As an acute hospital it is likely to be sufficient in most cases for Managers to nominate nursing staff to administer First Aid.

Implementation of the first aid process is detailed below

**FAW or EFAW will:**

- Assess a situation quickly and safely and summon appropriate help
- Identify, as far as is possible, the injury and the nature of the illness affecting a casualty
- Give early, appropriate and adequate treatment in a sensible order of priority
- Arrange for the casualty to receive medical assistance if appropriate through the Emergency Department
- Remain with the casualty until handing him or her over to the care of the appropriate person
- Complete an incident report form
- Ensure that the first aid box is replenished after use, and out of date stock is replaced.

## **Training**

### **EFAW (Emergency First Aid at Work) Training**

Where a risk assessment indicates that an area needs a member of staff to be trained to the level of EFAW then the Department/Ward Manager should confirm this with the Learning & Development department.

Nurses and midwives as part of their mandatory training will have already attended Hospital/Immediate/Paediatric Life Support which covers the elements of an EFAW course.

All employees of the Trust, who are fully trained First Aid Workers as part of their role with the Trust, who give First Aid on Trust premises or during the course of their employment with the Trust will be covered by the Trust's Clinical Negligence Scheme for Trusts (CNST) with the NHS Litigation Authority.

### **First Aid Equipment**

Having carried out a risk assessment and deciding on the necessary number of FAW or EFAW Persons for that particular department/ward, (see criteria for deciding adequate and appropriate provision of FAW or EFAW), Departmental Managers shall ensure that the FAW or EFAW has easy access to first aid material.

### **First Aid Boxes**

In most clinical areas first aid boxes will not be necessary however in non-clinical areas it will be necessary to stock first aid material in a designated first aid box. An example of what a standard box should contain (this may be more than is necessary in some areas) can be found in Appendix 2.

**Additional eye-wash stations** in areas where a special need is identified by the risk assessment shall be provided, e.g. workshops, plant rooms, laboratory and areas where hazardous substances or used.

### **FIRST AID BOXES**

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 assessment. As a guide, where work activities include 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)
- Two sterile eye pads
- Individually wrapped triangular bandages, preferable sterile
- Six safety pins
- Large sterile individually wrapped unmedicated wound dressings
- Medium sized sterile individually wrapped unmedicated wound dressings
- Disposable nitrile gloves

FAW or EFAW's are responsible for replenishing the boxes as soon as possible after use in order to ensure that there is always adequate supply of all materials.

**No medication of any type should be stored in the First Aid boxes.**

If you have any concerns regarding First Aid please do not hesitate to contact the Health & Safety department.

### **RISK ASSESSMENT AND THE PROVISION OF FIRST-AID**

An assessment of first aid needs appropriate to the circumstances should be undertaken

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.

First aid should be designed to give immediate assistance to casualties with both common injuries or illness and those likely to arise from specific hazards at work.

In assessing the needs for first aid, you should consider the following:

- The nature of the work and workplace hazards and risk
- The nature of the workforce
- History of accidents and incidents
- The needs of travelling, remote and lone workers
- Work patterns
- Remoteness from emergency medical services

Hazards to consider may include:

- Electricity - danger of electrocution, especially in wet environments
- Heat - danger of burns (consider also cold burns and use of compressed gases CO<sub>2</sub> and Nitrogen).
- Sharps - a sharps injury may not necessarily require the attention of a first-aider; refer also to the Inoculation and Sharps Injury Policy.
- Slips, trips and falls - the most common cause of injury in almost any environment; other policies deal with the avoidance of such events
- Use of hazardous substances - whilst other policies and procedures should ensure that wherever hazardous substances are used appropriate precautions are taken, accidents may happen. The presence of particular hazards may also dictate the need for special first-aid training
- Machinery in workshops, potential entanglements, contact with sharp edges or material thrown from machinery, and electrical hazard

### **Consider who may be at risk**

This will probably include all staff in a department for possible accidents such as slips, trips and falls and so total numbers are important. Only certain members of staff may be at risk for other hazards such as electricity or accidents associated with the use of hazardous substances.

This policy is primarily concerned with ensuring adequate first aid provision is made for staff. However it is sensible to consider the likely needs of others such as patients, visitors and contractors working on site when making your assessment.

### **Consider existing controls**

How well are those hazards identified above controlled? Consider other policies such as those for the control of hazardous substances and whether those staff using sharps, for example are protected through adequate training and other policies

### **Calculate the level of risk and act appropriately**

If there are significant hazards which are difficult to control

**and**

staff exposed to this hazard are likely to be at risk of serious injury

**and**

Emergency Department or Minor Injuries Unit is not easily accessible

**then**

appoint one or more emergency first-aiders and ensure they are adequately trained and available

### **Activation of the Adult Resuscitation Team**

**In the event of someone collapsing in a non-clinical area, i.e. hospital corridor, strategically placed telephones are sited throughout the hospital. The resuscitation team should be activated in these instances on Ext 2222 - State 'Adult Cardiac Arrest' and your location.**

## Responsibilities of First Aiders

### Remember:

**2222 for Cardiac Arrest QHB site only**

**(9)999 Community Hospitals**

On completion of training, successful candidates should be able to:

- (a) understand the role of the first-aider including reference to:
  - (i) the importance of preventing cross infection
  - (ii) the need for reporting incidents and actions
  - (iii) use of available equipment.
- (b) assess the situation and circumstances in order to act safely, promptly and effectively in an emergency
- (c) administer first aid to a casualty who is unconscious (including seizure)
- (d) administer cardiopulmonary resuscitation
- (e) administer first aid to a casualty who is choking
- (f) administer first aid to a casualty who is wounded and bleeding
- (g) administer first aid to a casualty who is suffering from shock. This can include anaphylaxis
- (h) provide appropriate first aid to minor injuries and others (including small cuts, grazes and bruises, minor burns and scalds, small splinters). At this point it may be appropriate for First Aiders to refer casualties to their GPs for further ongoing advice and support.

## Refresher Training

**HSE strongly recommends** that first-aiders undertake annual refresher training during any FAW/EFAW certification period. Although it is not mandatory, this will help qualified first-aiders maintain their basic skills and keep up-to-date with any changes to first-aid procedures.