

DOCUMENT CONTROL	
Title:	First Aid Policy
Version:	6
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Scope:	
This policy will relate to all members of staff who are working on Trust premises, in joint accommodation or in the community on Trust business.	
Purpose:	
The purpose of this policy is to integrate the health and safety guidelines on First Aid regulations into the Pennine Care NHS Foundation Trust (the Trust) Health & Safety Policy The Trust recognises its obligation under the Health and Safety at Work Act 1974 to provide first aid facilities for every member of staff.	
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Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CL004	Infection Prevention Control Policy
CL069	Hand Hygiene Policy
CL009	Resuscitation Policy
CO009	Health & Safety Policy
CO010	Incident Reporting Policy
RM001	Record Management Policy
Policy Associated Documents:	
TAD_CO034_01	First Aid Needs Assessment
TAD_CO034_02	HSE Standard First Aid Kit Contents Check Sheet
TAD_CO034_03	BS8599-1 Standard First Aid Kit Contents Check Sheet

Other external documentation/resources to which this policy relates:	
	Management of Health and Safety at Work Regulations 1999
	Control of Substances Hazardous to Health Regulations 2002
	The Health And Safety At Work Act 1974 (HSW Act) Regulations 1981 L74 (Third Edition) 2013
	Occupiers Liability Act 1957 / 1984
	Reporting of Diseases, Injuries and Dangerous Occurrence Regulations (RIDDOR) 1995 as amended 2013
	Health and Safety (Safety Signs and Signals) Regulations 1996
	GPDR 2018
CQC Regulations	
This policy supports the following CQC regulations:	
Regulation 9	Person centred care
Regulation 12	Safe care and treatment
Regulation 13	Safeguarding service users from abuse and improper treatment
Regulation 15	Premises and equipment
Regulation 17	Good governance
Regulation 18	Staffing

Contents Page

1.	Introduction	5
2.	Purpose	5
3.	Responsibilities, Accountabilities & Duties	5
4.	Risk Assessments	7
5.	First Aid Needs Assessment	7
6.	First Aid Equipment	8
7.	First Aid Box	8
8.	Travelling First Aid Kits	9
9.	Supplementary Equipment	9
10.	First Aid Rooms	9
11.	Equipment – Care and Replacement	10
12.	First Aid Personnel	10
12.1	Appointed Person	11
12.2	A First Aider	11
12.3	Health Professionals exempt from a qualification in first aid	11
13.	First Aid Training	12
13.1	Level 2 Award in Emergency First Aid at Work (QCF)	12
13.2	Level 3 Award in First Aid at Work (QCF)	12
14.	Record Keeping	13
15.	Signage	13
16.	Substances Hazardous to Health	13
17.	Publications and Guidance	14
18.	Equality Impact Analysis	14
19.	Freedom of Information Exemption Assessment	14
20.	Information Governance Assessment	15
21.	Safeguarding	15
22.	Monitoring	15
23.	Review	15
24.	References	15

1. INTRODUCTION

The aim of the Health & Safety (First Aid) Regulations 1981 is to ensure that all employees have access to adequate and appropriate first-aid, equipment and facilities while they are at work, including situations where shift-work is undertaken out of normal office hours.

Employees must be informed of all arrangements for first-aid provision in their workplace including equipment and facilities. Such information should be included in any induction programmes for new employees and any changes in first-aid arrangements must be made known to all employees.

Equipment and facilities include the provision of first-aid kits or boxes, first aid rooms and designated trained first-aid personnel. What is considered adequate and appropriate in individual workplaces should be determined through the Risk Assessment and First Aid Needs Assessment process, which should indicate where any injuries are likely to occur and their potential nature.

Where volunteers (unpaid workers) undertake work activities for the Trust they will be afforded the same first-aid provision as employees.

There is no legal requirement to provide first-aid treatment to non-employees, e.g. members of the public etc. although it is strongly recommended that employers include non-employees in their assessment of first-aid needs and make provision for them. Where it is offered there may be additional insurance implications.

Occupiers' Liability Acts 1957 and 1984 in relation to the state and condition of the premises, legislation lays down a duty of care towards visitors, and even for the separate category of "contractual entrant", in the absence of any express provision in the contract, it is provided that there is an implied term that the occupier owes the entrant the common law duty of care.

2. PURPOSE

The purpose of this policy is to integrate the health and safety guidelines on First Aid regulations into the Pennine Care NHS Foundation Trust' (the Trust) Health & Safety policy.

The Trust recognises its obligation under the Health and Safety at Work Act 1974 to provide first aid facilities for every member of staff.

This policy will relate to all members of staff who are working on Trust premises, in joint accommodation or in the community on Trust business.

3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Pennine Care NHS Foundation Trust - recognises and accepts its responsibility under the Health and Safety at Work Act 1974 and in particular the Health and Safety (First Aid) Regulations 1981 to assess the impact, manage and maintain all aspects of first aid provision across all of its services and activities for staff and others who may come into contact with those services and activities.

Chief Executive - shall have the overall responsibility for the management of First aid within the Pennine Care NHS Foundation Trust however this responsibility may be devolved to Divisional / Borough Service Directors and their teams to manage on a day by day basis.

First Aid Officer - is responsible for the development of statutory First Aid training and guidance within the Trust, development and maintenance of the Trust as a registered First Aid Training provider and, the teaching and training of first aid.

The main responsibilities are:

- To ensure a comprehensive first aid training and development work-plan is developed and delivered in line with statutory requirements.
- Plan, implement and evaluate training programmes across the nationally recommended First Aid training levels, in accordance with Trusts policies.
- To ensure all training will follow the current Health & Safety Executive (HSE) and Resuscitation Council (UK) guidelines and training standards.
- To act as a resource and provide first aid advice to the Trust.
- To ensure that the Trust can demonstrate that it has a First Aid policy in place with respect to training and can provide evidence of the effectiveness of the policy.
- Be responsible for the planning, deployment and action planning of the Trust-wide First Aid audit.

Service Managers – Mental Health and Community Services - Service managers will have the responsibility to conduct a suitable and sufficient risk assessment of their activities – in accordance with the Management of Health and Safety at Work Regulations 1999 and the Health and Safety (First Aid) Regulation 1981.

Service managers will be responsible for ensuring there are sufficient first aid personnel appointed and that suitable first aid equipment is available – including restocking of sufficient quantity and “in date” first aid supplies and that appropriate signage is posted.

Service managers are responsible for ensuring – in conjunction with the Trust Learning and Development department that;

- First aid courses are appropriately advertised
- Staff are released from duty to attend these courses
- Staff requiring refresher courses are advised in a timely manner and released to attend the appropriate course
- Records of appropriately trained personnel are retained and updated for their services to ensure appropriate levels of first aid response are maintained – taking into account:
 - Sickness Absence
 - Annual Leave
 - An increase in personnel numbers
 - An increase in the perceived risk
 - A change in a service provision
 - A change in service hours of operation i.e. a 24/7 service.

Service managers are responsible for conducting a First Aid Needs Assessment for their area. This is to be completed quarterly.

First Aid Personnel are to comply with the Health and Safety (First Aid) Regulations and apply the spirit of the regulations to all persons – staff, service users, visitors, contractors, carers, family, friends and others who may come into contact with the Trust and its activities, who may require first aid assistance.

They are to conduct themselves appropriately and compassionately when dealing with injured personnel and apply the basic principles of first aid which is to maintain the situation and where possible reduce the chances of the patient's condition worsening before professional medical assistance arrives.

4. RISK ASSESSMENTS

Risk assessments required under the **Management of Health and Safety at Work Regulations 1999**, the **Control of Substances Hazardous to Health Regulations 2002** or other broad principled legislation should identify hazardous work activities and workplaces and give an indication of what first-aid provisions are required.

Regulation 3. The Management of Health and Safety Regulations 1999 (**MHSW**) requires employers to make a suitable and sufficient risk assessment and this is to be conducted by a *competent person*.

A *competent person* is “a person who has sufficient training and experience or knowledge and other qualities” to enable him or her to assist the Trust in complying with their legal requirements.

The Trust is to take into account the following factors:

- Size and nature of the workforce, i.e. number of employees, disabled employees, young persons, new or expectant mothers, peripatetic and/or lone workers, trainees, agency, volunteers, shift working etc.
- Distribution of the workforce, i.e. geographical size of the premises, layout and floor levels
- Client base undertakings and risks posed
- Hazardous substances
- Tools or machinery present
- Loads or manual handling requirements
- Access to external accident and emergency facilities, i.e. local hospital Accident and Emergency departments from the work premises
- Access by members of the public, visitors or contractors etc.
- Accident statistics from accident records, RIDDOR reports, sickness absences, etc.
- Arrangements between occupiers where work premises are shared
- Contingency plans to cover temporary absences of trained first-aid personnel.

5. FIRST AID NEEDS ASSESSMENT

Service Managers should make an assessment of first-aid needs appropriate to the circumstances (hazards and risks) of their workplace, using the First Aid Needs Assessment in the Trust Approved Document.

A copy of the First Aid Needs Assessment must be sent/faxed/emailed to the Trust's First Aid Officer for auditing purposes.

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

It is essential that adequate provision is made to cover all times people are at work. Service Managers therefore need to ensure there is cover for annual leave or holiday and other planned absences of first-aiders or appointed persons. Managers should also consider what cover is needed for unplanned and exceptional absences such as sick leave or special leave due to bereavement.

6. FIRST AID EQUIPMENT

All First Aid personnel and employees should have access to first aid equipment as supplied under risk assessment requirements. Although equipment may vary, all establishments, without exception, will provide at least one first-aid box.

7. FIRST AID BOX

First Aid boxes provided will be made of suitable material to protect the contents and be clearly marked.

First aid boxes should be either HSE or BS8599-1 compliant, as both meet the first aid needs of the Trust. It is however recommended that when replacing first aid boxes only BS8599-1 are ordered, as these reflect current first aid practice.

Minimum quantities for low-risk establishments may be considered as:

- A general guidance leaflet on first aid, such as INDG347
- 20 individually wrapped sterile adhesive dressings (assorted sizes) appropriate for the work environment (detectable dressings should be available for the catering industry)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile un-medicated wound dressings (approx. 12cm x 12cm)
- 2 large sterile individually wrapped un-medicated wound dressings (approx. 18cm x 18cm)
- Gloves – disposable

Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline solution (0.9%) in sealed disposable containers should be provided. The use of eye baths/cups or refillable containers is not recommended.

Extra equipment, or items required for special hazard, e.g. antidotes, tranquillisation, may be kept in or near first-aid boxes but only where the first aid person has been specifically trained in their use.

8. TRAVELLING FIRST AID KITS

Should travelling first aid kits be issued the contents are to reflect the circumstances in which they may foreseeable be used, but the following at least should be included:

- General guidance leaflet on first aid, such as INDG347
- 6 individually wrapped sterile adhesive dressings
- 1 large sterile un-medicated dressing (**approximately 18cm x 18cm**)
- 2 triangular bandages
- 2 safety pins
- Individually wrapped moist cleansing wipes
- Gloves – disposable

9. SUPPLEMENTARY EQUIPMENT

This may include suitable means for the transportation of casualties; blankets; aprons and other suitable protective equipment, scissors, ligature knives etc.

Where such equipment is considered necessary it should be stored in the vicinity of the first-aid boxes.

The Trust shall also provide for the provision and of plastic disposable bags and for the safe collection and disposal of soiled dressings.

10. FIRST AID ROOMS

Where First Aid rooms are provided:

A designated person should be responsible for the room and its contents at all times when employees are at work.

The First Aid room should be positioned in such a way as to be the best point of access for transport to hospital and be convenient for access, toilets, etc within the establishment itself. Ideally, first-aid rooms should be used solely for the purpose of providing first-aid treatment.

The room should be large enough to hold a couch and the door to the room wide enough to accommodate stretchers, wheelchairs, etc. All surfaces should be easy to clean and the room cleaned daily. It should be effectively ventilated, heated, lighted and maintained. A notice giving details of First Aid personnel and contact procedures should be displayed.

The facilities and equipment which should be provided in first-aid room is as follows:

- Sink with running hot and cold water
- Drinking water (if not available on mains tap) and disposable cups
- Paper towels
- Smooth topped working surfaces
- A range of first-aid equipment (at least to the standard required in first aid boxes) and proper storage
- A chair suitable for patient comfort and movement
- A couch (with waterproof cover), pillow and blankets
- Soap
- Personal protective equipment for first aider
- Suitable refuse container (foot operated) lined with appropriate disposable yellow plastic for clinical waste
- An appropriate record-keeping facility (book/form etc.)
- A means of communication e.g. telephone.

In situations where specialised first-aid equipment is required at the workplace, this may be kept in the first-aid room.

A nominated first aid or appointed person must maintain the first-aid room stock to the required levels. The first-aid room must always be ready for immediate use.

First Aid rooms are to be kept clean and hygienic at all times.

11. EQUIPMENT – CARE AND REPLACEMENT

Any equipment used must be replaced as soon as possible after use.

All first-aid boxes, first-aid kits and first-aid rooms should be checked regularly to ensure no contents are outside of their expiry date.

Individual boroughs are to implement systems and appoint appropriate persons for the purpose of ensuring that First Aid boxes are kept stocked to an acceptable level or replaced as necessary.

Note: First aid does not include the treatment of minor illnesses such as headaches — therefore painkillers and/or other medications, etc. must not be kept in the first-aid box.

12. FIRST AID PERSONNEL

Following a risk assessment, an adequate and appropriate number of first aiders must be provided to render first-aid treatment at work.

The Health and Safety (First Aid) Regulations 1981 offers the following guidance:

- Low – risk workplaces – one trained first aid person to every 50 employees with an additional first aid person for every 100 employees
- High – risk workplaces – one trained first aid person for five or more employees, with an additional first aid person for every 50 employees.

- Low risk, low employee numbers the Emergency First Aid at Work Course available
- High Risk, high employee numbers (50 or above) the First Aid at Work Course is available

Personnel selected to administer First Aid should:

- Be reliable
- Remain calm in emergencies
- Be able to communicate effectively
- Be easily contacted – employers should ensure effective communications to facilitate this
- Be able to cope with the physical and mental demands of an emergency
- Be able to leave their jobs immediately and safely
- Be able to cope with the intense study required for the course.

12.1 Appointed Persons

Where an assessment of first-aid needs identifies that a designated first-aider is not required, the minimum requirement is to appoint a person to take charge of the first-aid arrangements, including looking after the equipment and facilities, and calling the emergency services when required. Arrangements should be made for an appointed person to be available to undertake these duties at all times when people are at work.

Appointed persons should not attempt to give first aid for which they have not been trained.

12.2 A First Aider

A first aider is someone who has undergone a training course in administering first aid at work and holds a current first aid at work certificate.

A first aider can undertake the duties of an appointed person.

You may decide, following your first-aid assessment, that you need one or more first aiders. There are 2 categories of first aider:

- Emergency First Aid at Work (EFAW): 1 day training course
- First Aider at Work (FAW): 3 day training course

In some cases additional specialised training may also be required and undertaken where special risks exist in the workplace.

Measures must be considered for the temporary or exceptional absence of trained first-aid personnel. Planned / or long-term absences should be covered by other fully trained first aid personnel.

12.3 Health Professionals 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 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.

13. FIRST AID TRAINING

The Trust shall provide any training required to maintain the level of knowledge and expertise of First Aid personnel to comply with present standards and regulations.

First Aid is a part of the Trusts mandatory training requirements.

The Trust Learning and Development department will be responsible for providing and maintaining appropriately trained trainers, first aid training courses and records of first aid trained personnel and their refresher course dates.

The Learning and Development department will be responsible informing staff and managers when courses / refresher courses are being ran and also to inform line managers by e-mail or letter of any staff member who does not attend an allotted course place.

The Trust currently offers the following courses:

13.1 Level 2 Award in Emergency First Aid at Work (QCF)

This is a first aid qualification which enables learners to give emergency first aid to someone who becomes ill at work for the purposes of the Health and Safety (First Aid) Regulations 1981. This particular award is suited to working environments that have minimum hazards along with a low number of employees.

Course Content:

- Understand the role and responsibilities of a first aider
- Be able to assess an incident
- Be able to manage an unresponsive casualty who is breathing normally
- Be able to manage an unresponsive casualty who is not breathing normally
- Know how to recognise and assist a casualty who is choking
- Be able to manage a casualty with external bleeding
- Be able to manage a casualty who is in shock
- Be able to manage a casualty with a minor injury

13.2 Level 3 Award in First Aid at Work (QCF)

This first aid qualification includes all the features of EFAW and also equips learners with the first aid knowledge and skills to tend a range of specific injuries and illnesses for the purposes of the Health and Safety (First Aid) Regulations 1981. This particular award is

most suited to working environments that have a high hazard count and/or high numbers of employees.

Course Content:

As EFAW, plus:

- Be able to conduct a secondary survey.
- Be able to administer first aid to a casualty with injuries to bones, muscles and joints.
- Be able to administer First Aid to a casualty with suspected head and spinal injuries.
- Be able to administer First Aid to a casualty with suspected chest injuries
- Be able to administer First Aid to a casualty with burns and scalds
- Be able to administer First Aid to a casualty with an eye injury.
- Be able to administer First Aid to a casualty with sudden poisoning
- Be able to administer First Aid to a casualty with anaphylaxis
- Be able to provide First Aid to a casualty with a suspected major illness:
 - Heart Attack
 - Stroke
 - Epilepsy
 - Asthma
 - Diabetes

14. RECORD KEEPING

A record should be maintained of all trained first aid personnel and appointed persons.

A detailed record of all first-aid treatment provided is to be recorded and maintained.

Such records should contain the following information:

- Date, time and location of the incident
- Name, address, telephone number, date of birth and job title of casualty
- Treatment details
- Details of actions taken immediately after treatment
- Name and signature of the person administering treatment.

Records are to be forwarded to the appropriate person as soon as possible in accordance with RIDDOR 2013.

Records are to be complete, log number or chronologically filed and retained for audit or investigative purposes for **not less than 3 years**.

Recording documentation should be in accordance with data protection legislation and NHS / Trust Record Management policy and process (GPDR Regulations 2018).

15. SIGNAGE

Any signs used to indicate first-aid equipment or facilities must comply with the Health and Safety (Safety Signs and Signals) Regulations 1996 and BS 5378 i.e. a white St George's cross on a green background.

Signs are to clearly display:

- First Aid Room / Facilities location
- Name of First Aid representative
- Contact number of local emergency services

Signs posted to inform of any first aid treatment must be approved by the Trust.

16. SUBSTANCES HAZARDOUS TO HEALTH

All substances that are brought onto Trust property must be transported, handled, used, stored and disposed of in accordance with the Control of Substances Hazardous to Health Regulations 2002 (**COSHH**).

All substances must be accompanied with their respective materials supplied data sheet (MSDS).

A risk assessment will need to be completed for each substance stating the task it is to be used for and any control measures required to keep the substance from causing any unnecessary risk of harm to staff and others.

17. PUBLICATIONS AND GUIDANCE

The following are available from HSE Books

- L74 First-aid at Work:
- IND (G) 214 rev 1 First-aid at Work – Your Questions Answered
- IND (G) 347 Basic Advice on First-aid at Work.
- Management of Health and Safety at Work Regulations 1999
- HSG 65 Managing for Health & Safety 2013

18. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

19. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

20. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

21. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

22. MONITORING

The compliance with this policy will be monitored by the Health and Safety Committee as part of its agenda as appropriate.

The Committee meets every 2 months or sooner should the Trust, the Department of Health or circumstances require an earlier meeting

The Health and Safety Committee reports to the Trust Risk and Clinical Governance Committee where minutes are submitted for review.

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

23. REVIEW

The policy will be reviewed every 3 years by the committee unless legislation, the Department of Health or circumstances require the policy to be reviewed earlier.

24. REFERENCES

Management of Health and Safety at Work Regulations 1999

Control of Substances Hazardous to Health Regulations 2002

The Health And Safety At Work Act 1974 (HSW Act) Regulations 1981 L74 (Third Edition) 2013

Occupiers Liability Act 1957 / 1984

Reporting of Diseases, Injuries and Dangerous Occurrence Regulations (RIDDOR) 1995 as amended 2013

Health and Safety (Safety Signs and Signals) Regulations 1996

Data Protection Act 1998

Equality Act 2010

Freedom of Information Act (2000)