

## FIRST AID POLICY

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## DOCUMENT CONTROL

<b>Reference Number</b> AS/Apr15/FAP	<b>Version</b> 4	<b>Status</b> Final	<b>Author</b> Head of Corporate Business
<b>Amendments:</b> Policy revised in line with the current procedural document template. Addition of new occupational health provider details.			
<b>Document objectives:</b> To provide information for first aid provision throughout the Trust.			
<b>Intended recipients:</b> All Trust staff			
<b>Committee/Group Consulted:</b> Health, Safety & Security Management Group			
<b>Monitoring arrangements and indicators:</b> Incidents of first aid will be recorded via the Datix untoward event electronic reporting system and incidents will be reviewed by the Health, Safety and Security Management Group.			
<b>Training/resource implications:</b> Identify and train sufficient numbers of Appointed Persons.			
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## **1. INTRODUCTION**

- 1.1 The Health and Safety (First-Aid) Regulations 1981, supplemented by the Approved Code of Practice revised in 1997, place a legal duty on the Trust to provide adequate and appropriate first aid equipment, facilities and appropriately trained first aiders in the event of an accident or illness occurring to its employees at work. The Trust is required to assess the needs of its workplaces and provide suitable and sufficient facilities, equipment and personnel for first-aid to be given to its employees.
- 1.2 First Aid provision is also extended as recommended by the Health and Safety Executive (HSE) to include the immediate emergency treatment of injury or life threatening illness occurring to non-employees. In this context 'a non-employee' is defined as a visitor, outpatient and ambulant patient in a non-clinical setting e.g. the hospital corridor, restaurant or hospital shops. The Occupied Liability Act 1957 underpins the duty of care that is extended by the Trust to a 'lawful visitor'.
- 1.3 However the Trust First Aid arrangements are not extended to contractors or tenants and their employees unless there is a written agreement between the Trust and the contractor or tenant to do so. This does not prevent Trust employees acting as 'Good Samaritans' in an emergency while waiting for the contractors or tenants own first aider or the arrival of the emergency services.
- 1.4 Given the nature of the services they provide, hospitals and other health facilities are better equipped to provide first-aid – in terms of staff, facilities and supplies – than most other workplaces. The Regulations allow the use of medical and nursing staff to administer first-aid, and, therefore, the availability of such staff will be taken into account in evaluating first-aid needs.
- 1.5 Although the Regulations and this policy outline the essential aspects of First Aid the Trust must provide, no fixed levels of equipment or personnel are stated. Instead clear responsibility is placed on local managers to assess what facilities and personnel are appropriate, their decision being based on an assessment of each workplace.
- 1.6 There are groups of Trust staff whose work location and/or activities routinely place them further away from health care facilities and/or at increased risk of becoming injured or ill. This must be taken into account when assessing first-aid requirements.

## **2. PURPOSE AND SCOPE**

- 2.1 The purpose of this policy is to describe the Trust's First Aid procedures which should be followed by all Trust employees and aims to ensure any employee of the Trust has adequate and appropriate access to First Aid provision.
- 2.2 This policy builds on existing legislation, most specifically but not limited to the Health & Safety at Work Act (1974) and the Health and Safety (First Aid) Regulations 1981.
- 2.3 The Trust will indemnify workers who administer First Aid to a member of the public during their working hours and within the limits of their

competence. Healthcare professionals should be aware of their professional obligations under the code of conduct for their profession. This policy applies to all Trust staff and especially Appointed First Aid staff and managers. The Trust only accepts liability, vicarious or otherwise, for staff who act in accordance with this policy. Those staff who operate outside of this do so at their own risk.

- 2.4 The Health and Safety (First Aid) Regulations 1981 requires an assessment of the risks involved to identify the level of risk to their employees in carrying out their work duties and consider what First Aid equipment, personnel and facilities the Trust needs to make available. The Trust must also inform members of staff of the First Aid facilities available. The regulations do not require provision for persons other than employees.
- 2.5 The Trust will ensure risk assessments of First Aid needs will be made by appropriate managers and that sufficient numbers of employees will be trained in First Aid and appropriate First Aid equipment will be readily accessible at all times.
- 2.5 Agreements made with contractors, tenants and other bone fide site users will contain a paragraph describing first aid at work responsibilities and the provisions will be made clear to non-Trust employees by their own employer.
- 2.6 All employees must be made aware of the First Aid arrangements available in their working environment and this knowledge must be extended when their work takes them elsewhere in the Trust or in the community.
- 2.7 When Designated First Aiders are administering first aid, they must at all times be aware that all patients, employees and members of the public should be treated fairly and with respect, regardless of age, disability, gender, marital status, race, religion, sexual orientation, ethnic or national origin, social status, HIV status, or gender re-assignment.

### 3. DUTIES AND RESPONSIBILITIES

- 3.1 In line with the Trust's Health and Safety Policy, the **Chief Executive** has overall responsibility for health and safety.
- 3.2 The **Director of Governance and Corporate Development** is executive director with particular responsibility to oversee the implementation of this policy.
- 3.3 **Directors and Senior Managers** are responsible for ensuring that the requirements of this Policy are effectively implemented in their areas of responsibility. This includes the validation of First Aid needs assessments carried out in their sectors.
- 3.4 The **Head of Corporate Business** is responsible for producing an up-to-date, clear, written first-aid policy document compatible with the Health and Safety Policy and Risk Management Strategy as well as ensuring it is effectively disseminated and regularly reviewed. The Head is also responsible for monitoring and evaluation of the policy to ensure its effectiveness.

- 3.5 **Heads of Department and Matrons/Ward Managers/Managers** are responsible for ensuring the First-Aid Policy is implemented and monitored within their areas of responsibility. In particular they must:
- carry out a documented assessment of first-aid needs appropriate to the circumstances (hazards and risks) of their department/area. Areas of differing risk will require separate assessments. Reassessment should be carried out from time to time and in particular after any operational changes to ensure the cover remains adequate. This should be recorded on the local Risk Register. To facilitate this task, a checklist for assessment of first-aid needs is included in Appendix A;
  - ensure needs assessments are informed by an analysis of accidents which have required a First Aid response and this information is obtainable from Datix and the needs assessment should also be periodically reviewed;
  - decide and document how many First Aiders are required for their department or area depending on the findings of the needs assessment. If the decision reached is that First Aiders are not needed, a person or persons should be appointed to take charge of the first-aid arrangements.
- 3.6 Within clinical areas, following the First Aid needs assessment, a **Manager** may be satisfied there are adequate facilities and resources and enough trained nurses and/or doctors available to administer First Aid throughout all periods worked and, therefore, may not need to nominate First Aiders or Appointed Persons.
- 3.7 **Managers** will ensure the criteria for selection of an employee for training meets the needs of the Trust and the HSE requirements for undertaking either a First Aid at Work Certificate or Appointed Person competence.
- 3.8 Additionally, **Managers** must ensure:
- as part of induction, all staff and volunteers working in their department/area of responsibility are informed of the nature and location of First Aid facilities;
  - staff and/or volunteers with language difficulties or visual impairment are informed of the arrangements for First Aid;
  - where appropriate, First Aid notices are displayed in prominent positions, giving the names of First Aiders and the location of First Aid equipment;
  - all incidents requiring First Aid are reported and investigated using the Datix system. Note that certain incidents are reportable to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 [RIDDOR].
- 3.9 All staff and volunteers are responsible for:
- taking care of their own health and safety and the health and safety of all others who may be affected by their acts;
  - making themselves familiar with and adhering to all Trust policies, instructions and procedures designed to protect the health, safety and

welfare of everyone affected by the Trust's services. This involves following safe working practices, using machinery and equipment as instructed, cooperating at all times on matters of health and safety and using personal protective equipment [PPE] issued appropriately.

#### 4. EXPLANATIONS OF TERMS USED

- 4.1 **First Aid** is defined as “the initial assistance or treatment given to any individual who is injured or becomes ill, in order to stabilise a condition that is potentially life threatening”. First Aid has two functions:
- 4.2 An **Appointed Person** is a person appointed to take charge of First Aid arrangements, including looking after equipment and facilities, and calling the emergency services when required. An Appointed Person must be available to undertake these duties at all times when people are at work. An Appointed Person can also provide emergency cover where a First Aider is absent due to unforeseen circumstances
- 4.3 A **First Aider** is a person holding a valid certificate of competence.
- 4.4 A **First Aider with additional training** is a person who has undertaken any additional training or equivalent qualification as appropriate to the circumstances of the workplace and determined by needs assessment.
- 4.5 Some **Health professionals may be 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 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.

#### 5. RISK ASSESSMENT

- 5.1 The form First Aid takes in each work area will depend on various factors. Clearly different work activities involve different hazards; therefore it is important for the local manager to complete a documented risk assessment of all pertinent hazards, which should include:
- the nature of the work and any particular hazards in the workplace, i.e. any dangerous chemicals, heavy equipment, tripping hazards. The Health and Safety Team will give advice on this area;
  - any history of previous accidents or incidents, for example if there are a large number of tripping incidents’
  - the number of staff and their distribution across the site;
  - any lone worker or staff in remote locations;
  - peripatetic workers such as drivers, transportation, or delivery staff;
  - the size of the workplace and its location, i.e. whether it is within the hospital site or some distance away;
  - the distance from medical services, e.g. A&E or MIU services;

- patterns of work i.e. whether there is shift or night working;
  - annual leave and absences of First Aiders and appointed persons.
- 5.2 Risk assessments will be reviewed at regular intervals by local managers to ensure the arrangements made for First Aid remain suitable and sufficient.
- 5.3 The level of risk will determine:
- if a qualified First Aider is required or an Appointed Person;
  - the number of First Aid trained staff for the area;
  - First Aid equipment requirements.
- 5.4 Risk assessment should be undertaken using the Trust risk assessment matrix.

## **6. AGILE, REMOTE AND LONE WORKERS**

- 6.1 The Trust is responsible for meeting the First Aid needs of staff and volunteers working away from Trust premises, for example those who travel regularly or who work elsewhere.
- 6.2 Documented needs assessment by local managers should determine whether those who travel or are continuously mobile should carry a personal first-aid kit. A suggested contents list for these is given in Appendix A.
- 6.3 Staff working alone and/or in remote areas may need special arrangements put in place and additional training as well as being provided with a means of summoning help in an emergency such as a mobile phone.

## **7. FIRST AID KITS**

- 7.1 There is no mandatory list of items to be included in a First Aid kit. The decision on what to provide will be informed and documented by the findings of the First Aid needs assessment. The kits should be regularly checked and restocked against the assessed list of contents. Appendix A contains a guide from the HSE to contents where there are no special hazards and for first-aid kits for agile and mobile workers.
- 7.2 Items routinely supplied in some clinical areas e.g. Wards and the MIUs are likely to exceed basic requirements and therefore negate the need for a kit in these areas. Managers should, however, check that suitable supplies are readily available and accessible.
- 7.3 The First Aid kits should display:
- the name of the Appointed Person responsible for its upkeep;
  - the nearest location for further supplies;
  - the contents of the box and arrangements for replenishment;
  - a reminder to complete an electronic untoward event report form.



## **8. SAFE SYSTEM OF WORK**

- 8.1 Managers must ensure information about the identity of the Appointed Person and the location of the First Aid kit is readily available to staff.
- 8.2 The name(s) and location(s) of the Appointed Person(s) and First Aid kit must be displayed on the door of the room in which it is kept, and on notice boards in the building. Signs should reflect the colours on the box i.e. white cross on a green background.
- 8.3 This information must be updated as necessary to reflect changes in location or staff.
- 8.4 The contents of First Aid kits must be checked and documented regularly by local managers to establish supplies reflect the minimum statutory requirements.
- 8.5 Replacement supplies should be ordered as soon as possible after items have been used.
- 8.6 Easy access to the kit must be available at all times.
- 8.7 Urgent assistance must be summoned via "999".
- 8.8 All accidents must be recorded and reported as soon as possible
- 8.9 Staff giving First Aid must protect their own health and safety at all times, e.g. by wearing protective gloves when dealing with blood or body fluids.

## **9. TRAINING REQUIREMENTS**

- 9.1 The Trust will make widely available, at periodic intervals, mandatory training in the following subjects, which should minimise the potential of an incident occurring that requires first aid:
  - Infection Control;
  - Health & Safety;
  - Moving & Manual Handling.
- 9.2 Trust managers will ensure a sufficient number of staff in-premises are trained to undertake the role of Appointed Person and/or First Aider. This process will ensure an adequate number of trained staff, with appropriate levels of knowledge and skills, is maintained and compliance with legislation is achieved.
- 9.3 First Aiders must attend HSE approved courses for First Aid at Work including practical and theory examinations subject to 4.5.
- 9.4 First Aiders must arrange via their managers to undertake a refresher course to renew their training.
- 9.5 If training expires, the staff member will have to undertake a full course of training to be re-established as a First Aider.

## **10. EQUALITY IMPACT ASSESSMENT**

- 10.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected

characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **11. COUNTER FRAUD**

11.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## **12. MONITORING COMPLIANCE AND EFFECTIVENESS**

12.1 The Health, Safety and Security Management Group will monitor quarterly:

- all untoward events that result in the need for first aid involvement;
- all RIDDOR reports and where appropriate make recommendations;
- Non-clinical areas will be audited by the Corporate Governance team, including risk management and complaints processes.

12.2 The Health, Safety and Security Management Group will escalate any areas of concern and risk issues within the quarterly report provided to the Regulation Governance Group

## **13. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

13.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 12:	Safe care and treatment
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

13.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents
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13.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

## **14. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

### **14.1 References**

The Health and Safety at Work Act 1974

The Health and Safety (First Aid) Regulations 1981

### **14.2 Cross reference to other procedural documents**

Development & Management of Procedural Documents

Hand Hygiene Policy

Health and Safety Policy

Learning Development and Mandatory Training Policy

Needlestick and Contamination Injury Policy

Risk Management Policy and Procedure

Staff Training Matrix (Training Needs Analysis)

Training Prospectus

Untoward Event Reporting Policy

All current policies and procedures are accessible to all staff on the Trust intranet (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet (on the home page, click on Information, then Local Guidance).

## **15. APPENDICES**

15.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

**Appendix A** – List of required contents of First Aid boxes

## FIRST AID KITS

There is no mandatory list of items to be included in a first-aid container. The decision on what to provide will be influenced by the findings of the first-aid needs assessment. As a guide, where work activities involve low hazards, a minimum stock of first-aid items might be:

- a leaflet giving general advice on First Aid (for example, HSE's leaflet Basic advice on first aid at work);
- 20 individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the type of work (hypoallergenic plasters can be provided, if necessary); detectable dressings should be available for staff working with food;
- 2 sterile eye pads.
- 4 individually wrapped triangular bandages, preferably sterile;
- 6 safety pins;
- 6 medium sized (approximately 12cmx12cm) individually wrapped sterile unmedicated wound dressings;
- 2 large (approximately 18cmx18cm) sterile individually wrapped unmedicated wound dressings;
- a pair of non-latex disposable gloves.

Equivalent but different items will be considered acceptable.

Managers may wish to refer to British Standard BS 8599 which provides further information on the contents of workplace First Aid kits. Whether using a First Aid kit complying with BS 8599 or an alternative kit, the contents should reflect the outcome of the First Aid needs assessment.

### Travelling first-aid kit contents

There is no mandatory list of items to be included in first-aid kits for travelling workers. They might typically contain:

- a leaflet giving general advice on First Aid (for example, HSE's leaflet Basic advice on first aid at work);
- 6 individually wrapped sterile adhesive dressings (hypoallergenic plasters can be provided, if necessary);
- 1 large sterile unmedicated dressing;
- 2 individually wrapped triangular bandages, preferably sterile;
- 2 safety pins;
- individually wrapped moist cleansing wipes;
- two pairs of non-latex disposable gloves.

Staff should ensure that they replace contents as soon as they have been used.