

## First Aid Policy

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**CONTENTS**

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<b>Section</b>		<b>Page</b>
<b>1</b>	Introduction and Overview	2
<b>2</b>	Policy Scope	3
<b>3</b>	Definitions and Abbreviations	4
<b>4</b>	Roles - Who Does What	4
<b>5</b>	Policy Implementation and Associated Documents	7
<b>6</b>	Education and Training	8
<b>7</b>	Process for Monitoring Compliance	9
<b>8</b>	Equality Impact Assessment	11
<b>9</b>	Supporting References, Evidence Base and Related Policies	11
<b>10</b>	Process for Version Control, Document Archiving and Review	11

<b>Appendices</b>		<b>Page</b>
<b>A</b>	First Aid Needs Assessment Template	12
<b>B</b>	Example signage	16

**REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW**

- Addition of point 1.5 - Mental Health First Aid
- 6.2 Removal of Leicester City Council as preferred training provider and replaced with general information on First Aid training providers.
- 9.1 Change of policy title from 'Policy for the Reporting and Management of Incidents (Incident Report)' to 'Incident and Accident Reporting Policy'
- 9.1 Addition of the Stress Management Policy

**KEY WORDS**

First Aid, Accident, Injury, Illness, First Aider, Appointed Person

**1 INTRODUCTION AND OVERVIEW**

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- 1.1 The Health and Safety (First Aid) Regulations 1981 and the Approved Code of Practice (ACoP) places a general duty on an employer to ensure that adequate first aid provision is made for their employees if they are injured or become ill at work, and that all members of staff are made aware of the arrangements.
- 1.2 The University Hospitals Leicester (UHL) NHS Trust (hereafter referred to as the Trust) is committed to providing sufficient numbers of first aid personnel and first aid measures to effectively deal with accidents and injuries which occur at work.

To this end, the Trust will provide information and training on first aid to selected employees and provide sufficient first aid equipment, to ensure that statutory requirements and the needs of the organisation are met.

### 1.3 Health Professionals and First Aid

Some health professionals can administer first aid in the workplace without the need to hold a First Aid at Work or Emergency First Aid at Work or equivalent qualification. The following groups can be considered:

- a) Doctors registered and licensed with the General Medical Council
- b) Nurses registered with the Nursing and Midwifery Council
- c) Paramedics registered with the Health and Care Professions Council

The following criteria must be met:

- Individuals must be able to demonstrate current knowledge and skills in first aid, appropriate to the hazards and risks identified and they agree to act as a First Aider, Emergency First Aider at Work or Appointed Person.

### 1.4 Individuals will be identified by name on first aid signage

Where there are sufficient numbers of qualified medical and/or nursing staff available to provide the necessary medical assistance instead of trained first aid staff, these provisions must be made known to all staff in that staff group or work area.

### 1.5 Mental Health First Aid (MHFA) is not covered by the Health and Safety (First Aid) Regulations 1981. However, it can be beneficial to have personnel trained to identify and understand symptoms and be able to support someone who might be experiencing a mental health issue. Further detail on this can be found on INsite under the Health & Wellbeing section.

## **2 POLICY SCOPE**

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2.1 This policy applies to all staff employed by the Trust, either directly or indirectly, and to any other person or organisation which uses Trust services or premises for any purpose.

2.2 It also applies to bank, temporary staff, volunteers, young workers, staff working from home and contractors working on Trust business, and/or upon request for assistance by visitors.

2.3 The principles of this policy shall apply to all Trust work activities, regardless of who has or who is supplying or providing them.

### 3 DEFINITIONS AND ABBREVIATIONS

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#### 3.1 First Aid *means* –

(a) in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and

(b) treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse;

#### 3.2 Appointed Person for First Aid (AP)

An appointed person is someone who is in charge of the first aid arrangements. This includes looking after the equipment, facilities and calling the emergency services. There can be more than one appointed person and they don't need to have any formal training.

#### 3.3 Emergency First Aider at Work (EFAW)

Trained by a competent training provider to give emergency first aid to someone who is injured or becomes ill while at work. This typically covered by a 1 day training course.

#### 3.4 First Aider at Work (FAW)

Trained by a competent training provider to give emergency first aid to someone who is injured or becomes ill while at work and can also apply first aid to a range of specific injuries and illnesses. This is typically covered by a 3 day training course.

### 4 ROLES

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4.1 The main Health & Safety Policy for the Trust (A17/2002) sets out the roles and responsibilities for all staff. Additional responsibilities to enable the effective management of first aid provision are detailed below:

#### 4.2 Chief Executive

4.2.1 The Chief Executive has overall responsibility for ensuring there are adequate first aid provisions across the Trust.

#### 4.3 Heads of Clinical Management Groups (CMGs) and Corporate Directorates

Heads of Clinical Management Groups (CMGs) and Corporate Directorates are responsible for:

4.3.1 Ensuring that the services in their area of responsibility have sufficient first aid arrangements in place and that adequate resources are made available to meet that requirement.

#### 4.4 Department/Service/Area Managers

Department/Service/Area Managers are responsible for:

4.4.1 Carrying out a First Aid Needs assessment (appendix A) to identify the type of injury or illness that is reasonably foreseeable for their staff group specific

departmental issues or activities to establish the level of first aid provision required, in any area under their control.

- a) The information gathered from the needs assessment will help the Manager identify the most appropriate type, quantity and location of first aid facilities and numbers of first aid trained personnel.
- b) Factors to be taken into consideration during needs assessment should include the following:
  - Number of staff working in the location
  - Nature of the work and any specific hazards
  - Size of the department/area
  - Access to treatment
  - Presence of registered medical and nursing staff
  - Shift working, lone or isolated working
  - Work away from usual workplace
  - Annual leave and other absences
- c) In areas/wards/departments where the risk assessment identifies a comparatively low risk to health and safety and the presence of qualified nursing or medical staff, managers may need less first aid provision than areas of higher risk or where there are no nursing or medical staff.
- d) Where work activities involve particular risks, e.g., work with hazardous substances, machinery, or departments not forming part of the fabric of the main hospital site, first aid needs may be greater, and the provision should be commensurate with the identified risks.
- e) In circumstances where the risk of staff injury or illness is low, managers may not require a trained first aider. In such instances the manager must appoint a person to be responsible for maintaining the first aid supplies, obtaining assistance and keeping a record. Where the risk is identified as 'low' in two or more closely located staff groups it may be prudent to share first aid provision.

4.4.2 Ensuring the provision of sufficient first aid equipment and first aid qualified staff, so that someone is always available to give first aid immediately following an incident.

- a) There is no mandatory list of items to put in a first-aid box. The minimum requirement is for a first aid container with contents appropriate to treat the foreseeable injury or illness identified in the risk assessment. In some specialist areas (such as laboratories, workshops) there may be a need for additional first aid emergency measures.
- b) Tablets and medicines **must not** be kept in the first-aid box.
- c) The equipment must be clearly marked (white cross on green back ground) easily accessible and preferably placed near to hand washing facilities.

- d) The contents of first-aid containers should be examined frequently and restocked soon after use. Sufficient supplies should be held in stock on site. Care should be taken to dispose of items safely once they reach their expiry date. This is the responsibility of the manager or their appointed person.
  - e) Where additional measures are introduced such as decontamination equipment, these will need to be inspected and maintained to ensure they remain operational. For example a decontamination shower would require checking to ensure the valves are not seized, it works and flushed as required by water hygiene procedures.
- 4.4.3 When selecting someone to take up the role of a first-aider, a number of factors need to be taken into account, including an individual's:
- (a) reliability, disposition and communication skills;
  - (b) aptitude and ability to absorb new knowledge and learn new skills;
  - (c) ability to cope with stressful and physically demanding emergency procedures;
  - (d) normal duties. These should be such that they may be left to go immediately and rapidly to an emergency.
- 4.4.4 Ensuring staff are familiarised with the first aid arrangements, including location of first aid equipment, who the designated first aid staff are and their contact details. (appendix B - example signage).
- 4.4.5 Where managers wish to rely on the use of medical or nursing staff within clinical areas, those staff must be clearly identified and able to demonstrate they have current knowledge and skills in first aid. Where this is not able to be demonstrated and/or in non-clinical areas, the manager must provide sufficient staff trained in first aid. (Note: It is acceptable for clinically trained professionals who are required to undertake an annual Basic Life Support Assessment to provide first aid, as long as this has been discussed with the manager and they are acting in accordance with their professional Code of Conduct).
- 4.4.6 Ensuring that when first aid is given, it is recorded on the Datix incident reporting system, including the following information:-
- Date, time and place of incident.
  - Name and job title of the injured person
  - Details of the injury / illness and what first aid was given.
  - What happened to the person immediately afterwards e.g. went home, went back to work, went to the urgent care centre.
  - Name of the first aider or appointed person dealing with the accident.
  - Name and job title of the injured person
- 4.4.7 Reviewing their first aid arrangements annually using the First Aid Needs assessment (appendix A) and/or after an incident has occurred to ensure that the arrangements remain appropriate to the needs of their department/ward etc.

4.4.8 Keeping a record of first-aiders and certification dates to help with timely arrangement of further/refresher training.

#### **4.5 Employees**

All staff must:

4.5.1 Make themselves familiar with the first aid arrangements within their work area; including the location of equipment, facilities and the identification of first aiders/appointed persons.

4.5.2 Familiarise themselves with this policy and co-operate with the arrangements put in place to meet first aid requirements.

4.5.3 Bring to the attention of their immediate line manager any concerns regarding the adequacy of first aid arrangements in their area.

4.5.4 Report incidents, accidents and near misses using the Datix incident reporting system.

#### **4.6 Trained First Aiders / Appointed Person**

4.6.1 To record all incidents they attend by completing a Datix form on the Datix incident reporting system.

4.6.2 Frequently check the contents of the first-aid containers, safely dispose of items once they have reached their expiry date, restock items soon after use and keep a formal record of the checks.

4.6.3 Call the emergency services when required and/or summon other professional help (on the 3 main hospital sites contact the Resuscitation Team ext. 12222).

#### **4.7 Health & Safety Services / QSHE Team in Estates & Facilities**

4.7.1 Provide advice, guidance and information concerning first aid provision that fall within the First Aid Regulations.

4.7.2 Provide guidance in the selection of a competent first aid training provider to support the work of managers and staff implementing this policy.

## **5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS**

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5.1 This policy is supported by the processes/procedures/standards found in the associated documents as detailed below, and which must be used in conjunction with this policy:

First Aid Needs Assessment (appendix A).

## 6 EDUCATION AND TRAINING REQUIREMENTS

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- 6.1 All staff must attend core resuscitation training as per the Core Training (Statutory and Mandatory) Policy. Details of the training courses can be found on HELM on INsite.
- 6.2 Where qualified first aid training is identified the manager must arrange for the designated person to attend formal training, including further / refresher training as necessary. *Although an Appointed Person does not have to have any formal first aid training, it is advisable that they do attend an Emergency First Aid at Work training course.*

First-aid training is available from a wide range of training providers. These include:

- those offering nationally recognised, regulated qualifications in FAW and EFAW.
- the voluntary aid societies (St John Ambulance, British Red Cross and St Andrew's First Aid).
- those operating under voluntary accreditation schemes.
- those who operate independently.

Employers need assurance that they have selected an appropriate training provider and therefore need to check that they meet the standards in a number of areas (due diligence). All training providers should be prepared to demonstrate that they: are competent to deliver first-aid training; have qualified trainers; teach relevant course content in the correct way; have the necessary quality assurance systems in place.

- 6.3 New employees / employees who move areas should be told about first aid arrangements on their first day of work.
- 6.4 Information, instruction and training will only be deemed suitable if it is understood by the person receiving it. Training should include theoretical and practical elements. If managers have any questions or concerns regarding the provision of training they can seek advice, guidance and/or support from Health & Safety Services.



**7 PROCESS FOR MONITORING COMPLIANCE**

7.1 The standards for monitoring this policy are shown in the Policy Monitoring table set out below.

**POLICY MONITORING TABLE**

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
First Aid Needs Assessment is in place	Department / Service / Area Managers	- Ensure that the First Aid risk assessment is completed and regularly reviewed	Review annually or following concerns raised or incidents reported	- Report concerns to CMG Head of Operations. - On-going concerns to be reported to Health & Safety Services or QSHE if it is related to Estates & Facilities.
Staff trained to provide first aid as identified in the First Aid Needs Assessment	Department / Service / Area Managers	- Appropriate number of staff trained to the required level to cover the working hours of the area - Inspection of staff training records	Dependent on trained staff member's training refresher date	- Report concerns to CMG Head of Operations.
First aid box / equipment in place	Department / Service / Area Managers	- Inspection of first aid boxes to ensure contents are replenished and are in date	Frequently and/or after use	- Report concerns to CMG Head of Operations.
Policy is being followed	Department / Service / Area Managers  Health & Safety Services	- Staff are following the arrangements in place  - Management Health, Safety & Environmental Risk Audit - Review the policy at the require time period.	As decided by the Department / Service / Area Managers  Annually  Every 3 years	- Notify any concerns to individual staff members / team.  - Local Health & Safety Committee - UHL Health & Safety Committee

				- Appropriate Board Level Committee
Incidents are reported	Department / Service / Area Managers	- Investigation of concerns, incidents and near-miss events - Reported on Datix.	As required following an incident	- Report concerns to CMG Head of Operations. - On-going concerns to be reported to Health & Safety Services or QSHE if it is related to Estates & Facilities.
	Health & Safety Services	- Investigation of RIDDOR reportable events.	As required following an incident	- Report RIDDORs to HSE - Local Health & Safety Committee - UHL Health & Safety Committee - Appropriate Board Level Committee

## **8 EQUALITY IMPACT ASSESSMENT**

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- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## **9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**

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- 9.1 The following documents are supporting policies that provide advice and guidance to managers and staff, to enable the safe management of services: This is not an exhaustive list and may be added to, as additional policies and guidance documents are created to meet identified needs:

Health & Safety at Work etc, Act 1974

The Management of Health and Safety at Work Regulations 1999

The Health and Safety (First Aid) Regulations 1981 and the Guidance on Regulations L74 (Third edition) published 2013 and related regulatory good practice guidance.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Core Training (Statutory and Mandatory) Policy	B21/2005
Health & Safety Policy	A17/2002
Incident and Accident Reporting Policy	A10/2002
Infection Prevention Policy	B4/2005
Personal Protective Equipment Policy	B9/2004
Stress Management Policy and Procedure	B20/2005
Waste Management Policy	A15/2002
Work Equipment Policy	B8/2004

## **10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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- 10.1 This document will be reviewed on a three yearly basis unless earlier revision is required following internal audits and/ or external guidance. The UHL Health and Safety Services Manager will be responsible for initiating the regular review of this policy.
- 10.2 Following ratification by the Trust Board and UHL Policy and Guidelines Committee new versions of this document will be uploaded onto SharePoint by Trust Administration and previous versions will be archived automatically through this system. Access for staff to this document is available through UHL 'INsite'.

## First Aid Needs Assessment

**CMG:**

**Hospital/Site:**

**Ward / Department / Team:**

This assessment will assist you to decide whether you need to make any additional provisions above those organised corporately at UHL.

Aspects To Consider				Details
1. What are the risks of injury and ill health arising from the work as identified in your risk assessments?	Low	Med	High	
2. Are there any specific risks that may require additional first aid equipment or training	Yes	No		
3. Are there parts of your department where different levels of risk can be identified (e.g. offices & laboratories)?	Yes	No		
4. How many staff are employed in the department?				
5. How many patients and visitors use the department each day				
6. What is your record of injury accidents and cases of ill health in the last 12 months. State number of incidents for each category	None	Minor	Moderate	Major
7. What type were they and where did they happen?				
8. Are there inexperienced workers on site, or employees with disabilities or special health problems?	Yes	No		
10. Are the premises spread out, e.g. are there several buildings on the site or multi-floor buildings?	Yes	No		
11. Is there shiftwork or out-of-hours working?	Yes	No		
12. Is your workplace remote from medical / clinical services?	Yes	No		

<b>13.</b> Do you have employees who travel a lot or work alone?	<b>Yes</b>	<b>No</b>	
<b>14.</b> Do any of your employees work in departments with staff from other directorates / organisations?	<b>Yes</b>	<b>No</b>	
<b>15.</b> Do you have any work experience, trainees, students or volunteers?	<b>Yes</b>	<b>No</b>	
<b>16.</b> Do members of the public visit your premises?	<b>Yes</b>	<b>No</b>	
<b>17.</b> Do you have employees with reading or language difficulties?	<b>Yes</b>	<b>No</b>	

<b>18.</b> Within your department how many of the total employees are qualified doctors or nurses able and prepared to carry out first aid and resuscitation	<b>Doctors</b>	<b>Nurses</b>	

**Assessment of Risk and Provision**

**19.** Using the guidance table at Table One below what do you consider the level of risk to be:

Risk Rating	LOW	MEDIUM	HIGH		
<b>20.</b> Do you think that designated first aiders or appointed persons are required?				<b>Yes</b>	<b>No</b>
<b>21.</b> Do you currently have any trained first aiders or appointed persons, or qualified medical/nursing staff working in this area?  <b>If Yes please provide details below:</b> (You do not need to name every qualified nursing or medical person, just sufficient to show adequate first aid cover)				<b>Yes</b>	<b>No</b>

Details of Trained First Aiders				
Name:	Job Title	Contact Ext:	First Aider or Appointed Person	Date Trained

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Details of Qualified Medical/Nursing Staff available				
Name	Job Title	Contact Ext	Doctor/Nurse	

<b>22.</b> Is there a First Aid kit available and are the contents suitable for the type of injury or ill health identified in this assessment	<b>Yes</b>	<b>No</b>
<b>23.</b> Is the First Aid kit readily accessible at all times it may be required	<b>Yes</b>	<b>No</b>
<b>24.</b> Is there signage clearly displayed in prominent positions, identifying the location of the nearest First Aid kit	<b>Yes</b>	<b>No</b>
<b>25.</b> Is there signage clearly displayed in prominent positions identifying who the first aiders are and/or medical/nursing staff available	<b>Yes</b>	<b>No</b>
<b>26.</b> Is there a person nominated to check the contents of the First aid kit and replenish it as necessary	<b>Yes</b>	<b>No</b>
<b>27.</b> Is a record kept of all instances where First Aid was carried out (First Aid book)	<b>Yes</b>	<b>No</b>

<b>Assessors Name:</b>		<b>Signature:</b>	
		<b>Date:</b>	
<b>Managers Name:</b>		<b>Signature:</b>	
<b>Job Title:</b>		<b>Date:</b>	
<b>1<sup>st</sup> Review:</b>	<b>Name of Reviewer:</b>	<b>Signed:</b>	<b>Date:</b>
<b>2<sup>nd</sup> Review:</b>	<b>Name of Reviewer:</b>	<b>Signed:</b>	<b>Date:</b>

**Table One - First Aid provision guidance**

Category of risk	Numbers employed at any location	Suggested number of first-aid personnel
<p style="text-align: center;"><b><u>LOWER RISK</u></b> e.g. clinical areas where doctors &amp; nurses are always present, offices, libraries, training &amp; education centres, administrative, clerical and management functions.</p>	Fewer than 50	At least one appointed person
	50-100	At least one first aider with identified medical/nursing presence
		One additional first aider or identified medical/nursing presence for every additional 100
<p style="text-align: center;"><b><u>MEDIUM RISK</u></b> e.g. light engineering work, food preparation, stores &amp; distribution</p>	Fewer than 20	At least one appointed person
	20-100	At least one first aider for every 50 employed and/or identified medical/nursing presence
	More than 100	One additional first aider or identified medical/nursing presence for every additional 100
<p style="text-align: center;"><b><u>HIGHER RISK</u></b> e.g. construction, extensive work with dangerous chemicals, machinery or equipment.</p>	Fewer than 5	At least one appointed person
	5-50	At least one first aider
	More than 50	One additional first aider or identified medical/nursing presence for every 50 employed
	Where there are hazards for which additional first-aid skills are necessary	At least one additional first aider trained in the specific emergency action

