

First Aid at Work Policy

Trust arrangements for the administration of first aid
In compliance with the Health & Safety (Firsts Aid) Regulations

Key Words:	First aid, aid, accident, incident		
Version:	5		
Adopted by:	Trust Polic	y Committee)
Date Adopted:	28 May 2021		
Name of Author:	Health & S	afety Compl	iance Team
Name of responsible Committee:	Health & S	afety Comm	ittee
Please state if there is a reason for not publishing on website:	None		
Date issued for publication:	May 2021		
Review date:	November	2023	
Expiry date:	1 June 202	24	
Target audience:	All Staff		
Type of Policy	Clinical		Non Clinical
Which Relevant Co Fundamental Stan	-	Regulation	19

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Samantha Roost	Senior Health, Safety and Security Advisor
Christian Knott	Health and Safety Advisor
Bernadette Keavney	Head of Trust Health and Safety
	Compliance

Circulated to the following individuals for comments

Name	Designation
Members of the Health and Safety	Agreeing Committee
Committee	
Members of the Service Health,	Sub groups to the Agreeing Committee
Safety and Security Action Groups	

Contents

Equality Analysis NHS Cor	of equa	ılity	7 7 8
1 2 3 4 5	Summa Introdu Dissem Duties 5.1 5.2 5.3 5.4 5.5 5.6 5.7 5.8 5.9 5.10 5.11 Record Informa First aid	e of the policy ary and key points ction ination and implementation within the organisation Trust Board, Trust Board Sub Committee Service Directors / Heads of Service Managers and team leaders Responsibilities of staff First aiders Emergency First Aiders Appointed Persons Health & Safety Compliance Team Occupational Health Learning and Development keeping ation for employees ders and risk of infection Professionals and First Aid	8 8 8 9 9 9 11 11 12 12 12 13 13 14
10		g needs	14
11 12	Insurar Review		16 16
13	Refere	nce and bibliography	16
Appendix	x docum	nents:	
Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix	x 2 x 3 x 4 x 5 x 6 x 7 x 8 x 9 x 10	First Aid Needs Risk Assessment Number and type of First Aiders required Selecting and training provider and training content Certificates Provision of equipment and facilities Record sheet for first aid attendance and/or treatment Monitoring template Policy training requirements NHS Constitution Due Regard Privacy Impact Assessment Screening	

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1	August 2011	New document following harmonisation
Version 2	November 2013	Re-write / review
Version 3	September 2015	Review and policy template format changes
Version 3.1	November 2017	Review of Appendix 3 to reflect Trusts compliance with the Qualsafe Centre requirements
Version 4	February 2018	
Version 5	January 2021	Amendment made to annual refresher training to include the mandatory requirement for staff to attend refresher training

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up to date version.

For further information contact:

Health & Safety Compliance Team: health.safety@leicspart.nhs.uk **Definitions that apply to this Policy**

AO - Awarding organisation An organisation recognised by Qualification Regulators to have dedicated policies and quality assurance processes in place that ensures training delivery meets the required standards Appointed Person (AP) An individual appointed to take charge of first aid arrangements. The role includes looking after the first aid equipment and facilities and calling the emergency services when required.
ensures training delivery meets the required standards Appointed An individual appointed to take charge of first aid arrangements. The role includes looking after the first aid equipment and facilities and
ensures training delivery meets the required standards Appointed An individual appointed to take charge of first aid arrangements. The role includes looking after the first aid equipment and facilities and
Appointed An individual appointed to take charge of first aid arrangements. The role includes looking after the first aid equipment and facilities and
Person (AP) role includes looking after the first aid equipment and facilities and
• • • • • • • • • • • • • • • • • • • •
calling the emergency services when required.
An individual identified to take charge of: (i) a situation involving an
injured or ill individual who will need help from a medical practitioner
or nurse, and, (ii) the first aid equipment and facilities provided.
or riurse, and, (ii) the first aid equipment and racilities provided.
An appointed person may be identified where first aid provision is not
required and to cover periods of temporary absence of the first aider.
Assessment A set of principles which can be found on the Skills for Health
Principles for website: www.skillsforhealth.org.uk
First Aid
Qualifications
Emergency Training designed to equip the individual with skills to provide
Work Training work. Duration of training: Minimum of six hours training over a
(EFAW) minimum of one day
Emergency An individual with a valid Emergency First Aid at Work (EFAW)
First Aider certificate
First Aid The provision of support for the purpose of preserving life and
minimising the consequences of injury and illness until help can be
provided by a medical practitioner, nurse, etc.
Treatment of minor injuries which would otherwise receive no
treatment or which do not need treatment by a medical practitioner o
nurse
First aid needs An assessment of circumstances (hazards and risks) together with
assessment the identification of first aid equipment, facilities and personnel
required. Assessments are carried out by people familiar with the
work circumstances. Additional advice and support can be provided
by the occupation health service and/or the health and safety team.
First Aid The arrangements that need to be made to manage injuries or illness
Provision suffered at work.
9 3, 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- Appointed persons,
- emergency first aid at work provision,
- first aid at work and/or
- Additional training.
First Aid Training designed to equip the individual with skills to provide
(FAW) at Work emergency first aid to someone who is injured or becomes ill while at
training work together with skills to apply first aid to a range of specific injurie
and illnesses. A minimum of 18 hours training over a minimum of
· ·
three days.
First Aider An individual who has undergone training, has the qualifications to
provide first aid and is competent to perform their role appropriate to
the circumstances

HSE	Health & Safety Executive – Enforcement authority for health and
	safety compliance
Peripatetic	Mobile staff, travelling staff.
staff	
Qualification	Regulator of qualifications, examinations and assessments in
Regulator	England. The Regulator stipulates that AOs work in compliance with the Assessment Principles for First Aid Qualifications together with
	other key criteria including the competence of trainers and assessors.
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences
	Regulations
Suitable	Individual with the necessary qualifications to render the necessary
person	first-aid to staff who are injured or become ill at work
Voluntary Aid	Societies including the Resuscitation Council, St John Ambulance,
Societies	British Red Cross and St. Andrew First Aid are acknowledged by the HSE as one of the standard-setters for topics covered in FAW and EFAW. Other published guidelines may be adopted providing they are in line with the above or supported by a body of medical opinion. Voluntary Aid Societies adopt a similar hierarchy of policies and processes to AOs.

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Analysis of Equality

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

An analysis of equality review found the activity outlined in this policy to be equality neutral because this policy describes the Trust's health and safety arrangements, including the processes and systems in place that all staff are eligible to volunteer to undertake the role of a first aider, emergency first aider at work or act as a "Good Samaritan" in accordance with this policy. The factors on page 10 of the policy will be taken into account in identifying staff to undergo the required training and may disadvantage on the grounds of disability. Steps being taken and implemented to remove any perceived or actual barriers are that the following factors are and will be taken into account in identifying staff to undergo training.

LPT First Aid Policy is to ask for staff to volunteer rather than first aid being part of a job role. First aid is part of the job role in Adult Mental Health and LD where staff that are duty coordinator are required to undergo the training. All staff regardless of a protected equality

group have the opportunity to be a first aider and the policy is to provide first aid to anyone when it is required whilst at work. This policy covers all and provides welfare for all staff groups.

The NHS Constitution

The Constitution sets out the principles and values that guide how the NHS should act and make decisions It brings together a number of rights, pledges and responsibilities for staff and patients alike. Policy Authors must take account of the NHS Constitution and identify which of the rights and pledges are applicable to the policy being developed.

1.0. Purpose of the Policy

This policy applies to all employees, volunteers, agency staff and contractors (temporary and permanent) of Leicestershire Partnership NHS Trust referred to throughout this policy as 'the Trust'.

This policy forms part of the suite of policies which contribute to the overall objectives of the Trust Health and Safety Policy.

The Trust is required to comply with the Health and Safety (First Aid) Regulations 1981 (as amended) in the provision of equipment and facilities that are adequate and appropriate for enabling First Aid to be immediately administered to employees should they become injured or ill at work.

The purpose of this policy is to set out the Trust arrangements for providing first aid at work for all employees in order to give immediate assistance to casualties presenting with common injuries or illnesses, injuries or illnesses likely to arise from specific hazards at work and to summon an ambulance or other professional help as required.

2.0. Summary and Key Points

Legislative changes to the Health and Safety (First Aid) Regulations 1981 on 1st October 2013 means that the HSE no longer approve first aid training and qualifications or first aid training providers. The Learning & Development team fulfil this function on behalf of LPT.

3.0. Introduction

The Trust has a legal duty to make arrangements to ensure that employees receive immediate attention if they are injured or taken ill at work. It does not matter whether the injury or illness is caused by the work they do, what is important is that they receive immediate attention and that an ambulance is called in serious cases.

Local managers are required to identify their first aid needs and ensure that suitable equipment and facilities are provided together with adequate 'suitable persons' appropriate to administer first-aid to the local circumstances.

4.0 Dissemination and Implementation

This policy is approved by the Leicestershire Partnership NHS Trust Health and Safety Committee and is accepted as a Trust wide policy. This policy will be disseminated as follows:

- The policy will be published and made available on the public website
- Managers will convey the contents of this policy to their staff
- Staff will be made aware of this policy during induction and following temporary or permanent relocation
- The policy will be promoted via staff newsletters and team briefings
- First aid notices and details of first aiders will be displayed around work places indicating: The location(s) of first-aid equipment, facilities together with the name(s) and location(s) of first aiders

5 Duties within the Organisation

- 5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 5.2 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.
- 5.3 Service Directors and Heads of Service are responsible for ensuring that arrangements are in place to ensure first-aid provision within their areas of responsibility

5.4 Managers and Team leaders will ensure that:

- A First Aid needs risk assessments are completed to identify first aid requirements appropriate to the circumstances (hazards and risks) for their area(s)/workplace in order to determine the number of first aiders required and the amount and type of suitable first aid equipment required to support the first aid requirements See Appendix1 and 2.
- First aid training provides the required level of First Aid competence for the risks identified on the first aid needs risk assessment – See appendix 3 for First Aid training content. Any additional First Aid training requirement must be notified to the Learning & Development Team.
- The needs of under 18's, trainees, pregnant workers and employees with known disabilities or particular health problems (e.g. asthma, diabetes, peanut allergy, epilepsy or a history of heart disease) are considered during the assessment
- First Aid information is provided to all staff: including new, temporary, transferred and agency staff. Information must include: The location of first aid equipment, facilities and personnel
- Local induction/familiarisation will be provided where staff move to or from other work locations or where the first aid arrangements may differ to their previous work location
- First aid notices and details of first aiders are displayed around work places. These will give the location(s) of first-aid equipment, facilities and the name(s), location(s) and contact numbers of first aiders
- First Aid arrangements are in place during operational hours to include cover for annual leave and other absences of permanent first aiders and/or appointed persons.
- Identify staff to undergo first aid training to ensure adequate cover during operational hours.
- Work activity and First Aid needs risk assessments to include risks associated with blood borne viruses. Staff to attend First Aid training during working hours
- First aiders are allocated time during working hours to regularly review their course manual and any other material in order to ensure that competencies are maintained.
- If the first-aid needs assessment indicates that first-aiders are required, they should be available whenever the need arises. This means that at all times during the working day there should be a first-aider on duty.

Managers should also consider the following if they are applicable:

• Service Specific requirements:

Adult Mental Health and Learning Disabilities: All duty co-ordinators to be first aid (FAW) trained in order to respond.

Shared sites:

All occupying teams should undertake a full exchange of information about the hazards and risks presented by their work activities. This will allow teams to identify common themes and where First Aid provision can be shared.

Some work activities may present specific risks and fall outside the cover of shared arrangements. Specific risks arising out of work activity risk assessments may include working with power tools, working with machinery, hazardous chemicals, etc. - See section 3 of the First Aid Risk Assessment Guidance – Appendix 1.

All teams/employers should agree the arrangements and keep employees informed. A written agreement between employers is strongly recommended to avoid any misunderstanding. This must be documented in the first aid risk assessment(s). It will be the responsibility of the majority stakeholder in the premise to ensure that first aid arrangements are communicated to all occupants.

Community and peripatetic staff:

Employers are responsible for meeting the first-aid needs of their employees working away from the main site. The assessment of first-aid needs should determine whether:

- those who travel long distances or are continuously mobile should carry a personal first-aid container; and
- employees should have a communication device in order to summon assistance if required.

• Provision for non-employee e.g. general public and visitors

The provision of first aid cover under the Health and Safety (First Aid) Regulations does not extend to anyone other than employees. The HSE strongly recommends that the public are included in the first-aid needs risk assessment and this is reflected in the assessment form at Appendix 1. The provision of first aid to others may require first aiders to receive additional training to enable them to act competently i.e. paediatric first aid if working with young children.

Self employed

The self-employed will make arrangements to ensure that they have access to equipment to enable them to render first-aid to themselves.

Contractors

This section relates to contractors coming onto Trust premises to carry out work contracted by the Trust. Contractors will make provision to provide their own first aid unless arrangements to utilise Trust provision is identified at the pre-contract stage.

Trust staff contracted out to other employers:

Where the Trust contracts employees out to another employer the Trust will ensure by formal arrangement that Trust employees will have access to first aid provision.

• The above information and arrangements for first aid are recorded in the Ulysses first aid risk assessment and reviewed at least annually, changes to service/environment or legislation.

5.5 Responsibilities of Staff:

- All staff will take responsibility to note first aid arrangements within their area of work
- Staff will report any concerns regarding first aid arrangements to their line manager
- All clinical staff regardless of qualification must maintain their resuscitation training requirements as stated in the Trust Resuscitation Policy
- Some workers may carry their own medication that has been prescribed by their doctor (e.g. inhaler for asthma, nut allergy and carries adrenalin). If an individual needs to take their own medication, the first aider's role is generally limited to helping them to do so and contacting the emergency services, as appropriate.

5.6 First aiders will:

- Attend FAW training to achieve qualified status
- Notify their manager of any changes in their circumstances that may place restrictions on their ability to provide first aid
- Book two day re-qualification training sufficiently in advance to ensure continued first aid provision
- Undertake refresher training to maintain their qualified status i.e. within prescribed timescales. See training section for more information
- Regularly review their course manual and any other instructional materials in order to maintain their first-aid skills
- Provide an inventory of the first aid container contents a guide of first aid container contents is provided at Appendix 5
- Check the first aid container contents and expiry dates and replenish as required. Out of date items should be safely disposed of once they reach their expiry date.

5.7 Emergency First Aiders will:

- Attend EFAW training to achieve qualified status
- Book one day re-qualification training sufficiently in advance to ensure continued first aid provision
- Undertake refresher training maintain their qualified status i.e. within prescribed timescales. See training section for more information
- Regularly review their course manual and any other instructional materials in order to maintain their first-aid skills
- Check and replenish first aid facilities and equipment if this task is not allocated to another person

5.8 Appointed persons will:

- Take charge of the first-aid arrangements, including looking after the first aid equipment and facilities, and calling the emergency services when required
- Appointed persons are not necessary where there is an adequate number of firstaiders

- Appointed persons do not need first-aid training,
- Provide emergency cover in the absence of first-aiders but only where the absence is due to exceptional, unforeseen and temporary circumstances.
 Absences such as annual leave do not count.

5.9 Health and Safety Compliance Team will:

The Trust's Health and Safety Compliance Team will:

- Provide advice where necessary in areas where there may be special or specific First Aid requirements
- Monitor elements of this policy during annual health and safety inspections

5.10 Occupational Health Service will:

The Trust's Occupational Health Service will give advice where necessary in areas where there may be special or specific First Aid requirements together with HBV administration.

5.11 The Learning and Development Team will:

The Learning and Development Team will co-ordinate and arrange first aid training, record this on u-Learn and provide training reports to update managers and the Trust on who has attended and attained the FAW/EFAW qualification.

Training must be delivered face to face in order to allow for hands-on practical application of the required skills. E-learning, blended learning or any other form of distance learning is not accepted.

When arranging FAW/EFAW the Learning and Development Team will ensure that training is suitable and sufficient. The Learning and Development Team will follow the HSE Guidance on selecting a training provider and tailor training to meet the needs of the organisation based on the First Aid risk assessment and any specific hazards identified by the organisation.

The Learning and Development Team will ensure the training is provided by competent first-aid training provider and will follow the HSE Guidance on selecting a first-aid training provider. The Learning and Development Team will complete and retain the HSE 'selecting a first-aid training provider checklist' for any proposed or selected training providers. This checklist will be required to demonstrate trainer selection in the event of a request from a HSE inspector.

6 Record Keeping

First aid treatment is recorded and the information is used by the Trust to identify first aid treatment trends and areas for improvement.

Accidents and incidents are recorded on the Trust's electronic incident reporting system (e-iRF) —Ulysses. First aid treatment can be recorded on the e-iRF form at the time of reporting or added to the form at a later date by the person allocated as the incident manager (please note: the incident manager is electronically allocated by the Ulysses system according to the incident location and/or incident type).

A template is provided at Appendix 6 which can be used as (a) a prompt by first aiders completing the e-iRF or (b) completed separately by the first aider and uploaded to the iRF by the incident manager.

7 Information for Employees

Each site should have suitable signage displayed, informing staff of the arrangements for first aid in their area/site. The signage should inform staff of the location of equipment, facilities and staff identified to deliver first-aid. All staff should be aware of what to do and who to contact in the event of a member of staff being taken ill or injured.

Staff should ensure they are aware of the first aid arrangements on shared or multioccupied sites and it particularly important for staff traveling between multiple sites.

Staff should co-operate fully with the first aider/emergency first aider and assist and take instruction as required; this may include telephoning the Emergency Services.

8 First Aiders and Risk of Infection

If you are a first aider in the workplace the risk of being infected with a blood borne virus while carrying out your duties is small. The following precautions must be taken to reduce the risk of infection:

- Cover any cuts or grazes with a waterproof dressing
- Wear suitable disposable gloves when dealing with blood or any other body fluids
- Use suitable eye protection and a disposable apron where splash risk is possible
- Use devices such as face shields when you give mouth-to-mouth resuscitation, but only if you have been trained to use them
- Wash your hands after each procedure
- Hepatitis B Vaccination (HBV) The Trust advises that all first aid staff are encouraged to be immunised against Hepatitis B

First aiders must comply with all infection prevention and control policies and procedures for the Trust. If contact with blood/bodily fluids occurs advice should be sought in line with the Management of Sharps and Exposure to Blood Borne Viruses Policy. Advice during office hours can be sought from the Occupational Health Service and outside of normal working hours the on-call Genito-Urinary Medicine Consultant or Registrar should be contacted by the injured member of staff.

Any injuries incurred whilst providing first aid (including sharps injuries) must be reported via the e-irf.

Counselling and support is available through the Occupational Health Service, the Employee Assistance Programme (currently Amica) and peer counselling.

9 Health Professionals and First Aid

Some health professionals can administer first aid in the workplace without the need to hold a FAW or EFAW 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 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 agree to act as a First Aider, Emergency First Aider at Work or Appointed Person.
- Individuals will be identified by name on first aid signage.

Where the above criteria cannot be met or effectively assessed it is advised that any clinical staff volunteering to provide first aid cover attend the relevant FAW or EFAW training course.

10 Training

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as:

- First Aid at Work
- Emergency First Aid at Work
- First Aid at Work regualification
- Emergency First Aid at Work requalification
- Annual individual refresher training for First Aiders

If First Aid staff are required the Trust will always consider volunteers in the first instance to act as first aiders. In addition to volunteering, a number of factors need to be taken into account in identifying staff to undergo training including their:

- Reliability, disposition and communications skills
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Normal duties, which should be such that they may be able to respond immediately and rapidly to an emergency

The u-Learn course directory will identify who training applies to together with delivery method, update frequency, learning outcomes and a list of available dates to access the training.

A record of each training event will be recorded on u-Learn and individual refresher through Supervision.

The governance group responsible for monitoring the training is the Health and Safety Committee.

Refresher and requalification training

Where first aiders/emergency first aiders at work attend the relevant requalification course within three months prior to certificate expiry, the new certificate will take effect from the date of expiry. Once certificates have expired the first aider / emergency first aider is no longer considered to be competent to act as a workplace first aider.

Requalification courses are shorter in duration that initial training and cover the same content as original learning. Individuals can attend a requalification course within one month of their certificate expiry date. After one month, if they have not attended the requalification courses, they will be required to undertake the full initial training.

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

As part of the policy consultation the Trust have mandated the requirement for first aiders to attend annual refresher training during any three year FAW/EFAW certification period and training provision in place to provide this.

Training records

Training records should be retained for a minimum of three years after any assessment process has been completed.

Certificates:

Minimum information for first aid certificates can be found at Appendix 4.

First-aid qualifications achieved during non-LPT employment

Where Trust employees hold a current first-aid qualification other than a certificated FAW/EFAW the Trust can consider if the competencies are suitable in relation to the role of first aider within their area of work at LPT.

Holders of FAW/EFAW certificates attained outside of LPT can act as first aid staff if their level of skill provides the necessary cover for the hazards and risks present at their workplace.

Additional Training needs

The Learning and Development Team will be notified of any additional First Aid training needs by line managers. This will allow the Learning and Development team to (1) notify trainers of specific hazards or risks so that training providers can modify existing material or (2) source additional specialist training to meet the needs of the organisation.

In-house training delivery

If in-house training is to be considered it must reflect the content of the FAW or EFAW qualifications as set out in Appendix 4 and be delivered in accordance with currently accepted standards for first aid. Trainers and assessors must have the necessary skills, qualifications and competence expected of those working for an external training provider. A quality assurance system is needed to ensure that the competence of trainers/assessors is regularly reviewed by competent verifiers. These systems should be reviewed on an annual basis by a competent person independent of those directly involved in the delivery/assessment of the training.

11 Insurance

All suitably trained staff providing first aid are covered by the insurance arrangements for the Trust.

In the unforeseen absence of a first aider or an emergency first aider, any member of staff encountering a first aid situation would be supported by the Trust for any 'good Samaritan' action taken within their level of competence. If the situation warrants, the first course of action will be to summon the emergency services via a (9) 999 call.

12 Review

The Health and Safety Committee will review this policy every three years or sooner where a change to legislation, national policy or guidance occurs.

13 References and Bibliography

This policy was drafted with reference to the following:

- The Health and Safety (First Aid) Regulations 1981 (as amended); Approved Code of Practice and Guidance
- Management of Health and Safety at Work Regulations 1999 (as amended)
- Personal Protective Equipment at Work Regulations 1992
- Infection Prevention and Control Guidelines and Policies
- The Management of Latex and Occupational Dermatitis Policy
- Health and Safety Policy
- Waste Policy
- Health and Safety (Safety Signs and Signals) Regulations 1996
- Trust Resuscitation Policy
- Sharps and Exposure to Blood Bourne Virus Policy

First Aid Needs Risk Assessment

FIRST AID at LPT

Things to consider to assist with the completion of the First Aid Risk Assessment Further assistance and support can be obtained from the Health and Safety Compliance Team.			
Site:	Assessor (your name):		
Ward / Division/ Department / Team / Premises			

Please circle or enter the relevant information in response to each question and identify where further action is required:

	Aspects To Consider and	l responses		Guidance and action points	Action required (tick)
1	Have you identified foreseeable hazards and risks from the work activities undertaken by staff?		Yes	Continue to Question 2	
			No	Complete risk assessments to identify the hazards and risks	
2	health identified on your work activity risk assessments?		Low 1-3	See Appendix 3 for first aid requirements	
	 1= Minor injury not requiring first aid 2 = Minor injury or ill health – First aid treatment needed 3 = Moderate injuries requiring more than first aid 4 = Major injuries / ill-health include 		Med 4	Please note: Are there parts of your department/site where different levels of risk can be identified (e.g. offices/ laboratories/ remoteness)? If yes, you will probably need to	
	injuries likely to result in long incapacity, disability or loss of 5 = Situations that can cause major permanent incapacity	of limb	High 5	make different levels of provision in different parts of the department.	
3	Are there any specific risks, e.g. working with: - hazardous substances or confined spaces; - dangerous tools or machinery; - dangerous loads - foreseeable violence and aggression - paediatric first aid in childcare setting - recognise the presence of major illness and appropriate first aid (including heart attack, stroke, epilepsy, asthma or diabetes)	consi - spe admii - add addre - the - hav - prov - info hazai - whe have healtl need Pleas Deve requi	hor 5		
		revie	w if there	the assessment. Remember to e are any changes to substances or	
		ı requip	ment		Page 17 of 34

4	How many employees/ persons work on	Enter number of staff here:	You need to: - ensure sufficient first aid personnel to be available at all times people are at work/site is open		
	the site?		See Appendix 3 – Section 2 for minimum first aid requirements		
5	No of accidents and cases of ill health? How many incidents and ill-health events have occurred in the past 12 months		Enter No here:	You may need to: - locate your provision in specific areas of the workplace; - review the contents of the first aid container; - provide additional training to first aider	
6	Type of injuries sustained You may wish to refer to low-high ratings above and select the highest rating or indicate how many at each level		Low Medium High	You may need to review the level of first aid provision provided	
7	Where did they happen? Enter locations			You may need to review work activity risk assessments for areas of concern You may need to increase numbers of first aiders in individual areas	
8	Do you have emploisabilities or spector problems?		Yes	Discuss first aid arrangements with the individual and first aider so that appropriate support can be provided or summoned. You will need to consider: - special equipment; - the precise location of any first aid equipment; - individual risk assessment sharing relevant information with first aiders, staff who will provide any additional assistance in an emergency	
			No	Continue with assessment. Remember to review this if you have new, temporary and/or staff on rotation.	
9	Is there shift work working?	or out-of-hours	Yes	There needs to be first aid provision at all times people are at work. Good practice to have Night Managers/Co-ordinators trained as first aiders should probably suffice	
			No	Continue with the assessment. Remember to review if circumstances or operational hours change in the future	
10	Do you have mobi	le workers?	Yes No	See policy section 5 for guidance of first aid provision Remember to review this if	
				circumstances change	

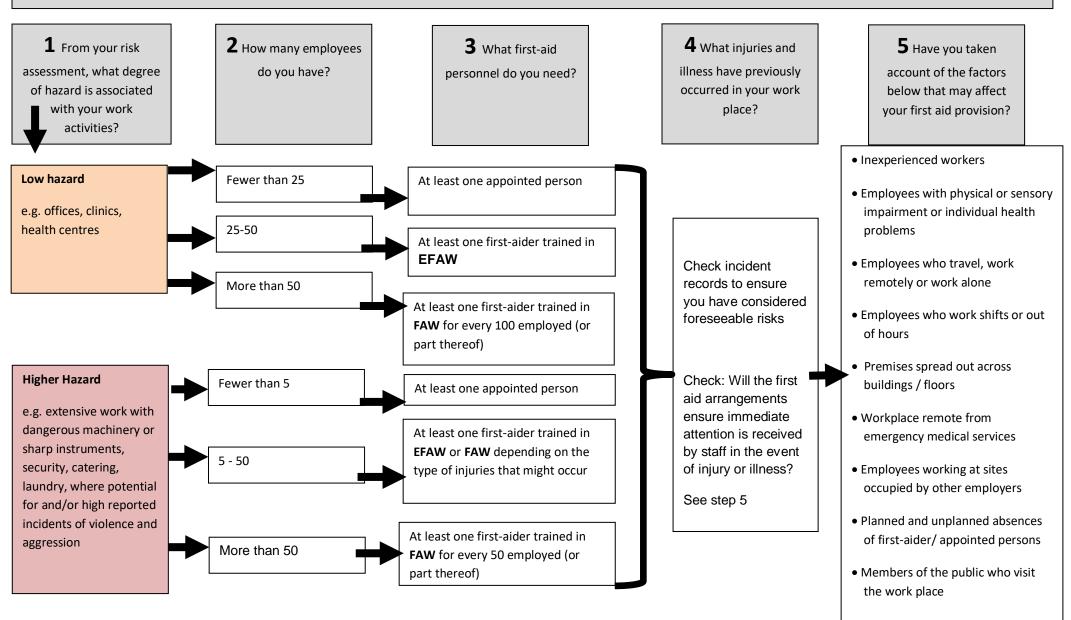
11	Do you have employees who travel a lot or work alone?	Yes	You will need to: - consider issuing personal first aid kits and training staff in their use (usually community and peripatetic staff will not require this); - consider issuing mobile telephones to employees to summon assistance if required. Continue with the assessment. Remember to review if circumstances or operational arrangements change in the future	
12	Do any of your employees work in departments with staff from other divisions / services / organisations?	Yes No	You will need to make arrangements with other occupiers of the site to ensure adequate first aid provision. Continue with the assessment. Remember to review if circumstances or operational arrangements change in the future	
13	Do you have any work experience placements, trainees, students, volunteers or expectant mothers?	Yes	Remember these people may be at increased potential risk and first aid provision must address this. Continue with assessment. Remember to review this if you have new, temporary and/or staff on rotation.	
14	Do members of the public visit your premises?	Yes	You have no legal responsibilities for non- employees, but the HSE strongly recommends they are included within your first aid provision. Continue with the assessment	
15	Do you have employees with literacy difficulties or for whom English is not a first or preferred language?	Yes	You will need to make appropriate arrangements to give them first-aid information and ensure appropriate signage. Continue with assessment. Review is circumstances change	
16	Do you have staff trained in first aid?	Yes	Do you have sufficient numbers? See Appendix 2 Identify your requirements – See appendix 2 If no, identify additional staff to undertake the necessary training to undertake the role of first aider or appointed person	
17	Are first aid training certificates in date?	Yes	When do they expire? Remind staff to book onto refresher training if imminent. Continue with assessment. See section Policy section 10 for guidance	
18	Is Hep B immunisation required for first aid staff?	Yes No	Are first aid staff immunised? Continue with assessment	
19	Do you have suitable first aid	Yes	Continue with assessment	Page 10 of 34

vith assessment
s task to the first aider
ed person
rith assessment
ay the arrangements on
vith assessment
st aid in induction
s training
rith assessment
ing staff and capture
otating staff during
induction
to update the COSHH
where there are any
, and the second
t COSHH information is
and available to first aid
' a ' ' i C i '

Date of assessment:	
Assessor (name) Please print:	
Assessor Signature:	
Actions to be completed by (named person):	
Actions to be completed by (date):	
Actions complete (date):	
Responsible managers Name:	
Responsible Managers signature:	

General guide to the number of first aiders or appointed persons that might be needed

N.B. Actual numbers required will be determined by your needs assessment



Selecting a training provider and training content:

When selecting a training provider the Trust must be confident that the provider will deliver training with appropriate content which the Trusts Learning and Development Team will co-ordinate and verify. Appropriate content will be determined by the needs assessment or by minimum standards set out below:

Training content:

First Aid at Work 3-day qualification and 2-day Re-qualification:

		fication and 2-day Re-qualification:
	ning Outcomes	Assessment Criteria
	earner will:	The Learner can:
	Be able to conduct a	1.1 Identify the information to be collected when
8	secondary survey	gathering a casualty history
0 5	Development of the Control	1.2Demonstrate how to conduct a head to toe survey
	Be able to provide first	2.1 Recognise suspected:
	aid to a casualty with	Fractures and dislocations
	suspected injuries to	Sprains and strains
	oones, muscles and	2.2 Identify how to administer first aid for:
l l	oints	Fractures and dislocations
		Sprains and strains
		2.3 Demonstrate how to apply:
		A support sling
		An elevated sling
	Be able to provide first	3.1 Recognise a suspected:
	aid to a casualty with	Head injury
	suspected head and	Spinal injury
S	spinal injuries	3.2 Identify how to administer first aid for suspected
		head injury
		3.3 Demonstrate how to administer first aid for
		suspected spinal injury
	Know how to provide	4.1 Recognise a suspected:
	first aid to a casualty	Flail chest
	with suspected chest	 Penetrating chest injury
	njuries	4.2 Identify how to administer first aid for a:
		Flail chest
		Penetrating chest injury
	Know how to provide	5.1 Identify the factors that affect the severity of burns
	first aid to a casualty	and scalds
V	with burns and scalds	5.2 Identify how to administer first aid for burns
		involving:
		Dry heat
		Wet heat
		Electricity
		Chemicals
6 k	Know how to provide	6.1 Identify how to administer first aid for eye injuries
	first aid to a casualty	involving:
v	with an eye injury	Dust
		Chemicals
		Embedded objects

7	Know how to provide first aid to a casualty with sudden poisoning	 7.1 Identify the routes that poisons can take to enter the body 7.2 Identify how to administer immediate first aid to a casualty affected by sudden poisoning 7.3 Identify sources of information for treating those affected by sudden poisoning 	
8	Know how to provide first aid to a casualty with anaphylaxis	8.1 Identify common triggers for anaphylaxis8.2 Recognise suspected anaphylaxis8.3 identify how to administer first aid for a casualty suffering from anaphylaxis	
9	Know how to provide first aid to a casualty with suspected major illness	9.1 Recognise suspected: Heart attack Stroke Epileptic seizure Asthma attack Diabetic emergency 9.2 Identify how to administer first aid a casualty suffering from: Heart attack Stroke Epileptic seizure Asthma attack Diabetic emergency	

Additional Information:

Head to Toe Survey: must be conducted on a casualty with a continually monitored or protected airway (e.g. a conscious casualty or a casualty placed in the recovery position).

Recognise: to include signs and/or symptoms of the condition and/or where appropriate mechanism of injury

Administer first aid: Provide appropriate help to a casualty, manager the situation and seek appropriate assistance when necessary

Head Injury: includes concussion, compression and skull fracture. The Learner is not expected to differentiate between these conditions.

Asthma attack: may include assisting a casualty to use a spacer device and to take their own inhaler

Diabetic emergency: should focus on the condition of hypoglycaemia

Annual individual Refresher (Recommended to be undertaken by all first aid personnel):

It is good practice for staff to refresh their first aid knowledge and are actively
encouraged to do this at least annually. This can be undertaken by referring to
their training resources/manual to update their skills.

Emergency First Aid at Work Qualification and requalification (1 day):

Lea	rning Outcomes	Assessment Criteria		
	Learner will:	The Learner can:		
1	Understand the role and responsibilities of a first aider	1.1 Identify the role and responsibilities of a first aider 1.2 Identify how to minimise the risk of infection to self and others 1.3 Identify the need for consent to provide first aid		
2	Be able to assess an incident	2.1 Conduct a scene survey 2.2 Conduct a primary survey of a casualty 2.3 Summon appropriate assistance when necessary		
3	Be able to provide first aid to an unresponsive casualty	 3.1 Identify when to administer Cardiopulmonary Resuscitation (CPR) 3.2 Demonstration CPR using a manikin 3.3 Justify when to place a casualty into the recovery position 3.4 Demonstrate how to place a casualty into the recover position 3.5 Identify how to administer first aid to a casualty who is experiencing a seizure 		
4	Be able to provide first aid to a casualty who is choking	 4.1 Identify when choking is: Mild Severe 4.2 Administer first aid to a casualty who is choking 		
5	Know how to provide first aid to a casualty with external bleeding	5.1 identify the severity of external bleeding 5.2 Demonstrate how to control external bleeding		
6	Know how to provide first aid to a casualty who is in shock	6.1 Recognise a casualty who is suffering from shock6.2 Identify how to administer first aid to a casualty who is suffering from shock		
7	Know how to provide first aid to a casualty with minor injuries	 7.1 Identify how to administer first aid to a: Small cuts Grazes Bruises Small splinters 7.2 Identify how to administer first aid to a casualty with minor burns and scalds 		

Additional Information:

Role and Responsibilities may include reference to:

- Preventing cross infection
- The need for recording incidents and action s
- Safe use of available equipment
- Assessing an incident
- Summoning assistance
- Prioritising treatment
- Dealing with post incident stress

Others may include:

- · Casualty receiving first aid
- Work colleagues
- Other people within the workplace environment

Consent may include:

Learners should be aware of the need for consent on a continual basis when providing first aid. Implied consent can be assumed when treating an unresponsive casualty.

When necessary:

Learners should be able to evaluate a situation to determine when to summon further assistance and what type of assistance is request.

When to administer Cardiopulmonary Resuscitation (CPR):

Must include agonal gasps

CPR must include:

- Correct placement of AED pads' and
- Follows AED instructions

Recovery position:

A position that maintains a stable open draining airway

Administer First Aid:

Provide appropriate help to a casualty, manage the situation and seek appropriate assistance when necessary.

Seizure:

Relates to a generalised seizure. First aiders should be suspicious of cardiac arrange in any casualty presenting with seizure

Shock:

Hypovolaemic shock (resulting from blood loss)

Training is provided by many organisations with varying levels of assurance:

- Voluntary accreditation schemes Offer standards of training with appropriate content, suitable trainers and assessors together with relevant and robust quality assurance systems
- Regulated Qualifications Nationally recognised standard by an awarding
- organisation.

Appendix 4

Certificates

For an individual to demonstrate they have a competence in first aid they will hold a certificate that contains all of the following minimum information:

- name of training organisation;
- name of qualification;
- name of individual;
- a validity period for three years from date of course completion;
- an indication that the certificate has been issued for the purposes of complying with the requirements of the Health and Safety (First-Aid) Regulations 1981;
- a statement that teaching was delivered in accordance with currently accepted first-aid practice; and
- if the qualification is neither FAW nor EFAW, an outline of the topics covered (this may be on the reverse or as an appendix to the training certificate).

Provision of adequate equipment and facilities

First Aid Containers and contents:

First aid containers should be of a material that is wipeable, protect the contents from damp and dust, and is clearly identified as a first aid container - marked with a white cross on a green background. First aid containers must be easily accessible and be available to employers at all times preferably placed near to hand-washing facilities. More than one container might be need for large sites.

The decision on what equipment to provide will be influenced by the findings of the firstaid needs assessment. As a guide, where work activities involve low hazards, a minimum stock of first-aid items might include:

First aid container:

There is <u>no minimum or standard</u> list of first aid container content and the following is provided as a guide:

- a leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first at work;
- 20 x individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- 2 x sterile eye pads:
- 2 x individually wrapped triangular bandages, preferably sterile;
- 6 x safety pins;
- 2 x large sterile individually wrapped non-medicated wound dressings;
- 6 x medium-sized sterile individually wrapped non-medicated wound dressings;
- 3 pairs of disposable gloves Latex free e.g. Nitrile
- Where there is no mains tap water readily available for eye irrigation a minimum
 of one litre of sterile water or sterile normal saline solution should be provided. If
 the seal is broken or the expiry date has passed then the container should be
 disposed of and not used.

Additional equipment may include: scissors, hyper allergenic microporous tape, disposable aprons, individually wrapped moist wipes, foil blankets, defibrillator, travelling first-aid kits, first aid room, etc.

Please note: Tablets and medicines must not be kept in the first-aid container – aspirin used as first aid to a casualty with a suspected heart attack in accordance with currently accepted first-aid practice may be carried by the first aider.

The contents of the first aid container may vary from the above if the risk assessment determines the need for larger quantities or additional items. The first aider/emergency first aider must have been trained to use any additional items.

Travelling first aid container: 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 guidance on first aid (for example HSE's leaflet Basic advice on first aid at work5);

- individually wrapped sterile plasters (hypoallergenic plasters can be provided, if necessary);
- individually wrapped triangular bandages, preferably sterile;
- safety pins;
- large sterile un-medicated dressing;
- individually wrapped moist cleansing wipes;
- disposable gloves.

First aid kits adequate for low risk clinical/admin activities are available from NHS supply chain. A process needs to be undertaken to ensure the contents are monitored and in date.

Local site first aid arrangements should be recorded in the Ulysses first aid risk assessment and where completed the area/room safety audit document/team.

Employers 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.

First aid onsite provision

Any suitable space or room that can be used to provide privacy and dignity of an individual requiring first aid e.g. clinic room, meeting room, office, staff room etc.

Any first aid room provided must be easily accessible to stretchers and to any other equipment needed to convey patients to and from the room.

- be large enough with enough space at each side for people to work, a chair and any necessary additional equipment;
- have adequate heating, ventilation and lighting;
- be kept clean, tidy, accessible and available for use at all times when employees are at work;
- be positioned as near as possible to a point of access for transport to hospital;

Comfort Box Contents

Comfort boxes will provided to sites where identified as part of their first aid risk assessment. Boxes will contain:

Gloves Foam mat
Aprons Disposable bowl
Hand towels Clinical waste bags

Pillow Insulating emergency blanket

First Aid – Record of attendance and treatment

Information to the First Aider: You can complete this form or use this form as a prompt for information to be completed if you have access to the electronic incident form relating to the event that you responded to.

	<u> </u>		
Date		Time	
Injured Person name:		Injured person Job title:	
Detail of injuries Provide detail and indicate affected area(s) on the image			
Detail of treatment given:			
Detail of First Aid supplies used:			
What happened to immediately after	o the injured person wards?	Delete as appro Back to work Other (pleas	/ Home / Hospital
Safeguard e-iRF	number (if known)		
Name of First Aider		Signature	

Once completed please forward this form to the manager of the injured person so that they can upload the form to the electronic Incident Reporting Form on Safeguard.

Appendix 7

Reference	monitored	Evidence for self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
5.4	First aid needs risk assessment (appendix 1) completed and Ulysses First aid risk assessment undertaken reflecting local arrangements.	5.9	Annual Health and Safety (H&S) Inspection checklist	H&S Compliance Team	Annual
5.4	First aid personnel are available in line with the requirements identified by the local first aid risk assessment	() ()	Annual H&S Inspection checklist	Health & Safety Compliance team	Annual
5.4	First aid facilities and equipment are available in line with the requirements identified by the local first aid needs risk assessment	() ()	Annual H&S Inspection checklist	Health & Safety Compliance team	Annual
5.11	Training content is in line with required statutory standards	Appendix 4	H&S Committee – when the policy is reviewed or sooner if regulations change	Learning & Development	3 years as per policy
5.11	Training certificates contain all relevant information	Appendix 5	H&S Committee – when the policy is reviewed or sooner if regulations change	Learning & Development	3 years as per policy
5.4	Staff are provided with information relating to first aid arrangements at their place of work	5.4	H&S Committee	Learning & Development	Quarterly
5.4 and 5.9	Timely and appropriate first aid is provided to staff	o o	Analysis of staff incident reports	H&S Committee Team	Quarterly
5.4.	First aid signage displayed in workplaces	o o	H&S Inspection Checklist	H&S Compliance Team	Annual

This page has been left intentionally blank

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training Required	YES		
Training topic:	Emergency First Aid at Work First Aid at Work		
Type of training: (see study leave policy)	 ☐ Mandatory (must be on mandatory training register) ☐ Y Role specific ☐ Personal development 		
Division(s) to which the training is applicable:	□Y Adult Mental Health & Learning Disability Services □Y Community Health Services □Y Enabling Services □Y Families Young People Children □Y Hosted Services		
Staff groups who require the training:	Please specify Individuals identified to provide first aid cover		
Regularity of Update requirement:	Annual refresher training recommended 3-yearly requalification mandatory for staff wishing to continue to provide first aid cover		
Who is responsible for delivery of this training?	Learning and Development Team		
Have resources been identified?	Yes		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	□Y ULearn □ Other (please specify)		
How is this training going to be monitored?	LPT Health & Safety Committee		



The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	
Respond to different needs of different sectors of the population	
Work continuously to improve quality services and to minimise errors	
Support and value its staff	
Work together with others to ensure a seamless service for patients	
Help keep people healthy and work to reduce health inequalities	
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	

Due Regard Screening Template

Section 1				
Name of activity/proposal	First Aid at Work Policy			
Date Screening commenced	May 2021			
Directorate / Service carrying out the	Workforce			
Assessment				
Name and role of person undertaking	Bernadette Keavney, Head of Trust Health and			
this Due Regard (Equality Analysis)				
Samantha Roost, Senior Health, Safety and Security				
Advisor				
Give an overview of the aims, objectives and purpose of the proposal:				
AIMC. To provide first old in compliance with efety-tony requirements				

AIMS: To provide first aid in compliance with statutory requirements

OBJECTIVES: Outline requirements, provide information to managers on compliance, outline training requirements and standards, set monitoring and review timescales

PURPOSE: To deliver timely and appropriate first aid to staff as required and to comply with legislative requirements

0	_	2	fi	^	n	?

Section 2		
Protected Characteristic	Could the proposal have a positive impact Yes or No (give details)	Could the proposal have a negative impact Yes or No (give details)
Age	No	
Disability	YES	Individuals volunteering or identified to deliver first aid will need to be able to demonstrate physical and cognitive skills required in order to achieve the necessary training competencies and outcomes
Gender reassignment	No	
Marriage and Civil Partnership	No	
Pregnancy and Maternity	No	
Race	No	
Religion and Belief	No	
Sex	No	
Sexual Orientation	No	
Other equality groups?	No	

Section 3

Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.

Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.

Section 4

It this proposal is low risk please give evidence or justification for how you reached this decision:

All staff are eligible to volunteer to undertake the role of a first aider, emergency first aider at work. The factors in section 9 of the policy will be taken into account in identifying staff to undergo the required training and may disadvantage some individuals on the grounds of disability. The policy arrangements are inclusive and do not disadvantage any groups in respect of receiving first aid at work.

Sign off that this proposal is low risk and does not require a full Equality Analysis:

Head of Service Signed: Bernadette Keavney

Date: 06/05/2021

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	First Aid Policy					
Completed by:	Samant	na Roost				
Job title	Senior F	lealth Safety &	Date	23/03	3/03/2021	
	Security	Advisor				
					Yes / No	
1. Will the process described in the document involve the collection of					No	
new information about individuals? This is information in excess of						
what is required to carry out the process described within the						
document.						
2. Will the process described in the document compel individuals to					No	
provide information about themselves? This is information in						
excess of what is required to carry out the process described within						
the document.						
3. Will information about individuals be disclosed to organisations or					No	
people who have not previously had routine access to the						
information as part of the process described in this document?						
4. Are you using information about individuals for a purpose it is not					No	
currently used for, or in a way it is not currently used?						
5. Does the process outlined in this document involve the use of new					No	
technology which might be perceived as being privacy intrusive? For						
example, the use of biometrics.						
6. Will the process outlined in this document result in decisions being					No	
made or action taken against individuals in ways which can have a						
significant impact on them?						
7. As part of the process outlined in this document, is the information about					No	
individuals of a kind particularly likely to raise privacy concerns or						
expectations? For examples, health records, criminal records or other						
information that people would consider to be particularly private.						
8. Will the process require you to contact individuals in ways which					No	
they may find intrusive?						
If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.						
IG Manager approval nam	e:					
Date of approval						

Acknowledgement: Princess Alexandra Hospital NHS Trust