

First Aid

Index

Headers are links to sections

1. [Background](#)
2. [Objectives](#)
3. [Scope](#)
4. [Policy](#)
 - 4.1. [Statement](#)
 - 4.2. [Risk Assessment](#)
 - 4.2.1. [Specific Considerations](#)
 - 4.2.2. [Nature of the Workforce](#)
 - 4.3. Roles & responsibilities
 - 4.3.1. [Senior Leadership Team \(SLT\)](#)
 - 4.3.2. [Housing & Care Services Manager / House Manager / Head Chef / Maintenance Manager](#)
 - 4.3.3. [Qualified First Aiders](#)
 - 4.3.4. [Health & Safety Manager / Department](#)
 - 4.4. [First Aid Kits](#)
 - 4.5. [Competence](#)
 - 4.5.1. [Exemptions](#)
 - 4.6. [Requirement for First Aid Rooms](#)
 - 4.7. [Accident Reports](#)
 - 4.8. [Reporting of Injuries, Diseases, Dangerous Occurrences Regulations \(RIDDOR\)](#)
5. [Finance, Value for Money & Social Value](#)
6. [Supporting Appendices](#)
 - [Appendix 1: Numbers of first aiders on each shift](#)
 - [Appendix 2: Contents of first aid kits](#)
 - [Appendix 3: First aider and first aid kit register](#)
 - [Appendix 4: First aid needs risk assessment form](#)
7. [Linked Policies](#)
8. [Legislation/Regulations](#)
9. [Review](#)
10. [Procedure/Guidance](#)

1. Background

People at work can suffer injuries or be taken ill. It does not matter whether the injury or illness is caused by the work they do or not, it is important to provide immediate attention and call an ambulance in serious cases.

The Health and Safety (First Aid) Regulations 1981 as amended 2018 and minor updates 2024 (The Regulations) set out the essential aspects of first aid that employers have to address to ensure staff safety.

First-aid provision in the workplace covers the arrangements that need to be made to manage injuries or illness suffered at work. The Regulations do not prevent employees that are specially trained from acting beyond the initial management stage. What is adequate and appropriate will depend on the circumstances in each service and building.

Whilst the regulations do not require employers to provide first aid for members of the public, the HSE strongly recommends that employers include the public in their first aid needs assessment and make provision for them. ATD understands that there is no requirement in law to provide first aid to anyone other than employees and residents. We will make provision for the benefit of its visitors and contractors.

2. Objectives

Abbeyfield The Dales Ltd. (ATD) is committed to providing services that enhance the quality of life for older people and developing services that will meet the needs of future generations. This commitment is based on the Mission and Values of ATD. ATD will also comply with all relevant and current legislation.

3. Scope

This document sets out the arrangements that are required to be in place across all ATD services and buildings owned or managed by ATD.

The aim of first aid is to preserve life and reduce the effects of injury or illness suffered at work, whether caused by the work itself or not.

Sufficient first-aid equipment, facilities and personnel should be available to the specific level of risk:

- To give immediate assistance to casualties with both common injuries or illness and those likely to arise from specific hazards at work.
- Supply automatic external defibrillator (AED) to the properties that have large numbers of staff; and
- To summon an ambulance or other professional help.

4. Policy

This document forms part of ATD's Health and Safety Policy outlining the procedures and protocols adopted for first aid provision.

In the Regulations, "first aid" means:

- 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
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

4.1. Statement

The ATD Senior Leadership Team is committed to ensure compliance with all relevant and current legislation.

ATD takes seriously its legal duty to ensure employees or others receive immediate attention if they are injured or taken ill at work this included Mental Ill Health.

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/first responder is called in serious cases. First aid can save lives and prevent minor injuries becoming major ones.

4.2. Risk Assessment

The Housing & Care Services Managers' / House Manager and qualified First Aid at Work staff members should risk assess their service provision to identify their specific needs. In assessing the needs of a service, managers should consider:

- The nature of the work and workplace hazards and risks.
- The size of the service.
- The nature of the service.
- The history of accidents and work-related illness.
- The needs of remote and lone workers.
- Work patterns.
- The distribution of the staff in the buildings.
- The remoteness of the service and response times from emergency medical services;
- Employees working on shared or multi-occupied sites.
- Annual leave and other absences of first aiders; and
- First-aid provision for non-employees.

Managers should periodically review their first-aid needs, particularly after any operating changes, to ensure provision remains appropriate.

4.2.1. Specific Considerations

- Do we have employees who travel off site or work alone? If so, consider issuing personal /pocket sized first-aid kits. All staff that travel from site to site in their own vehicle must carry a first aid kit at all times and ensuring staff have a means of summoning help such as a mobile phone.
- Is the premises spread out, e.g. are there several buildings within the service or is it a multi-floor building? If yes, consider the need for provision in each building or on each floor.
- Is your workplace remote from hospital/ Minor Injury Units/ GP services? If yes, consider arrangements for the transport of non-emergency casualties to A&E or other medical support. Also factor in the time it would take an ambulance to reach the service in a medical emergency. Identify the location of the nearest accessible automatic external defibrillator (AED).
- Do any employees work at sites occupied by other employers? A written agreement between employers is strongly recommended; and
- Does the service have sufficient provision to cover absences of first-aiders or appointed persons? Consider what cover is needed for annual leave and other planned absences; what cover may be needed for unplanned and exceptional absences?

4.2.2. Nature of the Workforce

The needs of young workers, volunteers, trainees, pregnant workers and employees with disabilities or particular health problems, where known (e.g. asthma, diabetes, peanut allergy, epilepsy or a history of heart disease), should be addressed (noting other relevant legislation accordingly).

4.3. Roles & Responsibilities

4.3.1. Senior Leadership Team (SLT)

The Senior Leadership Team will ensure that:

- Sufficient resources are made available for training and first aid provision within ATD.
- Accidents and incidents are appropriately managed and investigated to determine the immediate, underlying and root cause and ensure lessons are learnt to prevent a recurrence; and
- Sufficient resources will be released for additional training following first aid incidents or accidents E.G., choking.

4.3.2. Housing & Care Services Manager / House Manager/ Head Chef / Maintenance Manager

The Housing & Care Services Manager / House Manager will ensure that:

- A first aid needs risk assessment is undertaken, and the findings implemented.
- Appropriately trained first aid qualified staff are always available on site.
- Appropriate resources are in place.
- All first aid kits monthly including those on ATD vehicles, and AED's restocked if required, completed paper work must be passed to the H&S department each month.
- Automatic External Defibrillator (AED) will be checked each month by the manager and completed paperwork must be passed to the H&S department each month; and
- All accidents and incidents are suitably recorded and reported as per ATD's accident reporting procedure.

4.3.3. Qualified First Aiders

Qualified First Aiders will:

- Be trained by a competent training provider in: Emergency First Aid at Work (EFAW) 1day and First Aid at Work course (FAW) 3 days;
- Attend training and refresher training to maintain their skills.
- Assist the Housing & Care Services Manager / House Manager with the risk assessment; and
- Check first aid kits monthly and replenish stock following an accident or when stock has reached its use by date.
- Administer first aid within the boundaries of their knowledge, skills and training and ensure any administration of first aid is documented.

4.3.4. Health & Safety Manager/Department

The Health & Safety Manager will ensure:

- Policies and procedures are regularly reviewed.
- The Health & Safety Manager under normal circumstances will report all RIDDOR Accidents or illnesses.
- Staff are provided with information, instruction and training.
- Will collate all monthly checks from 4.4.3 above and advise managers accordingly.

- Appropriate and timely support following an adverse event is provided; and
- Appropriate investigation of accidents and incidents.

4.4. First Aid Kits

The BS 8599-1-2019 standard gives recommendations on the amount and size of the first aid kits necessary for different workplace environments based on the category of risk and the number of employees. This standard is deemed as best practice.

Recommendations are also given for the container holding the components. The container should be able to fit all the relevant components inside and close securely. It should be clean, dustproof and provide protection for the contents in a workplace environment.

Workplace first aid kits can be complemented by other items that have been identified within a risk assessment, if necessary. Where there are unusual hazards that are specific to a workplace environment, workplace first aid kits should be supplemented with additional and appropriate components.

Kits should have:

- A sufficient quantity of gloves to meet the demand. These will be Nitrile type in accordance with the NHS and St. Johns Ambulance guideline.
- An appropriate number of plasters available.
- Sufficient quantity of sterile wipes available to meet the European CE marking rules.
- A few medium and large dressings.
- Triangular bandages in line with first aid protocol that no longer suggest their need for immobilising lower limbs.
- A smaller finger dressing which is more suitable than the plasters and dressings for small injuries.
- A burns gel dressing. This was introduced because most workplaces will have a risk from burns from having something as simple as a kettle. The dressing will also include a conforming bandage to secure it.
- Adhesive tape to secure dressings. Safety pins can still be available so that first aiders can choose depending on their preference.
- A foil emergency blanket allowing a casualty to keep warm to reduce the potentially fatal effects of clinical shock. These are kept in the emergency grab bags on each site.
- A mouth-to-mouth resuscitation device with a one-way valve; and
- A first aid guidance leaflet will be included in the kits detailing the latest HSE guidelines.

The risk assessment should identify the size and number of first aid kits required. There is no mandatory list of items to be included in first-aid kits for travelling workers; however, the British Standard does give some guidance.

Line managers should assess the risks to lone workers and ensure they have suitable first aid advice and the provision of small personal first aid kits where it is felt necessary. Staff should be advised to carry a mobile phone to alert the emergency services to gain immediate advice when in need of urgent medical support. Their line manager should ensure risk assessments are in place for lone working and that they instruct staff on steps to take to ensure their health, safety and welfare when working alone.

4.5. Competence

For an individual to demonstrate they have a competence in first aid, they will hold a valid certificate that contains all 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 Regulations.
- A statement that teaching was delivered in accordance with currently accepted first-aid practice; and
- The qualification e.g. either First Aid at Work (FAW) or Emergency First Aid at Work (EFAW) or an outline of the topics covered.

If the first aider does not retrain or re-qualify before the expiry date on their current certificate, they are no longer considered competent to act as a first aider in the workplace.

The HSE strongly recommends that first aiders undertake annual refresher training during any three-year 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.

Managers should keep a record of first aiders and certification dates to help with the timely arrangement of further training.

4.5.1. Exemptions

Provided they can demonstrate current knowledge and skills in first aid, the training and experience of the following qualify them to administer first aid in the workplace without the need to hold a FAW or EFAW or equivalent qualification:

- Doctors registered and licensed with the General Medical Council.
- Nurses registered with the Nursing and Midwifery Council; and
- Paramedics registered with the Health and Care Professions Council.

4.6. Requirement for First Aid Rooms

A first-aid room will only usually be necessary where no other suitable room is available, where there are higher hazards or in larger premises at a distance from medical services. It is unlikely they would be necessary in services where first aid could be administered in someone's own room or a designated treatment room.

Staff should consider the person's dignity and privacy where possible and only move a person if it is safe to do so and they have received the proper checks. Where the incident occurs in communal areas and the person cannot be moved, those not involved in the incident should be asked to move away to preserve the casualty's privacy.

4.7. Accident Reports

All accident/incident reports should be kept in accordance with the requirements of the Data Protection Act 1998. The information to be recorded must include:

- Date, time and place of the incident/accident.
- Name and job of the injured or ill person.
- Details of the injury/illness and what first aid was given.
- What happened to the person immediately afterwards (for example, went back to work, went home, went to hospital); and
- Name and signature of the first aider/ person dealing with the incident.

Any report and/or incident must be recorded on an official electronic Accident/Incident Report Form and follow ATD's reporting procedures.

4.8. RIDDOR

All employers, self-employed people and people in control of work premises have duties under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

They must report certain work-related injuries, cases of ill health and dangerous occurrences. The HSE will pass details to the relevant enforcing authority. RIDDOR applies to all work activities but not all incidents are reportable.

Advice should be sought from the ATD Health & Safety Manager before a RIDDOR report is considered or reported.

5. Finance, Value for Money & Social Value

N/A

6. Supported Appendices

Appendix 1: Numbers of first aiders on each shift

Appendix 2: Contents of first aid kits

Appendix 3: First aider and first aid kit register

Appendix 4: First aid needs risk assessment form

7. Linked Policies

Health and Safety (HSF007)

8. Legislation/Regulation

The Health & Safety at Work Act 1974

Health and Safety (First Aid) Regulations 1981-2018-2024

Reporting of Injuries Diseases and Dangerous Occurrence Regulations 2013

The Management of Health & Safety 1999

The Data Protection Act 1998

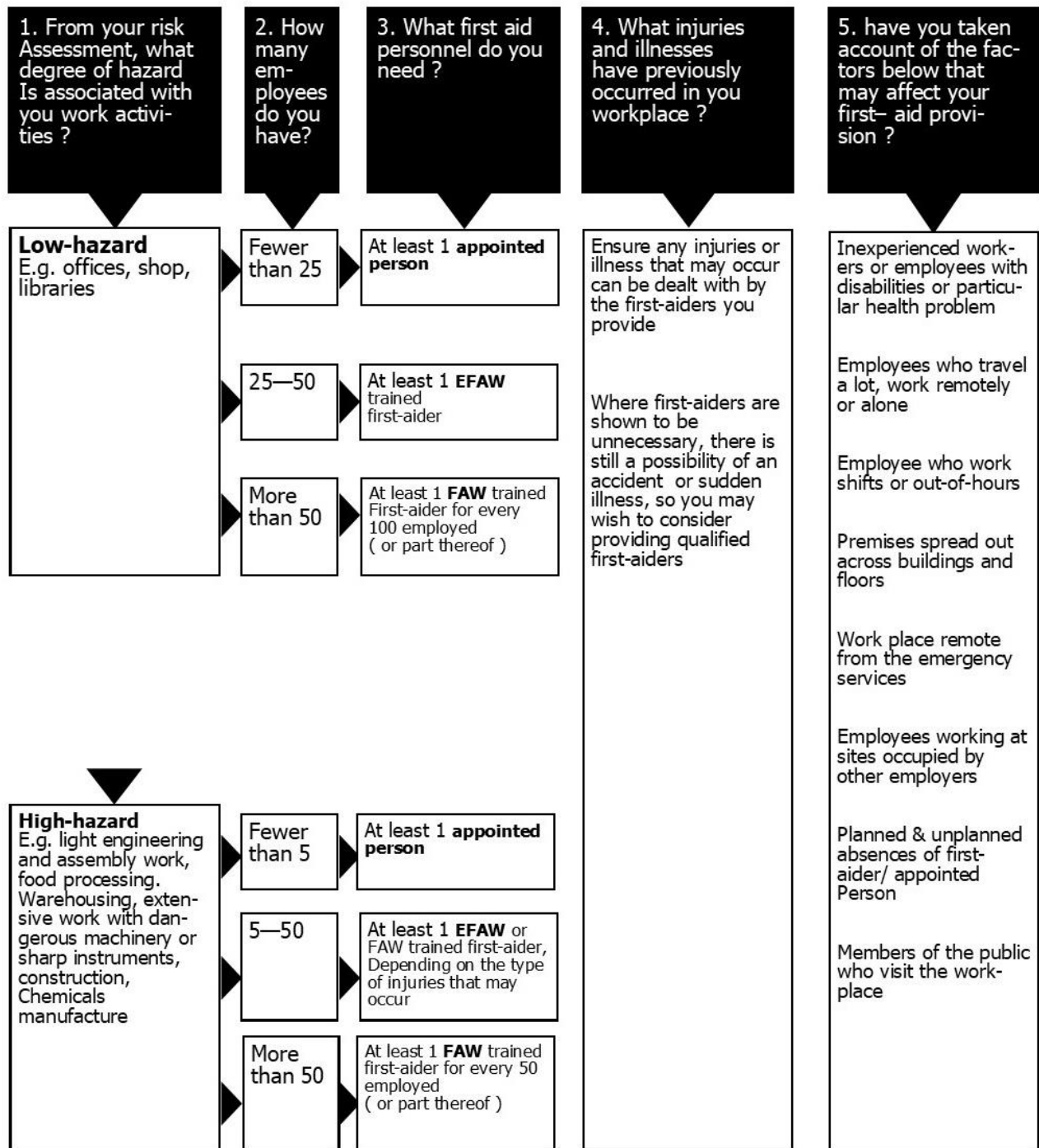
9. Review

Every 3 years, subject to any regulatory or legislative updates.

10. Procedure/Guidance

N/A

Appendix 1: Numbers of first aid trained personnel on each shift



Appendix 2: Contents of first aid kits
BS 8599-1:2019 Compliant Workplace First Aid Kit Contents

CONTENT	SMALL	MEDIUM	LARGE	TRAVEL
Guidance Leaflet	1	1	1	1
Contents List	1	1	1	1
Medium Sterile Dressing	4	6	8	1
Large Sterile Dressing	1	2	2	1
Triangular Bandage	2	3	4	1
Safety Pins	6	12	24	2
Sterile Eyepad	2	3	4	1
W/Proof Plasters	40	60	100	10
Sterile Saline Wipes	20	30	40	4
Microporous Tape	1	1	1	1
Nitrile Gloves (pairs)	6	9	12	1
Sterile Finger Dressing	2	3	4	0
Resuscitation Face Shield	1	1	2	1
Foil Blanket	1	2	3	1
Sterile Eyewash (150ml)	0	0	0	1
Hydrogel Burn Dressing	1	2	2	1
Scissors	1	1	1	1
Conforming Bandage	1	2	2	1

First Aider Kits Register

Locations
1
2
3
4
5
6
7
8
9
10

First Aiders

1
2
3
4
5
6
7
8
9
10
Enter name, floor and telephone extension (where appropriate)

Checks

It is the responsibility of the Senior Manager to ensure that designated persons are responsible for checking and restocking the first aid kit and ensuring that the contents of the boxes match the recommendations of the British Standard. Boxes should be restocked after use and checked monthly by a designated first aider.

Information for staff

Signs should be in place highlighting the location of persons and resources needed in an emergency.



Appendix 4: First aid needs assessment form

Assessment carried out by:		Date:	
Number of employees per service location:	Types of tasks:		
Potential Hazards (arising from risk assessments)	Potential injuries (Taken from risk assessments and accident history)		
Number of first aiders needed:	First aid equipment:		

	1 st Review	2 nd Review	3 rd Review	4 th review	5 th Review
Name:					
Date:					