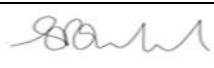




# First Aid at Work

<b>Policy number and category</b>	RS 05	Risk & Safety
<b>Version number and date</b>	2	August 2022
<b>Ratifying committee or executive director</b>	Trust Clinical Governance Committee	
<b>Date ratified</b>	September 2022	
<b>Next anticipated review</b>	September 2025	
<b>Executive director</b>	Executive Director of Quality and Safety (Chief Nurse)	
<b>Policy Lead</b>	Health and Safety Advisor	
<b>Policy author</b> <i>(if different from above)</i>	As Above	
<b>Exec Sign off Signature</b> <b>(electronic)</b>		
<b>Disclosable under Freedom of Information Act 2000</b>	Yes	

## Policy context

It is the purpose of this Policy to outline the first aid provisions required for implementation within the Trust to ensure compliance with the Health and Safety (First Aid) Regulations 1981.

## Policy requirement (see Section 2)

The Health and Safety (First Aid) Regulations 1981 and HSE Guidance require employers to make adequate provision for first aid for their employees, and to ensure that there are a suitably trained number of first aid qualified persons for providing first aid. The extent of first aid provision is to be determined by the Trust by undertaking a risk assessment, having regard for factors such as the number of employees, the particular hazards that they face and access to other medical assistance. Areas that do not have clinical staff on hand to support first aid incidents should be a focus area.

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### 1. Introduction

## 1.1 Rationale

Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) is committed to providing a safe working environment for all employees, and others who may be affected by our business undertaking.

The Health and Safety (First Aid) regulations 1981 require employers to provide adequate and appropriate equipment, facilities, and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. This regulatory requirement is underpinned within the Trust by adoption and implementation of this Policy.

## 1.2 Scope

This Policy will apply to all (BSMHFT) premises.

This Policy applies to staff, including agency workers, working within the Trust's premises and takes into account the needs of peripatetic staff. The Policy also covers first aid for those who are not staff and this is explained later in the Policy.

The first aid needs of service users are excluded from this Policy as this is regarded as a Clinical matter and is addressed under the Resuscitation policy. The Policy does however cover first aid provision in relation to visitors at all Trust premises.

## 1.3 Principles

It is BSMHFT's policy to put into place arrangements for first aid for all staff, including peripatetic employees and agency workers. We also provide first aid for others, as detailed in the next two paragraphs.

Although there is no specific legal obligation to provide first aid for visitors, it is the policy of the Trust, as part of our general duty of care to extend first aid provision to visitors at our locations in case of need.

Similarly, we would expect to provide first aid treatment within our premises when needed for consultants, third party providers, the self-employed and volunteers.

Within the Trust, the requirements for first aid facilities and personnel will vary between locations due to size, complexity, type of activities and so on. A risk assessment must therefore be undertaken using the template located in **Appendix 2** to determine the requirements at each site. Supplementary risk assessments may, however, be needed for special or unusual hazards and the circumstances in which this is needed are outlined later in the document.

## 2. The Policy

Based on the contents of the Policy and the risk assessment located within **Appendix 2**, Trust premises must identify the local needs for their health and safety provision. Points to consider include the following:

- The provision of first aid equipment, such as first aid kits and eye wash stations;
- Implementation of monthly checks of the contents of first aid equipment stations and the arrangements to be put into place for the replenishing of first aid supplies as required;

- The appointment of suitable personnel to deliver first aid;
- Training for first aiders;
- The displaying on notices detailing the contact details and names/job titles for appointed first aiders;
- Record keeping procedures to include first aid administered and training undertaken;

### **3. The Procedure**

#### **3.1 Assessment of number of first aiders**

An initial assessment of the number of first aiders required should be based on the type of activity and the numbers of people to be served by the first aid arrangements including visitors. The numbers should be sufficient to cover the foreseeable absences and holidays and enable prompt access to first aiders. A table to help with this initial assessment and a checklist of the items to be considered is contained in **Appendix 3**.

The training and experience of most medical and clinical personnel is considered sufficient to qualify them to administer first aid. HSE guidelines states 'Providing they can demonstrate current knowledge and skill in first aid, the training and experience of the following qualify then to administer first aid in the workplace:

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

Therefore, staff may be used to fulfil the first aid role, providing they have current knowledge and skills in first aid and provided this arrangement is put in writing. However, in order to avoid the need for these staff being diverted from their normal role to deal with minor injuries, a first aider may be required to cover areas such as housekeeping functions, or where a satellite or site that is spread over a number of buildings is being utilised by the Trust.

#### **3.2 Special or unusual risks**

The first aid cover required will need to be reviewed to consider special or unusual risks such as the handling of hazardous substances, injuries sustained as a result of high-risk grounds maintenance work involving the use of chainsaws, major construction work, such as work undertaken by contractors. In such cases the primary responsibility for the provision of first aid arrangements will rest with the contractor unless specific arrangements have been agreed in advance with the Trust.

The first aid provision for any work involving special or unusual hazards should be determined on a case-by-case basis and included in a specific risk assessment covering all of the safeguards for the work involved.

#### **3.3 First Aid Equipment**

Every Trust location must have sufficient first aid equipment to meet the local needs. First aid boxes should be easily identifiable, with a white cross on a green

background, and located in a place that is easily accessible. The relevant first aider should normally be given responsibility for checking on the contents of first aid boxes under their control.

A guide on the minimum contents of first aid boxes is given in Appendix 3. The contents can be supplemented if required, however tablets or other medicines must not be kept in a first aid box.

A first aid room should be made available if the assessment of first aid needs deems it necessary. The Trust would normally expect to provide these only where there were no other suitable facilities (e.g. consulting rooms). Where provided, the room should be under the control of a designated responsible person. Account should be taken of the HSE's guidance on the facilities expected within first aid rooms (see details contained within L74 2013 reference Section 3: 47).

Staff who regularly drive as part of their normal duties, should keep a small first aid pouch in their cars.

### **3.4 Provision and Use of Automatic External Defibrillators (AED)**

It is BSMHFT's Policy to provide AEDs and staff trained in their use at various locations.

### **3.5 Training and selection of First Aiders and Other Staff**

Staff who are to be appointed as a first aider must attend, and successfully complete, an approved First Aid at Work (FAAW) training course. There are two alternate levels of training and the numbers to be trained should be trained at each level should be determined through an assessment using **Appendix 2**.

The full First Aid at Work (FAAW) course is run over three days. Following successful completion, certificates of competence are issued. The certificates are valid for three years.

Where AEDs are provided then the training of FAAW must include the use of the AED and there must be cover of staff trained in the use of AEDs at all times.

Clinical staff receive ELS/ILS refresher training annually.

First aid training is available through the Trust Resuscitation Department via email: [bsmhft.resus.dept@nhs.net](mailto:bsmhft.resus.dept@nhs.net)

When selecting staff to be first aiders consideration should be given to:

- Reliability, disposition and communication skills
- Aptitude and ability to learn new skills and ability to cope with stressful situations.
- Normal duties (e.g. Availability to respond quickly in an emergency)

Training will be delivered either in-house or by an FAIB approved external resource whichever is deemed appropriate.

In relation to first aid, it is the Trust's Policy that all staff are trained in the procedure for obtaining first aid at induction.

### **3.6 Reporting**

First aiders should complete an accident record (Eclipse) in accordance with the Trusts Policy which must detail:

- Date time and place of the injury;
- Name and job of the injured person
- Details of the injury/illness, circumstances and first aid given;
- Action afterwards e.g. sent to hospital, returned to work etc

Any accidents which result in death or specified injuries, or result in more than seven days sickness absence to either a member of staff or a self-employed person working on Trust premises, (including the inability of an employee to undertake their normal work, even if they return to work) are reportable to the Health and Safety Executive Incident Contact Centre under the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR). In respect of persons not at work, accidents that are more serious also need to be reported. Full details of the circumstances in which reports are required, the responsibility for reporting and associated arrangements can be obtained by contacting a member of the Health and Safety Team by telephone or email [bsmhf.healthandsafety@nhs.net](mailto:bsmhf.healthandsafety@nhs.net) at the earliest opportunity.

### **3.7 Signage**

Signs should be displayed indicating the contact details for first aiders for the attention of staff. Standard signage complying with the Health and Safety (Safety Signs and Signals) Regulations 1996 can be obtained from Procurement centrally appointed suppliers.

### **3.8 In the event of a pandemic e.g. Coronavirus (COVID-19)**

The HSE recommends that workplace first-aiders and the Trust continue to consider the guidance from the Resuscitation Council to help ensure that first aiders are confident that they can help someone injured or ill at work during a pandemic outbreak e.g. COVID-19.

- First aiders should take account of the specific guidance on giving cardiopulmonary resuscitation (CPR) from the Trust Resuscitation department and/or follow the related advice on the Resus UK pages.

Line managers must review their first aid at work risk assessment and include any factors such as vulnerable workers with first aid responsibilities. The risk assessment should be discussed with all your first aiders so that they are confident about providing the right assistance to minimise the risk of infection. Further information can be found in **Appendix 4**.

#### 4. Responsibilities

Post(s)	Responsibilities	Ref
<b>Managers and other persons in charge of Trust premises</b>	<ul style="list-style-type: none"> <li>• Responsible for ensuring that there are adequate standards of first aid cover based on the requirements of the premises and risk assessment.</li> <li>• Responsible for overseeing first aid requirements is allocated to a suitable First Aid Coordinator, or relevant manager.</li> <li>• Responsible for ensuring that enough trained staff are available at all times and that first aid equipment is available by liaising through the Learning and Development Consultant (Resuscitation, CRAM and First Aid)</li> <li>• Responsibility for ensuring that all staff are aware of the local first aid arrangements.</li> </ul>	
<b>Service, Clinical and Corporate Directors</b>	<ul style="list-style-type: none"> <li>• Responsible for ensuring that financial resources are made available to implement an effective first aid management strategy across the Trust.</li> </ul>	
<b>Heads of Departments/Ward Managers</b>	<ul style="list-style-type: none"> <li>• Responsible for ensuring that all staff for whom they have responsibility know how to obtain first aid, including how to call a first aider and the location of any emergency equipment.</li> <li>• Responsible for ensuring that any special requirements within their areas of responsibility (e.g. for specific chemical substances, biological hazards or peripatetic staff) are identified and adequate first aid arrangements are put into place.</li> <li>• Responsible for identifying specific workplace hazards in their areas.</li> <li>• Ensuring that their staff are aware of the local procedures and equipment for dealing with them.</li> </ul>	
<b>Policy Leads</b>	<ul style="list-style-type: none"> <li>• Responsible for ensuring that the policy is reviewed as required and with at least the frequency outlined above and that it reflects current legislation and best practice.</li> <li>• Monitoring implementation of and compliance with the policy.</li> </ul>	

<b>H&amp;S Team</b>	<ul style="list-style-type: none"> <li>Responsible for monitoring compliance with the requirements of this Policy.</li> <li>Supporting the investigation of accidents and incidents where weaknesses in first aid arrangements may be a contributory factor.</li> <li>Responsible for ensuring that any concerns around first aid arrangements are tabled at Local the Health and Safety meetings/ Trust Health and Safety Committee meetings.</li> </ul>	
<b>Executive Directors</b>	<ul style="list-style-type: none"> <li>Responsible for ensuring that financial resources are made available to support the implementation of an effective first aid management strategy.</li> </ul>	

## 5. Development and Consultation Process

This policy was developed in consultation with the Health and Safety (First Aid at Work) Regulations 1981, requirements under health and safety law, case law and learning from within the organisation. The new policy formally captures existing practice and procedure as it relates to the management of First Aid at Work within the workplace

The policy was out for consultation on Connect and was also shared with key stakeholders to include the members of the Trust H&S committee.

<b>Consultation summary</b>		
<b>Date policy issued for consultation</b>	June 2022	
<b>Number of versions produced for consultation</b>	1	
<b>Committees / meetings where policy formally discussed</b>	<b>Date(s)</b>	
<b>Trust H&amp;S Committee</b>	June 2022	
<b>Where received</b>	<b>Summary of feedback</b>	<b>Actions / Response</b>

## 6. Reference Documents

The Management of Health and Safety at Work Regulations 1999, Regulation 3

The Health and Safety (First Aid at Work) Regulations 1981

First Aid at Work Guidance HSE L74 2013



## 7. Bibliography

No bibliography

## 8. Glossary

<b>Term</b>	<b>Definition</b>
<b>First Aider</b>	A person holding a First Aid at Work qualification or an Emergency First Aid at Work qualification and appointed by the employer to provide a first response to an injury or illness in the workplace
<b>Appointed Person</b>	A person appointed by the employer to take charge of injury or illness situation, either as a substitute for a first aider, or to provide a first response to an injury or illness in the workplace
<b>Specified injury</b>	A serious injury falling into a category specified by the Health and Safety Executive

## 9 Audit and Assurance

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Completion and availability of first aid at work risk assessment	Local Health & Safety Leads	Risk Assessment template located within the First Aid at Work Policy	Annually	Local H&S Committee
Provision of First Aid at Work equipment	Local Health & Safety Manager, local First Aid Coordinator	Environmental risk assessment and local checklist	Quarterly	Local H&S Committee
Appointment and training of First Aiders	Learning and Development Consultant (Resuscitation, CRAM and First Aid)	Risk Assessment template located within the First Aid at Work Policy	Quarterly	Local H&S Committee
Monitoring of First Aider on-going training and competency	Learning and Development Consultant (Resuscitation, CRAM and First Aid)/ Head of Health, Safety and Regulatory Compliance	First Aid report	Quarterly	Local H&S Committee/ Trust Health & Safety Committee

## 10. Appendices Appendix 1

### Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

<b>Title of Proposal</b>	<b>First Aid at Work Policy</b>		
<b>Person Completing this proposal</b>	Angela Bridges & Sumandeep Nijjar	<b>Role or title</b>	Health and Safety Advisor/ Learning and Development Consultant (Resuscitation, CRAM and First Aid)
<b>Division</b>	Corporate	<b>Service Area</b>	Trustwide
<b>Date Started</b>	7 <sup>th</sup> June 2022	<b>Date completed</b>	7 <sup>th</sup> June 2022
<b>Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.</b>			
The Health and Safety (First Aid) regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. This regulatory requirement is underpinned within the Trust by adoption and implementation of this Policy.			
<b>Who will benefit from the proposal?</b>			
All Staff			
<b>Do the proposals affect service users, employees or the wider community?</b> <i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
N/A			
<b>Do the proposals significantly affect service delivery, business processes or policy?</b> <i>How will these reduce inequality?</i>			
N/A			

<b>Does it involve a significant commitment of resources?</b> <i>How will these reduce inequality?</i>				
All staff are able to access the Training				
<b>Do the proposals relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment &amp; progression)</b>				
N/A				
<b>Impacts on different Personal Protected Characteristics – Helpful Questions:</b>				
<i>Does this proposal promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
<b>Please click in the relevant impact box and include relevant data</b>				
<b>Personal Protected Characteristic</b>	<b>No/Minimum Impact</b>	<b>Negative Impact</b>	<b>Positive Impact</b>	<b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b>
<b>Age</b>	X			
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
<b>Disability</b>	X			
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
<b>Gender</b>	X			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex?				

Is it easier for either men or women to access your proposal?				
<b>Marriage or Civil Partnerships</b>	X			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
<b>Pregnancy or Maternity</b>	X			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and postnatal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation into pregnancy and maternity?				
<b>Race or Ethnicity</b>	X			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
<b>Religion or Belief</b>	X			
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
<b>Sexual Orientation</b>	X			
Including gay men, lesbians, and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
<b>Transgender or Gender Reassignment</b>	X			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				

<b>Human Rights</b>	X			
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
<b>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</b>				
	<b>Yes</b>	<b>No X</b>		
<b>What do you consider the level of negative impact to be?</b>	<b>High Impact</b>	<b>Medium Impact</b>	<b>Low Impact</b>	<b>No Impact</b>
				X
If the impact could be discriminatory in law, please contact the <b>Equality and Diversity Lead</b> immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the <b>Equality and Diversity Lead</b> before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the <b>Equality and Diversity Lead</b> .				
<b>Action Planning:</b>				
How could you minimise or remove any negative impact identified even if this is of low significance?				
N/A				
How will any impact or planned actions be monitored and reviewed?				
N/A				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
N/A				

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at [bsmhft.edi.queries@nhs.net](mailto:bsmhft.edi.queries@nhs.net). The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis

## Appendix 2 - First Aid at Work, Workplace Assessment

Initial assessment of numbers of first aiders needed

Category	Numbers of Employees and Others (e.g. visitors) at The Location for Whom First Aid Needs are Being Calculated	Suggested Minimum Number of First Aid Personnel Available at All Times
Lower Risk (e.g. office spaces, outpatient areas, inpatient areas)	Fewer than 50	At least one first aider trained in EFAAW*, though two will normally be required to provide cover
	More than 50	One additional first aider trained in FAAW* for every 100 persons (or part thereof)
Higher Risk Note that if child or infants are visiting the premises additional training of staff in paediatric first aid will be needed	Fewer than 5	At least one first aider trained to EFAAW and in the use of AED
	5-50	At least one first aider trained to EFAAW or FAAW depending on the type of injuries which may occur and in the use of AED
	More than 50	One additional first aider trained in FAAW for every 50 persons (or part thereof) and in the use of AED

\*EFAAW = Emergency First Aid at Work. FAAW = First Aid at Work

Aspects to Consider	Impact on First Aid Provision	Action Required
Are there any specific risks, e.g. working with? a. service users b. dangerous tools c. dangerous machinery d. dangerous loads e. working environment	You will need to consider: a. specific training for first aiders b. extra first aid equipment c. precise siting of first aid equipment d. informing emergency services e. first aid room	
Are there inexperienced workers on site, or employees with disabilities or special health problems?	You will need to consider: a. special equipment b. local siting of equipment	



Aspects to Consider	Impact on First Aid Provision	Action Required
Are the premises spread out, e.g. are there several buildings on the site or multi-floor buildings?	You will need to consider provision in each building or on several floors	
Is there shift work or out of hours working?	Remember that there needs to be first aid provision at all times people are at work.	
Do you have employees who travel a lot or work alone?	You will need to: <ul style="list-style-type: none"> <li>a. consider issuing personal first aid kits and training staff in their use</li> <li>b. consider issuing personal communicators to employees</li> </ul>	
Do any of your employees work at sites occupied by other employers?	You will need to make arrangements with the other site occupiers	
Do you have any work experience or students	Remember that your first aid provision must cover them	
Do you have employees with reading or language difficulties?	You will need to make special arrangements to give them first aid information	

You must appoint sufficient people to cover absences, to enable first aid personnel to be available at all times when people are at work.

## Appendix 3 Guidance on First Aid Equipment

### 1. First Aid Boxes

- 1.1. Any newly purchased first aid box should have contents at least complying with BS 8599-1 but the required contents should always take account of the first aid needs assessment undertaken for the location, as additional equipment and materials may be required. There is no need to replace existing first aid containers with those complying with BS8599-1 if the appropriate content as assessed and described below is appropriate.
- 1.2. The following list is a suggested minimum list of contents and is based on a medium sized box, which will serve up to 50 staff:
  - 1 leaflet giving general guidance on first aid
  - 20 individually wrapped sterile plasters of assorted sizes. Note these must be detectable for food handlers.
  - 2 sterile eye pads
  - 4 individually wrapped triangular bandages, preferably sterile
  - 6 medium sized individually wrapped unmedicated dressings (12cm x12cm)
  - 2 large sterile individually wrapped unmedicated dressings (18cm x18cm)
  - 1 pair of disposable gloves (latex free)
- 1.3. Medicines, lotions and creams should not be kept in a first aid box.

### 2. Optional Extra Items:

- Hypoallergenic adhesive tape such as Micropore
- 1 pair of scissors
- Resusci-aid face protector
- Individually wrapped moist wipes
- Disposable aprons

### 3. Eye Wash Stations:

- 3.1. Eye wash stations are only required where mains tap water is not readily available. At least one litre of sterile water or normal saline (0.9%) in a sealed disposable container should be made available. They should be kept close to the first aid box and preferably wall mounted. Once the seal is broken, the remainder of the contents must be disposed of. Eye wash should not be used after the expiry date. Bottles should be kept clean.

### 4. First Aid Pouches for Travelers/Company Car Drivers:

- 1 leaflet giving general guidance on first aid
- 6 individually wrapped sterile plasters of assorted sizes
- 2 individually wrapped triangular bandages, preferably sterile
- 1 medium sized individually wrapped unmedicated dressings (12cm x12cm)
- 1 large sterile individually wrapped unmedicated dressings (18cm x18cm)
- 1 pair of disposable gloves (latex free)
- 4 individually wrapped moist cleaning wipes.

**5. Automatic External Defibrillators (AED)**

These must be provided at all locations. This is covered under Clinical provision

**6. References/Definitions:**

6.1. AED – Automated External Defibrillator.

6.2. Resuscitation Guidelines [www.resus.org.uk](http://www.resus.org.uk)

**7. Monitoring compliance with and effectiveness of policy/procedures**

In accordance with the frequency set out within the Policy by persons nominated

**8. Review frequency:**

At appropriate intervals (annually, but at least three yearly) or at a time of change of procedure.

## Appendix 4

### Guidance for First Aiders during a Pandemic e.g. COVID-19

- Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.
- If the casualty is capable, tell them to do things for you, but treating the casualty properly should be your first concern.  
Remember the 3P model – preserve life, prevent worsening, promote recovery.

#### Preserve life: CPR

- Call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- Ask for help. If a portable defibrillator is available, ask for it
- Before starting CPR, to minimise transmission risk, use a cloth or towel to cover the patient's mouth and nose, while still permitting breathing to restart following successful resuscitation
- If available, use:
  - a fluid-repellent surgical mask
  - disposable gloves
  - eye protection
  - apron or other suitable covering
- Only deliver CPR by chest compressions and use a defibrillator (if available) – **don't** do rescue breaths

#### Prevent worsening, promote recovery: all other injuries or illnesses

- If you suspect a serious illness or injury, call 999 immediately – tell the call handler if the patient has any COVID-19 symptoms
- If giving first aid to someone, you should use the recommended equipment listed above if it is available
- You should minimise the time you share a breathing zone with the casualty and direct them to do things for you where possible

#### After delivering any First Aid

- Ensure you safely discard disposable items and clean reusable ones thoroughly

- Wash your hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible.

### **First Aid Cover and qualifications during a Pandemic**

If first aid cover is reduced because of coronavirus or you cannot access the first aid training needed, there are some things you can still do.

- You should review your first aid needs assessment and decide if you can still provide the cover needed.
- If fewer people are coming into the workplace, it may still be safe to operate with reduced first aid cover.
- You should stop high-risk activities.