

# **FIRST AID POLICY**

**March 2019**

<b>POLICY TITLE:</b>	<b>FIRST AID Policy</b>
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## **1.0 Introduction**

The Health and Safety (First-Aid) Regulations (Northern Ireland) 1982 require that all workplaces have suitable and sufficient cover for providing First-aid to staff who are injured or who become ill at work. Although the regulations outline the essential aspects of first-aid that must be provided, no fixed levels of equipment or personnel are stated. The level of first-aid cover needed should be determined by carrying out an assessment of the risks present within individual workplaces.

## **2.0 Purpose and scope of this policy**

The purpose of this policy is to set out the requirements for providing adequate first-aid arrangements to cover all staff within the Western Health and Social Care Trust (hereinafter referred to as the 'Trust'). Determining the level of First-aid provision needed would be supported by the completion of a first-aid needs assessment for each workplace (see Appendix 1 for Assessment Checklist). This policy applies to all Trust staff, agency staff and contractors and any other person under the care of the Trust, or who may require First-aid whilst on premises owned or occupied by the Trust. The Health and Safety (First-Aid) Regulations (NI) 1982, do not oblige employers to provide first-aid for anyone other than their own employees. Indeed, regulations requiring first-aid provision for members of the public cannot be made under the Health and Safety at Work (NI) Order 1978. However, it is strongly recommended that employers include non-employees e.g. the public, in their assessment of first-aid needs and make provision for them.

This policy should be read in conjunction with other relevant Trust policies and procedures, such as the:-

Health and Safety Policy:

<http://whsct/IntranetNew/Documents/WHsCT%20HS%20Policy%20revised%20June%202010.pdf> and

Incident Reporting Policy and Procedures:

[http://whsct/IntranetNew/Documents/Revised%20Incident%20Policy%20Final%20Version%20August%202014%20\(2\).pdf](http://whsct/IntranetNew/Documents/Revised%20Incident%20Policy%20Final%20Version%20August%202014%20(2).pdf)

This document can be made available on request in alternative formats and in other languages to meet the needs of those who are not fluent in English.

### 3.0 **Definitions**

#### 3.1 **“First-Aid” means;**

- (a) in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and
- (b) treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse;

#### 3.2 **“First-Aider”**

- (a) Someone who holds a valid certificate of competence in either; first-aid at work (FAW) or emergency first-aid at work (EFAW). The content of FAW and EFAW courses are listed in Appendix 4.
- (b) Staff undertaking the role of the First-aider must be in a position to leave their own work immediately to attend to a situation where first-aid is required. If someone is in a role which does not allow immediate exit they should not be considered as a first-aider
- (c) Providing they have current knowledge and practical skills in first- aid, including resuscitation the training and experience of the following qualify them to administer first-aid in the workplace:-
  - Registered Doctors holding a licence to practise issued by the General Medical Council;
  - Nurses registered with the Nursing and Midwifery Council;
  - Paramedics registered with the Health Professions Council.

#### 3.3 **“Appointed Person”**

When the assessment of first-aid needs identifies that a first-aider is not necessary, the minimum requirement is to nominate an **Appointed Person** who will be responsible to take charge of the first-aid arrangements, including looking after any first-aid equipment and re-stocking the first-aid box, and calling the emergency services when required. Arrangements should be made for an Appointed Person to be available to undertake these duties at all times when people are at work.

#### **4.0 Duties and Responsibilities**

The following specific duties and responsibilities apply within the organisation:

**4.1 Chief Executive**, as Accountable Officer is responsible for ensuring first-aid arrangements are managed appropriately in accordance with Trust policies and external statutory requirements. The Chief Executive is also responsible for implementation of a safety conscious culture within the organisation.

**4.2 Lead Director** – The Chief Executive has nominated the Medical Director as the nominated Director with lead responsibility for ensuring appropriate policies are in place to enable effective management of incidents which relate to first-aid.

#### **4.3 Directors and Assistant Directors**

Directors will be responsible for ensuring there are appropriate first-aid arrangements implemented and maintained within their area of responsibility and providing support and advice to their managers as required. Directors should also ensure that adequate resources and training are made available to fulfil the requirements of this policy.

**4.4 Managers** must ensure:

- that a suitable and sufficient first-aid needs assessment is carried out for their area(s) of responsibility to determine the level of first-aid provision required and ensure that appropriate funding is available to train relevant staff and provide first-aid equipment.
- First-Aid at Work Certificates are up-to-date for all first-aiders and providing up-to-date training as necessary.
- the required number of “First-Aiders” or “Appointed Persons”, as determined by the first-aid needs assessment, are identified to other staff and are trained to a standard and syllabus that complies with the NI regulations. If the training provider is registered with the CCEA ( Council for the Curriculum Examinations and Assessment ) the syllabus will cover all elements of the course, If the training provider is operating independently, then managers should ensure that the training provider can demonstrate this. Consideration will also need to be given for cover during annual leave, sickness etc.

- First-aid containers/boxes are provided and the contents are regularly checked by the first-aider(s) or appointed person and maintained. There is no mandatory list of items to be included in first-aid containers but guidance on the minimum stock of first-aid items is provided in Appendix 5.
- all staff, including the induction of new staff, will be informed of this policy and the arrangements made relating to first-aid provision, including the location of first-aid containers and details of first-aiders or appointed person. This should be posted on relevant notice boards.
- where more than one Directorate has staff located in a workplace or where buildings are occupied with others who are not Trust employees, appointed persons can be shared across organisations/Directorates, as long as it is clear to all staff who to contact in the event of an emergency or injury.
- First-aid incidents are reported and managed in accordance with the Trust Incident Reporting Policy and a record kept of any first-aid administered. [http://whsct/IntranetNew/Documents/Revised%20Incident%20Policy%20Final%20Version%20August%202014%20\(2\).pdf](http://whsct/IntranetNew/Documents/Revised%20Incident%20Policy%20Final%20Version%20August%202014%20(2).pdf)
- a regular review of the first-aid needs assessment is undertaken to ensure suitable and sufficient first-aid arrangements are met. It is recommended that this is done at least once a year as part of the general risk assessment process, or more often should circumstances require this.

#### 4.5 **First-aiders** are responsible for ensuring that:

- their First-aid at Work Certificate is kept up-to-date by undertaking the relevant training compliant with the NI regulations, and at the required intervals.
- they attend situations where first-aid may be required, make the area safe and take action without putting themselves or others in danger.
- First-aiders should call for assistance, where this is required, without delay or instruct a named individual to do so, if they are providing first-aid in the interim. They should administer first-aid in accordance with their training and capabilities, until medical assistance arrives if necessary.

- Items used from the first-aid box are replaced by the first-aider as soon as possible.
- Regularly check first-aid containers to ensure they are kept stocked, and stocks are within use-by date.
- Ensure first-aid information is up-to-date and in view of employees.

#### **4.6 Appointed Persons**

- are responsible for summoning emergency assistance in the event of an accident or illness and for keeping first-aid supplies maintained and within used by date.
- Appointed Persons should administer first-aid only when appropriate training has been undertaken to enable them to do so.
- Appointed Persons are suitable for premises with low risk and few staff.

#### **4.7 Provision of First-Aid by Appropriately Qualified Medical Doctors and Nurses registered with the Nursing & Midwifery Council and Paramedics registered with the Health & Professional Council**

Providing they have current knowledge and skills in first-aid, including resuscitation, the training and experience of Registered Doctors, Nurses and Paramedics qualifies them to administer first-aid in the workplace. Therefore, within clinical areas, following a first-aid needs assessment, a Manager may be satisfied that they have enough trained nurses and/or doctors available to administer first-aid if necessary. Healthcare professionals should be aware of their professional obligations under the code of conduct for their profession.

However, a first-aider must be able to respond rapidly to an emergency situation should it arise, and this may not always be possible when the first-aider is a clinician and is treating a patient. A risk assessment will assist in determining the requirements for first-aiders in clinical areas.

#### **4.8 All staff**

Staff should make themselves familiar with the first-aid arrangements provided, and in particular with the name and location of their nearest first-aider and

## 5.0 first-aid box at their main work base. **First-aid Needs Risk Assessment**

Managers will need to carry out a first-aid 'needs risk assessment' to determine the level of first-aid cover required in their workplaces. A First-Aid Needs Assessment form is attached at Appendix 1 to help with this task. The findings of the needs assessment will help Managers decide how many first-aiders or appointed persons are required to ensure there is adequate and appropriate first-aid provision in their area.

The HSENI is adopting HSE's guidance and Flowchart at Appendix 3, from the HSE First Aid at Work guidance on the regulations L74 document at weblink <http://www.hse.gov.uk/pUbns/priced/l74.pdf> at should help support this decision.

When determining the level of first-aid cover required in an area it is necessary to consider the workplace hazards as well as risks of injury and ill health including:

- Specific hazards such as chemicals, tools, machinery or objects,
- Areas of additional risk such as kitchens, workshops or laboratories.
- Work processes that need a specific type of first-aid.
- The size of the area/department and its remoteness from other areas.
- Distance to nearest A&E Department/Minor Injuries Unit.

The size, nature and distribution of the workforce, including:

- Inexperienced or young staff
- Staff who have a disability or ill-health
- Shift patterns and out of hours workers
- Staff with language or reading difficulties or foreign workers
- Staff travelling or working alone
- Areas of shared occupancy

If staff have access to Accident and Emergency or minor injuries provision on-site, this will influence the level of first-aid cover needed.

For areas where the public visit there is no legal responsibility to provide first-aid for non-employees. However, the HSE recommend that the public are considered when making first-aid arrangements, therefore, Managers of residential, day-care or other facilities attended by patients/clients should consider them in their first-aid provision.

Staff undertaking the role of the first-aider must be in a position to leave their own work immediately to attend to a situation where first-aid is required. If someone is in a role which does not allow immediate exit they should not be considered as a first-aider. The first-aid needs risk assessment will assist in determining the requirements for First Aiders in clinical areas.

Records of accidents, incidents and ill-health are useful tools to help inform the risk assessment process. These documents provide evidence of the type of hazards present in the workplace and a snapshot of previous injuries experienced as a result of workplace processes and environment.

The last stage of the risk assessment is to consider from the information obtained whether first-aiders or appointed persons are necessary to cover the needs of the area and, if so, ensure that appropriate arrangements are made to arrange/supply first-aid training, signage, first-aid box contents etc as necessary.

Managers should record the results of their assessment in the first-aid needs assessment as they may need to justify their level of first-aid provision, and for the purpose of Audit or Inspection e.g. Regulation and Quality Improvement Authority (RQIA). See Appendix 2 - Record of First-Aid Provision.

## 6.0 First-aid Boxes

The number and content of first-aid boxes to be provided within the workplace will be directed by the needs assessment. These should be clearly marked and easily accessible in the event of an incident. First-aid boxes are identifiable by a white cross on a green background.



Although there is no mandatory list of items that first-aid boxes should contain, the guidance offered in the document the HSE First-aid at Work Regulations (NI) 1982, gives a list of suggested contents, see Appendix 5. The Administration of tablets and other types of medicines is not a provision under first-aid at work. The only exception to this is where aspirin is used when giving first-aid to a casualty with a suspected heart attack in accordance with currently accepted

first-aid practice. It is recommended that tablets and medicines should not be kept in the first-aid box.

Some workers carry their own medication that has been prescribed by their Doctor (e.g. an inhaler for asthma). If an individual needs to take their own prescribed medication, the first-aider's role is generally limited to helping them do so and contacting the emergency services as appropriate.

First-aid boxes are a non-stock item and the appropriate size first-aid box, determined by needs assessment, can be purchased from Procurement and Logistics Services (PALs).

### **6.1 Automated external defibrillators**

If the first-aid assessment highlights the need to provide a defibrillator in the workplace, it is important that the Manager ensures the staff who may use it are appropriately trained and the equipment is regularly checked/maintained (e.g. charged). Further advice on the purchase and training requirements for defibrillators should be directed to the Trust's Resuscitation Team.

### **6.2 Travelling First-aid Kits**

A needs assessment should be undertaken where there is a risk to staff who travel in vehicles or work from Trust vehicles, as part of their job, as travelling First-aid kits are not routinely provided by the Trust. If the outcome of the needs assessment identifies the requirement for travelling first-aid kits, the responsible manager should ensure these are purchased as necessary.

## **7.0 First-aid Training and Recording**

It will be the responsibility of Managers to arrange appropriate training for their first aiders. The contents of First-Aid at Work and Emergency First-Aid at Work courses are listed in Appendix 4. The Health and Safety (First Aid) (Amendment) Regulations (NI) 2017, which came into effect on 31 October 2017, amends regulation 3(2) of the Health and Safety (First-Aid) Regulations (NI) 1982, to remove the requirement for HSENI to approve the training and qualifications of appointed first-aid training providers. This removal will allow greater flexibility in the decision regarding the most appropriate training to suit a workplaces specific needs, but will add the additional responsibility to ensure that any training provider selected for the purpose of first-aid training, is competent to deliver that training and the legislative requirements are being met by compliance with NI regulations and the syllabus stated. Checks should be made if the training provider is registered with CCEA, which should provide assurance that

all the elements of the syllabus have been covered. Where the training provider is operating independently, then the training provider will have to demonstrate their compliance with legislation and the syllabus.

The HSE have provided a guidance document in March 2018, 'Selecting a first-aid training provider - A guide for employers. This can be sourced at this weblink <http://www.hse.gov.uk/pubns/geis3.pdf>.

FAW and EFAW certificates are valid for three years. Managers need to arrange retraining prior to the certificate expiry date to obtain another three year certificate. Where retraining has not been undertaken before certificate expiry, it should be completed no more than 28 days beyond the expiry date. The new certificate will be dated from the expiry date of the previous certificate.

If retraining is not completed by the end of this 28 day period, the individual will need to undertake a full FAW course or EFAW course, as appropriate, to be re-established as a first-aider.

The HSENI strongly recommend that first-aiders undertake annual refresher training (see appendix 4, page 20 for course content) 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 and protocols.

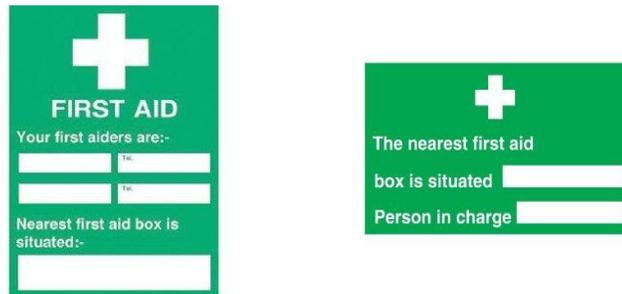
Managers will be required to record all training at a local level on the Trust's corporate training database and ensure valid certificates of training are retained on file as evidence.

## **8.0 Information on First-aid Arrangements**

First-aid arrangements operate efficiently in an emergency only where everyone in the workplace is aware of them, understands and accepts them. Staff must be informed of the location of first-aid equipment, facilities and the details of first-aid personnel. All new and transferring staff should be made aware of all relevant first-aid information and procedures at their place of work.

A simple method of keeping employees informed is to display **First-aid Notices** on or beside staff notice boards or in hazardous areas. This should state the name(s) of the first-aider(s) / Appointed Person(s), their location within the area with telephone/extension number and the location of the First-aid container. The information needs to be clear and easily understood by all employees and updated as and when changes occur to ensure information is accurate.

## Sample Notices



Where applicable, Managers must take steps to cater for those with reading or language difficulties or foreign workers. For example:-

- Visually impaired employees could be informed by tape recorded messages or communications in Braille;
- Employees with language difficulties could be informed by means of translated first-aid notices.

First-aid Notices should be in a prominent position at each site, including the base for travelling employees. The inclusion of first-aid information during a ward/departmental induction training will help ensure new employees are made aware of first-aid arrangements. A sample First-Aid Notice is attached at Appendix 6. If a manager chooses to use this, it should be printed out in colour and details inserted. This notice may also be laminated for durability. This should be done by each respective area.

### **9.0 Incident Reporting Procedure**

All incidents requiring First-aid treatment are reportable under the Trust's Incident Reporting Policy. Web-link: <http://whsct/IntranetNew/Documents/Incident Reporting Policy Aug 2014.pdf> This may be completed by the injured person or by someone acting on their behalf e.g. the relevant manager. Any information recorded should be agreed by the injured person (if possible, depending on their injury/condition). Managers receiving incident reports for investigation must ensure that, where the incident took place in a building or service managed by another member of staff, the incident is discussed and investigated in collaboration with that individual.

Where the incident is identified as reportable to the HSENI under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI)

1997(RIDDOR), the manager is responsible for ensuring that the Risk Management Department are advised accordingly and as soon as possible by telephone, for example, in the case of a major injury, and/or an injured person is immediately taken to Hospital following the incident.

#### **10.0 Monitoring and Review**

The effectiveness of this policy will be monitored by the Head of Clinical Quality and Safety, supported by the Corporate Risk Manager, and will be reviewed every three years or earlier as necessary.

#### **11.0 Equality and Human Rights**

The Trust's equality and human rights statutory obligations have been considered during the development of this policy arrangements.

Signed: \_\_\_\_\_(Chairman)

Date: \_\_\_\_\_

**APPENDIX 1**

**First-Aid Needs Assessment** – Please complete this document to the best of your knowledge

Ward/Facility \_\_\_\_\_ Directorate \_\_\_\_\_

Name of Contact / Manager \_\_\_\_\_ Tel. No. \_\_\_\_\_

Factor to consider	Response	Impact on first-aid provision	Comments
<b>HAZARDS</b> (use findings of your risk assessment /s and take account of any parts of your Workplace that have different work activities/hazards which may require different levels of First-aid provisions)			
Does your workplace have low-level hazards such as those that might be found in offices and shops?		The minimum provision is: <ul style="list-style-type: none"> <li>• An Appointed Person to take charge of first-aid arrangements;</li> <li>• A suitably stocked first-aid box.</li> </ul>	
Does your workplace have higher level hazards such as chemicals or dangerous machinery?  Does your work activities involve special hazards such as hydrofluoric acid or confined spaces?		You should consider: <ul style="list-style-type: none"> <li>• Providing first-aiders;</li> <li>• additional training for first-aiders to deal with injuries resulting from special hazards;</li> <li>• additional first-aid equipment</li> <li>• precise siting of first-aid equipment;</li> <li>• providing a first-aid room;</li> <li>• informing the emergency services</li> </ul>	
<b>EMPLOYEES</b>			
How many people are employed on site?		Where there are small numbers of employees, the minimum provision is: <ul style="list-style-type: none"> <li>• an Appointed Person to take charge of first-aid arrangements ;</li> <li>• a suitably stocked first-aid box</li> </ul> Even in workplaces with a small number of employees, there is still the possibility of	

<b>Factor to consider</b>	<b>Response</b>	<b>Impact on first-aid provision</b>	<b>Comments</b>
		<p>an injury or sudden illness so you should consider providing a qualified first-aider.</p> <p>Where there are large numbers of employees you should consider providing:</p> <ul style="list-style-type: none"> <li>• first-aiders;</li> <li>• additional first-aid equipment</li> <li>• a first-aid room.</li> </ul>	
Are there inexperienced workers on site or employees with disabilities or special health problems?		<p>You should consider:</p> <ul style="list-style-type: none"> <li>• additional training for first-aiders;</li> <li>• additional first-aid equipment</li> <li>• local siting of first – aid equipment.</li> </ul> <p>Your first-aid provision should cover any work experience trainees.</p>	
<b>RECORD OF ACCIDENTS AND ILL HEALTH</b>			
<p>What is your record of Accident and ill health?</p> <p>What injuries and illnesses have occurred and when did they happen?</p>		<p>Ensure your first-aid provision will cater for the type of injuries and illness that might occur in your workplace. Monitor accidents and ill health and review your first-aid provision as appropriate.</p>	
<b>WORK ARRANGEMENTS</b>			
Do you have employees who travel a lot, work Remotely or work alone?		<p>You should consider:</p> <ul style="list-style-type: none"> <li>• Issuing personal first-aid kits;</li> <li>• Issuing personal Communicators to remote workers</li> <li>• Issuing mobile phones to lone workers</li> </ul>	

Factor to consider	Response	Impact on first-aid provision	Comments
Do any of your Employees work shifts Or work out of hours?		You should ensure there is adequate first-aid provisions at all times people are at work	
Are the premises spread out, eg are there several buildings on the site or multi-floor buildings?		You should consider provision in each building or on each floor.	
Is your workplace remote from emergency medical services?		You should: <ul style="list-style-type: none"> <li>consider special arrangements with the emergency services.</li> <li>inform the emergency services of your location</li> </ul>	
Do any of your employees work at sites occupied by other employers?		You should make arrangements with other Site occupiers to ensure adequate provision of first-aid.  A written agreement between employers is strongly recommended	
Do you have sufficient provision to cover absences of first-aiders or Appointed Persons?		You should consider: <ul style="list-style-type: none"> <li>what cover is needed for annual leave and other planned absences;</li> <li>what cover is needed for unplanned and exceptional absences.</li> </ul>	
<b>Does your facility relate to RQIA's Regulated Care Services?</b>		If <b>YES</b> , appropriate residential and day care staff should complete the EFAW training, with other staff having awareness training in first-aid in accordance with the mandatory training requirements from RQIA.	
<b>NON – EMPLOYEES</b>			
Do members of the public visit your Premises?		Under the Regulations, you have no legal duty to provide first-aid for Non-employees but HSE strongly recommends that you include them in your first-aid provision.	

**APPENDIX 2**

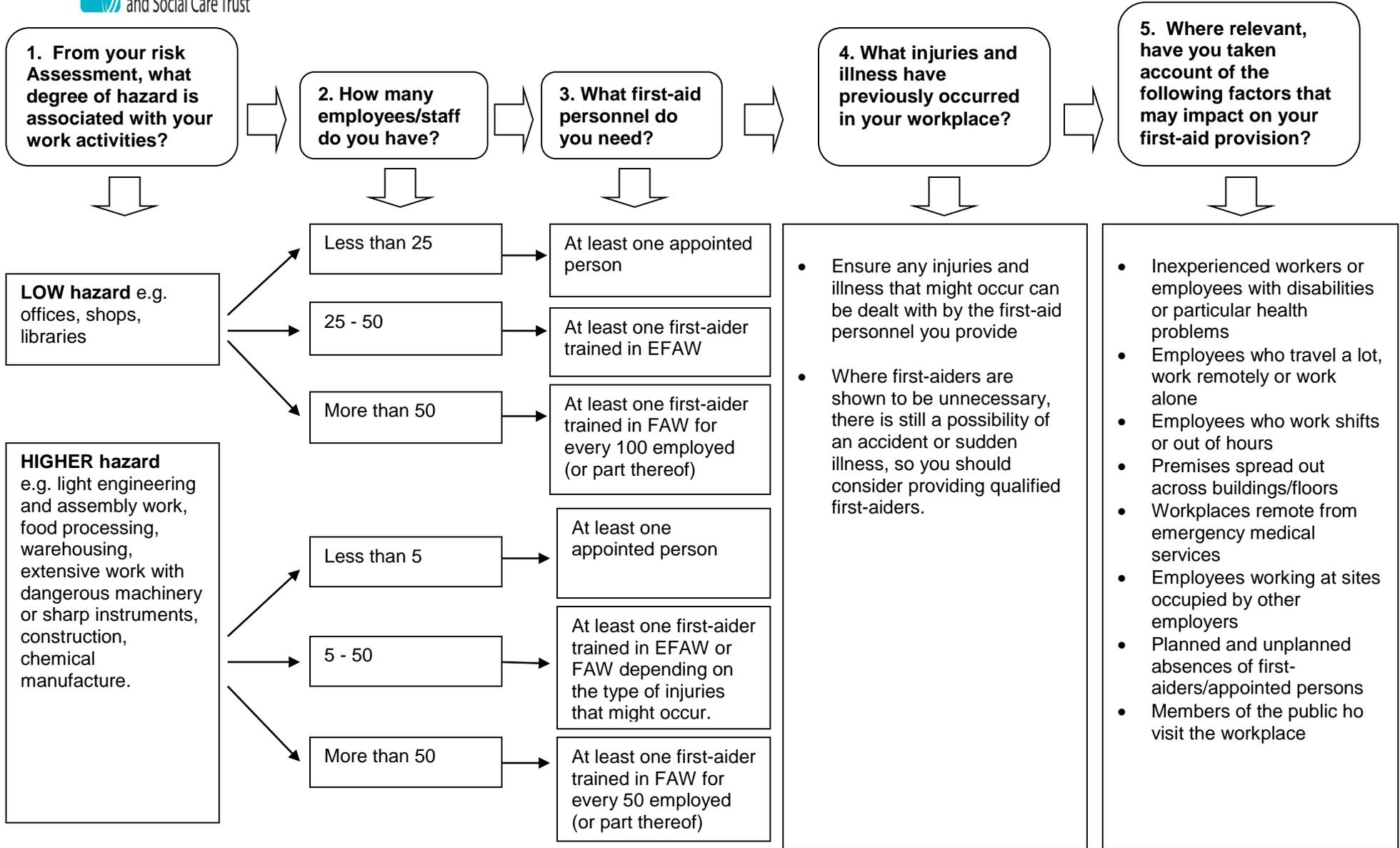
**RECORD OF FIRST AID PROVISION \***

<b>First-aid personnel</b>	<b>Required Yes/No</b>	<b>Number needed</b>
First-aider with a first-aid at work certificate		
First-aider with an emergency first-aid at work certificate		
First-aider with additional training (specify)		
Appointed person		
<b>First-aid equipment and facilities</b>	<b>Required Yes/No</b>	<b>Number needed</b>
First-aid container		
Additional equipment (specify) eg. foil blankets, eye wash, microporous tape, tourniquets, haemostatic dressings, Defibrillator.		
Travelling first-aid kit		
First-aid room		

**\* Minimum first-aid provision** for each work site is:

- An appointed person to take charge of first-aid arrangements;
- A suitably stocked first-aid box;
- Provision of information for employees about the first-aid arrangements

**Suggested numbers of First-Aid Personnel to be available at all times people are at work. (Irrespective of size – the minimum requirement for any business is one appointed person\*)**



## **CONTENT OF A FIRST-AID AT WORK COURSE (FAW)**

## **APPENDIX 4**

On completion of training, successful candidates should be able to:

### **Provide emergency first-aid at work ie**

- (a) understand the role of the first-aider including reference to:
- (i) the importance of infection prevention and control;
  - (ii) the need for recording incidents and actions;
  - (iii) use of available equipment;
- (b) assess the situation and circumstances in order to act safely, promptly and effectively in an emergency;
- (c) administer first-aid to a casualty who is unconscious (including seizure);
- (d) administer cardiopulmonary resuscitation and use an Automated External Defibrillator.
- (e) administer first-aid to a casualty who is wounded and bleeding;
- (f) administer first-aid to a casualty who is choking;
- (g) administer first-aid to a casualty who is suffering from shock;
- (h) provide appropriate first-aid for minor injuries

**and**

### **Administer first-aid to a casualty with:**

- injuries to bones, muscles and joints, including suspected spinal injuries;
- chest injuries;
- burns and scalds;
- eye injuries;
- anaphylactic shock;
- sudden poisoning

**and**

**Recognise the presence of major illness and provide appropriate first-aid.**

## **CONTENT OF AN EMERGENCY FIRST-AID AT WORK COURSE (EFAW)**

On completion of training, successful candidates should be able to:

- (a) understand the role of the first-aider including reference to:
  - (i) the importance of infection prevention and control;
  - (ii) the need for recording incidents and actions;
  - (iii) use of available equipment;
- (b) assess the situation and circumstances in order to act safely, promptly and effectively in an emergency;
- (c) administer first-aid to a casualty who is unconscious (including seizure);
- (d) administer cardiopulmonary resuscitation and use an Automated External Defibrillator.
- (e) administer first-aid to a casualty who is wounded and bleeding;
- (f) administer first-aid to a casualty who is choking;
- (g) administer first-aid to a casualty who is suffering from shock;
- (h) provide appropriate first-aid for minor injuries.

## **CONTENT OF AN ANNUAL REFRESHER COURSE**

(Course is recommended by HSENI – not mandatory)

Candidates should demonstrate their competence to:

- assess the situation in an emergency;
- administer first-aid to a casualty who is unconscious (including seizure);
- administer cardiopulmonary resuscitation;
- administer first-aid to a casualty who is wounded and bleeding;
- administer first-aid to a casualty who is suffering from shock.

### **Suggested First-aid Box Contents**

There is no mandatory list of items to be included in a first-aid container. The decision on what to provide will be influenced by the findings of the “first-aid needs assessment”.

This is a suggested contents list only – equivalent but different items will be considered acceptable.

As a guide, where work activities involve low hazards, a minimum stock of first-aid items would be:

- A leaflet giving general guidance on First-aid, e.g. The Health and Safety Executive leaflet “Basic Advice on First-aid at Work”;
- 20 individually wrapped sterile adhesive dressings (assorted sizes), appropriate to the type of work (dressings should be of a detectable type for food handlers). Actual numbers of dressings will be decided by the number of persons who will access the kit;
- 2 sterile eye pads;
- 4 individually wrapped triangular bandages (preferably sterile);
- 6 safety pins;
- 6 medium sized individually wrapped sterile unmedicated wound dressings – approximately 12cm x 12cm;
- 2 large sterile individually wrapped sterile unmedicated wound dressings – approximately 18cm x 18cm;
- 1 pair of disposable gloves (latex free).

A list of contents should be included in the First-aid container to facilitate regular checks by nominated persons.

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# First Aid

Your first aiders are:

Location / Ext.no.

Location / Ext.no.

Location / Ext. no.

Location / Ext.no.

Your nearest first-aid box is located at: