

POLICY TITLE:	First Aid
Policy Number:	AH&S15
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Applies to:	All Aspris Services
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Policy Owner:	Paul Collin, Health and Safety Manager
Ratified by:	Paul Collin, Health and Safety Manager
Responsible Signatory:	Jane Stone, Director of Governance and Risk
Outcome:	This policy: Aims to ensure children and young people, colleagues and visitors will be treated for injury or sudden illness promptly and safely until, where necessary, being placed in the care of a professional or transferred to hospital.
Cross Reference:	AH&S03 Reporting of Injuries Diseases and Dangerous Occurrences (RIDDOR) AOP04 Incident Management, Reporting and Investigation AOP13 Cardio-Pulmonary Resuscitation (CPR) and other Medical Emergencies
EQUALITY AND DIVERSITY STATEMENT Aspris is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.	

This policy cover all parts of Aspris Services – The Care and Education Divisions; Central services and our Fostering service. For the Fostering service and the 2 operational divisions, there are local procedures that relate to some of these policies, where necessary.

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email asprigovernancehelpdesk@aspris.com

FIRST AID

1 KEY POINTS CHECKLIST

- 1.1 Legal requirements placed on Aspris as an employer require first aid at work provision to be in place in accordance with the needs of the business. (see 2.1 below)
- 1.2 The requirements for first aid at Aspris locations, including any specific hazards, should be assessed by using the standard tools available in this document.
- 1.3 Arrangements should be put in place for the selection, training and refresher training of colleagues to provide first aid and these arrangements should be recorded.
- 1.4 The focus of the legal requirement is for the provision of first aid for colleagues although there is a general duty of care towards children and young people and visitors.
- 1.5 All colleagues should know how to obtain first aid assistance.
- 1.6 First aid kits and other equipment should be provided, easily accessible and maintained.
- 1.7 Notices should be displayed indicating the contact details of first aiders.
- 1.8 Records should be kept of first aid administered and of first aid training undertaken.

2 LEGAL REQUIREMENTS

- 2.1 The overall legal requirements are contained in the Health and Safety (First Aid) Regulations 1981, which are supported by an Approved Code of Practice. The Health and Safety (First Aid) Regulations 1981 require employers to make adequate provision for first aid for their employees and to ensure that there are a sufficient number of suitably trained and qualified persons for providing first aid. There is also a requirement to ensure that employees are adequately informed of the arrangements. The exact provision in any particular circumstance is not specified in the Regulations, but required to be assessed by the employer.
- 2.2 The Regulations are supported by an Approved Code of Practice (L74, available from HSE books), which lays down standards for first aid training and requirements relating to the standard of first aid provision required. The extent of first aid provision is required to be determined by the employer by undertaking a risk assessment, having regard to factors such as the number of employees, the particular hazards which they face and the access to other medical assistance.
- 2.3 These Regulations do not require first aid to be provided for persons who are not employees. However, the Health and Safety at Work etc. Act 1974 requires employers to protect persons not in their employment who could be affected by the way in which they conduct their business. There is also a common law duty of care between Aspris and their visitors and children and young people which arguably would include providing a first aid response to foreseeable health concerns and injuries. For these reasons it is Aspris policy to provide first aid for non-employees on our premises, or taking part in activities we have organised.

3 RESPONSIBILITIES

- 3.1 **School Principal/Registered Managers** are responsible for:
 - a) Ensuring that sufficient trained first aiders and first aid equipment is available to meet local needs and that all colleagues are made aware of the local first aid arrangements.
- 3.2 **All Managers** are responsible for ensuring that:

- a) All colleagues for whom they have responsibility know how to obtain first aid assistance for both children and young people and colleagues, how to call a first aider and the location of any first aid and emergency equipment
- b) Any special first aid requirements within their area of responsibility (e.g. for specific chemical or biological hazards) are identified and adequate first aid arrangements are put in place (including the provision of appropriate and adequately maintained and sited specialist equipment)
- c) Where special hazards are identified, their colleagues are made aware of the local procedures and equipment for dealing with them.

3.3 **First Aiders** and doctors and nurses who have accepted an appointment to provide first aid, are responsible for:

- a) Providing immediate first aid assistance, as required within their level of competency
- b) Attending any training arranged to maintain their competency/registration
- c) Raising any concerns about their level of knowledge and training, in relation to their ability to undertake first aid duties for which they have been appointed
- d) Ensuring that any first aid containers/supplies for which they have been allocated responsibility, are adequately stocked and maintained
- e) Completing relevant records of treatment (e.g. in the accident book) after first aid has been administered and, where relevant, ensuring that accident reporting procedures have been followed
- f) **NOTE: Clinical colleagues considered by HSE to be suitably qualified includes medical doctors registered with the GMC and nurses registered Part 1, 2, 10 or 11 of the Single Professional Register maintained by the Nursing and Midwifery Council (NMC).**

3.4 **Colleague** responsibilities:

- a) In an emergency, access first aid materials whilst waiting for a first aider, nurse or doctor, but must not otherwise remove items from the first aid boxes
- b) Ensure that they know who their local first aiders are, how to call them and the location of first aid equipment.

4 ASSESSMENT

4.1 First aid needs will depend on a number of factors including the nature of business, the numbers of employees, size and layout of the premises and the availability and locality of the nearest external emergency assistance.

4.2 Specific first aid needs should be assessed using **AH&S Form: 05**.

5 LOCAL ARRANGEMENTS FOR FIRST AID

5.1 Local first aid arrangements once determined by the manager should be documented on **AH&S Form: 06**. Detailed notes to accompany this form explain the standards which should be met when determining numbers of first aiders, training, equipment, and the factors which should be considered when deciding first aid provisions.

6 INSURANCE

6.1 First aiders, appointed persons, doctors and nurses are covered by Aspris's insurance scheme whilst undertaking first aid at work.

7 RECORDS OF FIRST AID TREATMENT

7.1 An incident record on the Aspris Incident Reporting System will need to be completed by the relevant manager for colleagues experiencing an injury at work.

- 7.2 Any accidents which result in specified major injuries, result in more than seven days sickness absence to a colleague, or involve certain more serious injuries and/or attendance at a hospital, to members of the public, are reportable to the Health and Safety Executive under the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR). Details of the reporting arrangements are given in AH&S03 RIDDOR.
- 7.3 On any occasion where first aid is administered, or the treatment/medical room is accessed, please complete a First Aid/Treatment room record form. If the visit is connected with an incident, then an incident form will also be required, as detailed in the incident policy.

8 FIRST AID TRAINING

- 8.1 Children and young people facing colleagues in Aspris Education and Children's Services will be trained on a three yearly basis in Emergency First Aid at Work.
- 8.2 There are two levels of first aid training available:
- 8.2.1 **Emergency First Aid at Work (EFAW): A One Day Course** that covers the following:
- a) Understanding the role of the first aider including reference to cross infection, the need for recording accidents and incidents and the use of available equipment
 - b) Assessing the situation and circumstances in order to act safely, promptly and effectively in an emergency
 - c) Administering first aid to a casualty who is unconscious (including seizure)
 - d) Administering cardiopulmonary resuscitation and the use of an Automated External Defibrillator (AED)
 - e) Administering first aid to a casualty who is choking, wounded and bleeding or suffering from shock
 - f) Providing appropriate first aid for minor injuries
 - g) Face to face training on a three yearly basis with annual on-line refresher training (years two and three).
- 8.2.2 **First Aid at Work (FAW): A Three Day Course** that because of its specialist nature is only available to specific colleagues. It covers the following:
- (a) Understanding the role of the first aider including reference to cross infection, the need for recording accidents and incidents and the use of available equipment
 - (b) Assessing the situation and circumstances in order to act safely, promptly and effectively in an emergency
 - (c) Administering
 - (d) First aid to a casualty who is unconscious (including seizure)
 - (e) Administering cardiopulmonary resuscitation and the use of an AED
 - (f) Administering first aid to a casualty who is choking, wounded and bleeding or suffering from shock
 - (g) Administering first aid to a casualty with injuries to bones, muscles and joints, including suspected spinal injuries
 - (h) Administering first aid to a casualty with chest injuries, burns and scalds, eye injuries, sudden poisoning or anaphylactic shock
 - (i) Recognition of the presence of major illness and providing appropriate first aid.
- 8.3 Where specific first aid training is required for young people e.g. in schools and adolescent services, specialised training based on FAW and EFAW for administering first aid may be required, although first aid skills used for assisting adults apply for assisting people from puberty onwards.
- 8.4 All training must be arranged through Aspris Learning Lounge by following the correct booking process and only approved training providers should be used.

9 REFERENCES

9.1 Legislation

Health and Safety at Work etc. Act 1974
Health and Safety (First-Aid) Regulations 1981
Health and Safety (Safety Signs & Signals) Regulations 1996
Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013

9.2 Guidance

Health & Safety (First Aid) Regulations 1981 Approved Code of Practice L74 (3rd Edition 2013,
(as amended 2018))

Appendix 1 - Notes to Assist in Completion of H&S Form: 06

Appendix 2 - National Standards

Appendix 3 - Head Injury and Concussion

Associated Forms:

AH&S Form: 05 Assessment of First Aid Needs

AH&S Form: 06 First Aid Arrangements

AH&S Form: 07 Local First Aid Notice

AH&S Form: 105 AED Record of Inspection

Appendix 1

Notes to Assist in Completion of H&S Form: 06

No.	Relevant Information
1.	Number of Emergency First Aiders - The majority of Aspris services will require only Emergency First Aid at Work trained colleagues as the training they receive will be sufficient to deal with the types of incidents that generally occur. There must be sufficient cover for holidays, days off, the number of shifts and sickness. In certain circumstances for example where a high risk has been identified sites may require a combination of Emergency First Aid at Work trained colleagues and First Aid at Work trained colleagues. An Emergency First Aid at Work trained colleague should be available at all times. It is for services to reach a decision on the numbers of colleagues that should be available and AH&S Form 05 should be completed to help enable such a decision to be reached.
2.	Colleagues who are to be appointed as a first aider must attend and successfully complete an approved training course. This course is currently one day and following successful completion, certificates of competence are issued. The certificates are valid for three years.
3.	Responsibility for Training Coordination - First Aid certificates are valid for three years. To maintain registration first aiders must attend a re-qualification course within three months before the current certificate expires. In addition to this all Emergency First Aid trained colleagues will be required to complete an annual Learning Lounge refresher (i.e. on year one and two).
4.	First Aid Equipment - Every location must have sufficient first aid equipment to meet the local needs. The relevant first aider should normally be given responsibility for checking on the contents of first aid boxes under their control. First aid containers must be checked regularly (at least quarterly) for general condition. Contents must be checked regularly to ensure that materials used are replenished, materials remaining are sufficient and are in date. Dated records of these checks and actions must be kept (local form can be used for this in line with service requirements).

No.	Relevant Information
5.	Standard (Medium) Workplace First Aid Kits - 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 following list is based on the BS8599-1:2019 recommended kit which will serve up to 50 colleagues: Guidance Leaflet x 1 Contents Label x 1 Medium 12 x 12cm Dressing x 4 Large 18 x 18cm Dressing x 3 Triangular Bandage x 3 No.16 Eye Pad and Bandage x 3 Assorted Washproof Plasters x 60 (Kitchens will require blue plasters) Moist Cleansing Wipes x 30 Microporous Tape 2.5cm x 10m x 2 Nitrile Gloves (Pairs) x 9 Finger Dressing 3.5cm x 3.5cm x 3 Resuscitator x 1 Foil Blanket x 2 Burn Dressing 10cm x 10cm x 2 Heavy Duty Clothing Shears x 1 Conforming Bandage 7.5cm x 4m x 2 Tablets, medicines, lotions and creams should <u>not</u> be kept in a first aid box.
6.	Travelling and Motoring First Aid Kits - These kits are to be kept in vehicles used for transporting children and young people. The following list is a suggested list of contents is based on the BS8599-1:2019 recommended kit: Guidance Leaflet x 1 Contents Label x 1 Medium 12 x 12cm Dressing x 1 Triangular Bandage x 1 Washproof Plasters x 10 Moist Cleansing Wipes x 10 Nitrile Gloves (Pair) x 2 Resuscitator x 1 Foil Blanket x 1 Burn Dressing 10cm x 10cm x 2 Heavy Duty Clothing Shears x 1 Low Adherent Wound Pad 7cm x 6cm x 1 Trauma Dressing 10cm x 18cm x 1
7.	Eyewash Stations - Eye wash stations are only required where mains tap water is not readily available and there is a foreseeable need (e.g. some plant rooms). 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.
8.	Spare Supplies - Sufficient spare supplies should be kept to enable first aid kits to be promptly re-stocked. The responsibility for maintaining spare supplies should be allocated.

No.	Relevant Information
9.	Other Special Provisions - Special or unusual risks should be assessed by using the assessment tool H&S Form: 06. The first aid provision for 'one-off' individual work activities involving special or unusual hazards should be determined on a case by case basis and included in a specific risk assessment covering all the safeguards for the work involved. In some cases such work is undertaken by contractors in which case the primary responsibility for the provision of first aid will rest with the contractor unless a specific agreement is made with Aspris to the contrary.
10.	Notices - Signs indicating the contact details for first aiders should be displayed for the attention of colleagues. Standard signs complying with the Health and Safety (Safety Signs and Signals) Regulations 1996 can be obtained from good sign suppliers. Alternatively, H&S Form: 07 may be completed then printed on a colour printer and laminated.

Appendix 2

National Standards

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18

Component of the regulation	Providers must have regard to the following guidance
18(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part	- Providers must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs and therefore meet the requirements of Section 2 of these regulations (the fundamental standards). - Providers should have a systematic approach to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times. The approach they use must reflect current legislation and guidance where it is available. In determining the number of staff and range of skills required to meet people's needs, they should consider the different levels of skills and competence required to meet those needs, the registered professional and support workers needed, supervision needs and leadership requirements. - Staffing levels and skill mix must be reviewed continuously and adapted to respond to the changing needs and circumstances of people using the service. - There should be procedures to follow in an emergency that make sure sufficient and suitable people are deployed to cover both the emergency and the routine work of the service

(Taken from CQC (2015) Guidance for Providers on Meeting the Regulations)

- 18.** The employer must arrange adequate and appropriate training and guidance for colleagues who volunteer to be first aiders/appointed persons. The employer must ensure that there is enough trained colleagues to meet the statutory requirements and assessed needs, allowing for colleagues on annual/sick leave or off-site.
- 52.** Training courses cover a range of first aid competences. However, **standard first aid at work training courses does not include resuscitation procedures for children.** The employer should arrange appropriate training for their first-aid personnel. Training organisations will often tailor courses specifically to schools' needs. It is helpful to let the training organisation know in advance of any particular areas that should be covered.

(Taken from DfE (2000) First Aid in Schools (updated 2014))

Appendix 3

Head Injury and Concussion

Some head injuries can result in harm, so it is really important that the following is done if you or a person in your care has sustained any sort of head injury

Go to A&E/Emergency Department if you /the person concerned have:

- Been knocked out/Lost consciousness
- Been vomiting since the injury
- A headache that does not go away with painkillers
- A change in behaviour, like being more irritable
- Problems with memory
- Been drinking alcohol or taking drugs just before the injury
- A blood clotting disorder (like haemophilia) or take blood-thinners (like warfarin)
- Had brain surgery in the past

You/the person could have [concussion so require medical assessment](#).

Symptoms usually start within 24 hours, but sometimes may not appear for up to three weeks.

[Find your nearest A&E](#)

Call 999 if someone has hit their head and has:

- Been knocked out and has not woken up
- Difficulty staying awake or keeping their eyes open
- A fit (seizure)
- Problems with their vision
- Clear fluid coming from their ears or nose
- Bleeding from their ears or bruising behind their ears
- Numbness or weakness in part of their body
- Problems with walking, balance, understanding, speaking or writing
- Hit their head in a serious accident, such as a car crash

Also call 999 if you cannot get someone to A&E safely.

How to Treat a Minor Head Injury

To help recovery:

Do:

- ✓ Hold an ice pack (or a bag of frozen peas in a tea towel) to the injury regularly for short periods in the first few days to bring down any swelling
- ✓ Rest and avoid stress – you or your child do not need to stay awake if you're tired
- ✓ Take [paracetamol](#) or [ibuprofen](#) to relieve pain or a headache – **do not use aspirin** as it could cause the injury to bleed
- ✓ Make sure an adult stays with you for at least the first 24 hours – call 111 for advice if there's nobody who can stay with you

Don't:

- ✗ Do not go back to work until you're feeling better
- ✗ Do not drive until you feel you have fully recovered
- ✗ Do not play contact sports for at least 3 weeks
- ✗ Do not drink alcohol until you're feeling better
- ✗ Do not take sleeping pills while you're recovering unless a doctor advises you that this is ok

See a GP if:

- Your symptoms last more than two weeks
- You are not sure if it is safe for you to drive or return to work, or play sports

Information:

Coronavirus (COVID-19) update: how to contact a GP

It is still important to get help from a GP if you need it. To contact your GP surgery:

- Visit their website
- Use the [NHS App](#)
- Call them

[Find out about using the NHS during COVID-19](#)

(Taken from <https://www.nhs.uk/conditions/minor-head-injury/> (Last reviewed 04 April 2018))