

5 First-Aid

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Introduction

5.1.1 This chapter sets out the procedures and guidance for the provision of First-Aid in Defence to meet the requirements of The Health and Safety (First-Aid at Work) Regulations (FAWR). Although FAWR does not apply to Service personnel (SP), MOD policy requires, so far as is reasonably practicable, the same level of provision of First-Aid cover to SP as is required for civilians under the FAWR. This chapter does not cover military battlefield trauma/tactical field care training which is covered in JSP 950 – Medical Policy or BRd 875 - Royal Fleet Auxiliary on board medical requirements.

5.1.2 First-Aid at Work (FAW) is the provision of immediate care to an individual who has sustained an injury or illness in the workplace. FAW is normally performed (by a qualified person who is not a medical expert) until the injury or illness is satisfactorily dealt with (such as in the case of small cuts, minor bruises, and blisters) or until they are relieved by a paramedic or a doctor. The key guiding principles and purpose of First-Aid is often given in the mnemonic "3 Ps". These three points govern all the actions undertaken by a First-Aider:

- preserve life;
- prevent further injury;
- promote recovery.

5.1.3 The MOD manages the provision of FAW through a combination of the following three roles (see Section 5.2.12 – 5.2.25 for more details):

- **Appointed Person (AP)**
- **First-Aider (FA)** – has two levels ;
 - **Emergency First-Aid at Work (EFAW)** – EFAW is the minimum standard for delivery of First-Aid in the Workplace.
 - **First-Aid at Work (FAW)** – FAW provides for additional training, covering a broad syllabus including the recognition and treatment of a wider range of conditions.

5.1.4 The level of First-Aid provision required depends on the individual circumstances of each workplace, see Annex A for guidance on factors to consider when conducting a First-Aid provision risk assessment.

Roles and Responsibilities

Top Level Budget Holders

5.2.1 The requirement to provide First-Aid is delegated to each Top Level Budget Holder along with the duty to supply the necessary resources for provision of training and equipment needed to meet the requirements of FAWR at the establishments/units they control. This will require: trained and certificated volunteers from the workforce to act as First-Aiders; provision of First-Aid kits; and any other necessary First-Aid equipment.

Commanding Officers (COs)/Heads of Establishment (HOEs)

5.2.2 CO/HOEs are responsible for ensuring that suitable arrangements are in place to manage the provision of First-Aid cover for all Defence personnel (Service and civilian), lodger units, lone workers, shift workers and visitors under their control. The CO/HOE must ensure that a written risk assessment for the activities and areas under their control is conducted to identify the First-Aid requirements (number of trained First-Aiders / First-Aid kits etc) and the necessary actions taken to provide adequate cover; detailed guidance to help CO/HOEs assess the numbers of First-Aiders required is at Annex A. Where the assessment has concluded that First-Aiders (EFAW/FAW) are not required (due to low numbers of staff and low health and safety risks) sufficient APs need to be in place. If CO/HOE's experience difficulty in encouraging staff to volunteer to become First-Aiders, they may wish to consider local incentive schemes.

5.2.3 Procedures should be in place to ensure that there are sufficient First-Aid kits available which are maintained. The minimum contents of the First-Aid kits are to conform to British Standard 8599-1 (access to British Standards is via the Dstan¹ site). The kits contents should be enhanced as necessary to reflect the risk profile of the area in which they are located. Where necessary, provision of an equipped and dedicated First-Aid room should also be considered.

5.2.4 Unrestricted access to First-Aid equipment should be maintained at all times (e.g. First-Aid kits, Automated External Defibrillators (AEDs)). First-Aid equipment needs to be strategically placed, in prominent locations identified by the appropriate signage and recorded on establishment/site plans. Information accessing on access to First-Aid cover and/or equipment must be clearly communicated to all personnel. The presentation of this information should take into consideration those with reading and/or language difficulties. An template of a First-Aider/equipment Location Notice is at Annex B.

5.2.5 The CO/HOE must ensure that adequate resources are available to train volunteers to deliver First-Aid. The provision of FAW training should be made from on-site resources or from the Civil Service Learning (CSL) portal. If the CO/HOE wishes to use a training source other than described here a submission to the [CSL Gateway Panel](#) for approval to proceed (regardless of value) must be made.

¹ <http://dstan.uwh.diif.r.mil.uk/sol/index.html>

5.2.6 Where the need for a defibrillator has been identified from the risk assessment, the Automatic External Defibrillator (AED)² is the Defence preferred defibrillator unit to be purchase/used. AEDs can be used safely and effectively by personnel without any previous training and their use should not be restricted to trained personnel; however, training does help to improve the time to shock delivery and correct pad placement. There are two types of AEDs:

- fully automatic defibrillators which deliver the shock automatically without needing further action by the operator and;
- semi-automatic defibrillators which instruct the operator to press a button to deliver the shock.

5.2.7 Defibrillators where the operator has to decide when to deliver a shock may already exist on establishment/sites and these must only be used by appropriately trained personnel. It is therefore essential that CO/HOEs ensure that:

- all defibrillators held on their establishments/sites are identified and ensure that they are correctly labelled by type and suitability;
- appropriate resources for training and regular retraining in the use of a defibrillator for First-Aiders is provided;
- defibrillator equipment must be regularly inspected and maintained in accordance with manufacturer's instructions and records of maintenance retained.

Managers

5.2.8 Not all Managers will be expected to assess the need for First-Aid provision as it is normally done on an "establishment/site" basis, although managers of high risk units will need to ensure that there is adequate First-Aid cover for their activity together with provision of suitable and adequate training for Defence personnel who supply the cover. This provision must be brought to the attention of all Defence personnel, visitors and contractors.

5.2.9 All incidents requiring the attention of a First-Aider are to be reported in accordance with local reporting procedures, appropriately investigated and the risk assessment reviewed accordingly.

Appointed Persons (AP)

5.2.10 - An AP is a member of Defence personnel who takes charge in an emergency situation when an individual becomes ill at work, either by finding a trained First-Aider (or other suitably trained personnel e.g. nurse or doctor if there is a Service Medical Facility nearby), or calling for an ambulance in an emergency situation and providing the necessary information that the Ambulance Service will require. Their duties will include checking the contents of First-Aid kits and replenishing the First-Aid kit(s) where necessary and safely disposing of any time expired items. Ensuring that that First-Aid equipment is in working order (e.g. defibrillators) and maintaining records of responses to incidents which may be used for training purposes.

² Guidance on AEDs - https://www.bhf.org.uk/~media/files/hcps/aed_guide_final-17_12_13.pdf

5.2.11 Although no formal training is required for the person to fulfil the role of an AP, they may benefit from attendance on a Emergency First-Aid at Work (EFAW) course. An AP who has not been First-Aid trained and they should not attempt to give First-Aid. A First-Aider (EFAW or FAW) can carry out the duties of an AP.

5.2.12 Service personnel whose Common Core Foundation skills are in date can act as an AP.

All First-Aiders (EFAW/FAW)

5.2.13 A First-Aider can either be civilian or SP who has passed a First-Aid training course from a competent training provider and holds either a valid (in date) EFAW or FAW Certificate and has undertaken their role voluntarily. The certificate must contain all of the following minimum information:

- Name of training organisation;
- Name of qualification;
- Name of individual;
- A validity period for three years from date of course completion;
- An indication that the certificate has been issued for the purposes of complying with the requirements of the FAWR;
- A statement that teaching was delivered in accordance with currently accepted First-Aid practice.

First-Aid training courses

5.2.14 First Aid training should be provided from internal resources, this may be from an on-site capability or through Civil Service Learning (CSL).

- **EFAW training courses** - involve at least 6 hours of training and are run over a minimum of one day;
- **FAW training courses** - involve at least 18 hours of training and are run over a minimum of 3 days;
- **Re-qualification training courses**
 - EFAW Certification – recommendation is to re-take the EFAW course;
 - FAW Certification – consist of a minimum of 12 hours, normally held over 2 days; (*re-qualification is only applicable if the course is taken and completed before the expiry of the certificate – otherwise the full course must be taken*);
- **Automatic External Defibrillator (AED) training** - competence in the use of an AED consists of a minimum of 4 hours training (*this training is now incorporated within most FAW courses*).

5.2.15 First-Aiders have a responsibility to maintain their knowledge (It has been shown that there is a significant skills fade after as little as 6 months if First-Aid is not regularly practised) and skills and work within the guidelines of the First-Aid training organisation that issued the qualification (it is recommended that refresher training is undertaken annually). First-Aiders should ensure that a record is maintained of all the incidents that they attend and of the outcome. They also must keep any First-Aid equipment e.g. grab bags provided to them in a serviceable condition.

EFAW

5.2.16 EFAW is most appropriate for areas whose risk assessment has identified that there is no requirement for a FAW trained First-Aider for their workplace. Any other First-Aid qualifications held by personnel are considered in addition to the EFAW certificate e.g. Community First Responders³. Personnel trained to EFAW standard (HSE L74 Appendix 6) must understand the role and responsibilities of a First-Aider and be able to:

- assess an incident;
- manage an unresponsive casualty who is breathing normally;
- manage an unresponsive casualty who is not breathing;
- recognise and assist a casualty who is choking;
- manage a casualty who is wounded and bleeding;
- manage a casualty who is in shock;
- understand how to manage a casualty with a minor injury.

FAW

5.2.17 First-Aid at Work includes and expands upon the skills taught under EFAW and also equips the individual to apply First-Aid to a range of specific injuries (bones, muscles, and spinal) and recognise illnesses. The majority of FAW courses now include operation of an AED. Personnel trained to FAW standard (HSE L74 Appendix 5 & 6) must in addition to the subject areas above also be able to:

- assess the situation and circumstances in order to act safely, promptly and effectively in the event of an emergency;
- administer First-Aid to a casualty who is unconscious;
- administer CPR (cardio-pulmonary resuscitation);
- administer First-Aid to a casualty who is choking;
- administer First-Aid to a casualty who is wounded and bleeding;
- administer First-Aid to a casualty who is suffering from shock;
- administer First-Aid to a casualty with burns and scalds;
- administer First-Aid to a casualty with injuries to bones, muscles and joints including spinal injuries;
- administer First-Aid to a casualty with eye injuries;
- administer first -Aid to a casualty with sudden poisoning;
- administer First-Aid to a casualty in anaphylactic shock;
- recognise the presence of major illness and provide appropriate First-Aid.

5.2.18 First-Aiders do not normally need to be immunised against Blood-Borne Viruses (BBVs) such as Hepatitis B (HBV), unless the risk assessment indicates it is appropriate. The risk of being infected with a BBV while carrying out duties is small. There has been no recorded case of HIV or HBV being passed on during mouth-to-mouth resuscitation. The following precautions should be taken to reduce the risk of infection:

- any cuts or grazes on skin should be covered by a waterproof dressing;
- disposable gloves and apron and suitable eye protection should be worn when dealing with blood or any other body fluids and where splash is possible;

³, The CFRs role is to provide stabilization and emergency treatment to people in the community on behalf of the Ambulance Service until more skilled help arrives. CFRs receive training that includes skills for treating injuries, performing CPR, and using an automated external defibrillator (AED).

- use face shields when giving mouth–to-mouth resuscitation, but only if competent in their use;
- wash hands afterwards.

5.2.19 A First-Aider must not administer any medicines to treat illness.

5.2.20 The exception to the above rule is that FAW trained staff may assist a patient to take medication that has been prescribed for that patient by a medical practitioner:

- if they feel they are dealing with a life-threatening situation and the casualty is in possession of the medication/auto-injector;
- the medication/auto-injector is used in compliance with any manufacturer’s/prescriber’s instructions and the FAW First-Aider’s training;
- Insulin pens should not be needed in an emergency – the emergency is normally hypoglycaemia (blood sugar too low) an insulin pen would make this worse..

(Note: prescription only medicines (POMs) are prescribed to the individual and should only be used on the individual concerned)

Community First Responders (CFR)

5.2.21 The CFRs role is to provide stabilisation and emergency treatment to people in the community on behalf of the Ambulance Service until more skilled help arrives. CFRs receive training that includes skills for treating injuries, performing CPR, and using an AED. The CFR schemes were originally envisaged for rural areas where emergency medical services response is likely to be delayed beyond the approximate 8–10 minutes in an urban environment. CFR trained personnel have skills that could be considered as a resource for inclusion in the assessment for FAW. As there is no nationally agreed standard for the training of CFRs; personnel who hold CFR qualifications can deliver First-Aid providing that they hold a minimum of an EFAW certificate.

5.2.22 CFRs will be indemnified by the Ambulance Service when called out by them e.g. if a member of Defence personnel is a CFR and is called out by the Ambulance Service to treat an emergency on MOD premises..

Service Personnel

5.2.23 All SP undergo basic First-Aid training as part of their Common Core Foundation Skills; however, this is not sufficient for them to be classed as a First- Aider under the FAWR. Service personnel, if they wish to volunteer as a First-Aider must have undergone First-Aid training to the minimum standard as detailed at paragraphs 5.2.14 - 5.2.16. However, SP who have in date Common Core Foundation Skills can carry out the function of an AP should they wish to do so.

5.2.24 Defence Medics are allowed to administer First-Aid to civilians and act as an AP, if they volunteer to do so. Although Defence Medics do not hold a FAW Certificate, they are trained to a very high standard (considerably higher than what is required by FAWR) and they are annually assessed. If a Defence Medic volunteers to provide their services for First-Aid, they can be classed within the establishments’ First-Aid provision assessment and appear on the establishment’s First-Aiders lists.

MOD Indemnity

5.2.25 A person who administers First-Aid will only be liable for damages if negligent intervention directly causes injury which would not otherwise have occurred, or if it exacerbates an injury. If First-Aid is administered inappropriately or negligently and a consequential injury can be proved to have arisen from that procedure, a First-Aider may be held liable for damages if the standard of care employed fell below that which could be expected in the given circumstances. This applies whether they are a healthcare professional, a non-professional volunteer first-aider, or simply an unskilled member of the general public.

5.2.26 The MOD will indemnify any qualified First-Aider or Defence Medic who provides First-Aid cover in accordance with the FAWR to Defence personnel including, contractors or members of the public on the defence estate or on MOD business. If a First-Aider wishes to use their First-Aid skills outside the scope of MOD business (e.g. to someone they pass in the street or at an external club or society) they are strongly recommended to obtain their own personal liability cover as they will not be covered by the MOD indemnity. Personal liability cover is normally available through First-Aid training organisations at a reasonable cost or from the Association of First-Aiders ([AoFA](#)) also known as the First-Aid Café.

All Personnel

5.2.27 All personnel have a duty to cooperate with instructions given by a person who is carrying out either AP or First-Aider duties and if requested immediately report back to the AP or First-Aider when the actions requested of them have been completed.

5.2.28 Only a Defibrillator⁴ that either automatically provides a shock to the patient or instructs the operator to press a button to discharge the shock may be used by untrained personnel. Provided the instructions on the device are followed correctly the AED will monitor the patients' heart rhythm and will only discharge a shock if it is required. Any person operating an AED correctly will be covered by the MOD's Indemnity against any litigation connected with its use irrespective of whether they have received any training.

5.2.29 Personnel travelling (in the UK or abroad) or working in a remote location that is not linked to a MOD telephone network should dial 112 (free of charge) from any telephone or mobile phone to contact the emergency services (Ambulance, Fire & Rescue Service or Police). The GSM mobile phone standard designates 112 as an emergency number which can be dialled on most mobile phones even if it is locked and provides the emergency services with information the phone network has about the location that the call is made from (when in the European Union). When making an emergency telephone call it is important to keep the call open long enough for the system to pinpoint your location. Even if you don't know exactly where you are, using 112 on a mobile phone will allow the system to pinpoint your precise location within about 30 seconds and this information is automatically transmitted to the emergency centre. Dialling 112 will work in North America where GSM systems redirect emergency calls to 911, or Australia where emergency calls are redirected to 000 (although location information may not be automatically transmitted).

⁴ For more guidance on AEDs see: [Guide to Automated External Defibrillators](#)

Retention of Records

5.3.1 Risk assessments and First-Aid equipment maintenance records are to be held in accordance with JSP 375 Part 2, Volume 1, Chapter 39 (Retention of Records).

5.3.2 Accidents and incidents including any First-Aid treatment provided should be recorded in accordance with local reporting procedures and the minimum data requirements detailed in JSP 375 Part 2, Volume 1, Chapter 16 (Accident/Incident Reporting and Investigation). The minimum records of First-Aid treatment that should be retained:

- the name and if necessary the address of the injured person;
- details of the event causing the injury, including date and time;
- details of the injuries;
- detail of treatment given, and/or where patient went subsequently.

Related Documents

5.4.1 The following documents should be read in conjunction with this chapter:

JSP 375 Volume 2

- Chapter 08 – Risk Assessment;
- Chapter 16 – Accident Reporting and Investigation;
- Chapter 37 – Public Events;
- Chapter 39 – Retention of Records.

Other MOD Documentation

- JSP 950 – Medical Policy (this document covers military battlefield trauma/tactical field and post-exposure to conditions);
- BRd 875 – Regulations for Royal Fleet Auxiliaries.

Legislation and Guidance

- [Legislation.Gov - The Health and Safety \(First-Aid at Work \) Regulations;](#)
- [HSE – ACOP -L74 – The Health and Safety \(First-Aid\) Regulations;](#)
- [HSE – INDG347 -Basic Advice on First-Aid at Work;](#)
- [HSE – INDG214 - First-Aid at Work: Your questions answered;](#)
- [HSE - General Information Sheet 3 – A Guide for Employers – Selecting a First – Aid Training Provider;](#)
- [HSE - First Aid at Work Website – provides guidance on many aspects of First-Aid provision;](#)
- [HSE – Infection at Work: Controlling the Risks](#)
- Access to [British Standards](#) via the Dstan site- (British Standard 8599-1 – standard of minimum conformity for first-aid kits)
- Freephone the confidential National Advice line on 0800 019 2211. Your call will be handled in confidence by a qualified person.
- Association of First-Aiders - <http://www.aofa.org/>
- Resuscitation Council (UK) and British Heart Foundation – [A Guide to Automated External Defibrillators](#)

First-Aid Risk Assessment Guidance

5.A.01 The assessment will help you to decide how many First-Aiders you need. There are no hard and fast rules on exact numbers; you will have to form a judgement taking into consideration all the essential circumstances of that particular organisation or worksite. For example, a small organisation with comparatively low health and safety risks may not need a First-Aider but will need an Appointed Person (AP). On the other hand, where an activity carries a high risk to health or safety and the workforce is spread across a number of work areas, at least one First-Aider might be needed in each separate work area, in addition to those at the main site. The assessment needs to take into consideration distance from the medical facilities e.g. hospital and the time to arrival of an ambulance.

What Is the Minimum First-Aid Provision?

05.A.02 The minimum First-Aid provision on any work site is:

- an AP to take charge of First-Aid arrangements;
- a suitably stocked First-Aid kit;
- information for personnel detailing the First-Aid arrangements on site.

How Many First-Aiders do you need to provide?

5.A.03 When calculating First-Aid provision, the hazards in the workplace (e.g. chemicals, electricity, machinery, manual handling, slips and trip hazards, working at height, workplace transport), the causes of accidents, that might occur in working with them and the injuries (e.g. poisoning, eye injuries, electric shock, burns, crush injuries, lacerations, sprains, strains, fractures, head injury, loss of consciousness) that might arise must be factored in.

5.A.04 The risk assessment should also take account of any parts of the workplace that have different work activities/hazards which may require different levels of First-Aid provision. Concentrated periods of leave, location of the establishment/unit, the expected response times of AP/First-Aiders and Emergency Services must also be considered. The risk assessment (particularly after any operational changes to the establishment/unit) must be periodically reviewed to ensure that the identified provision remains appropriate. The review should take into consideration the accident and incident record of the establishment/site.

5.A.05 For higher risk activities the recommended numbers of First-Aiders will need to be increased appropriately. The location of First-Aid kits will also need to be assessed appropriately; it may be that at an establishment/site several small/medium First-Aid kits evenly located are more beneficial and easier to access than one large kit held centrally.

5.A.06 Under the FAWR, 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 assessment. This is particularly important where a lot of visitors are expected, such as air shows, open days (including for recruitment purposes - JSP 375 Part 2 Volume 1 Chapter 37 (Public Events) refers).

First-Aid Risk Assessment Guidance

The following tables provide guidance for assessing the provision of First-Aiders required in the workplace.

<i>Points to consider</i>	<i>Impact on First-Aid provision</i>
Hazards <i>Use the findings of your risk assessment and take account of any parts of the workplace that have different work activities/hazards which may require different levels of First-Aid provision</i>	
Workplace Hazards	
Does your workplace have low-level hazards such as those that might be found in offices?	<p>The minimum provision is:</p> <ul style="list-style-type: none"> • an AP to take charge of First-Aid arrangements; • a suitably stocked First-Aid kit (see either HSE INDG214 or Appendix 2 of HSE L74 for recommended First-Aid box contents). The First-Aid kit is to conform to British Standard 8599-1.
<p>Does your workplace have or is adjacent to higher level hazards such as gas/oil storage, chemicals or dangerous machinery, high voltage electricity, radiation, munitions, dangerous loads, animals or confined spaces?</p> <p>Are there hazards or health concerns for which an extra First-Aid Kit or specialised treatment is required? Chemicals, burns etc.</p>	<p>You should consider:</p> <ul style="list-style-type: none"> • providing FAW trained First-Aiders; • additional training for First-Aiders to deal with injuries resulting from special hazards; • additional First-Aid equipment (defibrillators, First-Aid kits, eye wash bottles etc); • precise location of First-Aid equipment • suitable signposting; • providing a First-Aid room – if required (see Annex C); • informing the emergency services of any specific hazards that may exist on site etc in advance.
Are there parts of your establishment where different levels of risk can be identified (e.g. in teaching establishment with research laboratories)?	You will probably need to make different levels of provision in different parts of the establishment.
Personnel	
How many people are employed on site?	<p>Where there are small numbers of Defence personnel, the minimum provision is:</p> <ul style="list-style-type: none"> • an AP to take charge of First-Aid arrangements; • a suitably stocked First-Aid box (see either HSE INDG214 or Appendix 2 of HSE L74 for recommended First-Aid box contents) dependent on your activities. The First-Aid box should conform to British Standard 8599-1. <p>Where there are larger numbers of Defence personnel you should consider providing:</p>

	<ul style="list-style-type: none"> • First-Aiders (EFAW/FAW); • additional first-aid equipment (e.g. defibrillators (AEDs), first-aid kits (medium/large) and where the equipment is to be located and its availability in an emergency); • a First-Aid room – if required (First-Aid Rooms, if supplied, should be regularly cleaned and used only for the intended purpose – See Annex C). • suitable signage and information. <p>Also consider the availability of Service Personnel (SP) who have volunteered to be counted as First-Aiders and have completed a First-Aid course (EFAW/FAW) and/or Defence Medics who have also volunteered their services.</p>
<p>Are there inexperienced workers on site, or staff with disabilities, pregnant workers or specific medical care or response (e.g. asthma, diabetes, latex allergy)?</p>	<p>You should consider:</p> <ul style="list-style-type: none"> • additional training for First-Aiders; • additional First-Aid equipment; • location and availability of First-Aid equipment and additional suitable signage. <p>Your First-Aid provision assessment should also cover any work experience trainees, students etc that may be present on site during working hours.</p>
Accidents and ill health record	
<p>What injuries and illness have occurred and where did they happen?</p> <p>Are there any known specific injuries relating to the hazards on the establishment/site</p>	<p>Ensure your First-Aid provision will cater for the type of injuries and illness that might occur in your workplace.</p> <p>Monitor accidents and ill health and review your First-Aid provision as appropriate.</p>
Working arrangements/Factors that may affect First-Aid Provision	
<p>Do you have staff who travel a lot for business, work remotely or work alone?</p>	<p>You should consider:</p> <ul style="list-style-type: none"> • issuing personal First-Aid kits (see either HSE INDG 214 or Appendix 2 of HSE L74 for recommended First-Aid kit contents) dependent on activities. The First-Aid kit contents are to conform to British Standard 8599-1; • issuing personal communicators/mobile phones/panic buttons to personnel to call for assistance in an emergency.
<p>What are the working hours of the establishment/site?</p> <p>Do any of your staff work shifts or work out of hours?</p>	<ul style="list-style-type: none"> • you should ensure there is adequate First-Aid provision at all times people are at work. • there should at least be one EFAW/FAW First-Aider available per shift (depending on the types of injuries that may occur)
<p>Are the premises spread out, e.g.</p>	<p>You should assess the response times for First-Aid</p>

<p>are there several buildings on the site or multi-floor buildings?</p> <p>What is the response time of a First-Aider to the patient?</p>	<p>provision to the patient which will inform whether you have First-Aid provision in each building or on each floor of a multi-floor building.</p> <ul style="list-style-type: none"> consideration should be given to staff who work in self contained areas
<p>Is your workplace remote from emergency medical services?</p> <p>What is the response time from the nearest hospital?</p>	<p>You should:</p> <ul style="list-style-type: none"> inform the emergency services of your location and any special hazards at the location; consider your location; is it rural or in a city (emergency services response times will differ); consider special arrangements with the emergency services; ensure provision of a suitably stocked First-Aid kit or a First-Aid room at the location.
<p>Do any of your staff work at establishments/sites occupied by other units/TLBs/other employers?</p>	<p>You should make arrangements with other site occupiers to ensure adequate provision of First-Aid.</p> <ul style="list-style-type: none"> a written agreement between site occupiers is strongly recommended.
<p>Do you have sufficient provision to cover absences of First-Aiders or APs?</p>	<p>You should consider:</p> <ul style="list-style-type: none"> what cover is needed for annual leave and other planned absences; what cover is needed for unplanned and exceptional absences; availability of SP who have completed a First-Aid course (either EFAW/FAW) and have volunteered to be counted as First-Aiders and/or Defence Medics who have also volunteered their services.
Non-staff/visitors	
<p>Do members of the public visit your premises?</p> <p>Do you host open days, recruitment fairs, air shows?</p>	<p>Under the FAWR, 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.</p> <p>This is particularly important where a lot of visitors are expected, such as air shows, open days etc (including for recruitment purposes – JSP 375 Part 2 Volume 1 Chapter 37 (Public Events) refers</p> <ul style="list-style-type: none"> If you do not have sufficient internal First-Aid resources to provide cover for the event, there are a number of private organisations that can provide suitable cover (at cost).

Table 1. Checklist for assessment for First-Aid needs – needs to be read in conjunction with Table 2

Suggested numbers of First-Aid personnel/First-Aid Kits to be available at all times people are at work

1. From Your risk assessment, what degree of hazard is associated with your work activities	2. How many employees do you have?	3. What First-Aid provision/personnel do you need	4. How Many First-Aid Kits (BS-8599-1:2011)
Low Hazard e.g. offices	Less than 25	At least one AP	At least one small kit
	25- 50	At least one EFAW trained First-Aider	At least one medium kit
	More than 50	At least one FAW trained First-Aider for every 100 people employed (or part thereof)	At least one large kit per 100 people employed
Higher Hazard e.g. light engineering, warehousing, work with dangerous machinery, or sharp instruments, construction	Less than 5	At least one AP	At least one small kit
	5-50	At least one EFAW or FAW trained First-Aider, depending on the type of injuries that may occur	At least one medium kit
	More than 50	At least one FAW trained First-Aider for every 50 people employed (or part thereof)	At least one large kit per 25 people employed
Lone Workers/Remote Workers			One travel kit

Table 2. Suggested numbers of First-Aid Personnel/First-Aid Kits to be available at all times people are at work

First-Aid Room

5.C.01 Where the assessment of First-Aid needs has identified the requirement for a First-Aid room or rooms, suitable accommodation must be provided. A First-Aid room(s) must contain essential First-Aid facilities and equipment, allow easy access to patients including by wheelchair or stretcher, be clearly signposted by a white pictogram or symbol on a green background (which may be supplemented with text), in accordance with the Health & Safety (Safety Signs & Signals) Regulations 1996. If possible, the room(s) should be reserved exclusively for First-Aid treatment.

5.C.02 A First-Aid room(s) will usually be necessary in establishments with high risks, such as sites undertaking manufacturing, working with chemicals or large construction sites and in larger premises at a distance from emergency medical services. A designated person should be given responsibility for the room. To be effective, First-Aid rooms should:

- be large enough to hold a couch, with enough space at each side for people to work, a desk, a chair and any necessary additional equipment;
- have washable surfaces and adequate heating, ventilation, and lighting;
- be kept clean, tidy, accessible and available for use at all times when employees are at work;
- be positioned as near as possible to a point of access for transport to hospital;
- display a notice on the door advising of the names, locations and, if appropriate, telephone extensions of First-Aiders and how to contact them.

5.C.03 Typical examples of the facilities and equipment a First-Aid room may contain are:

- a sink with hot and cold running water;
- drinking water and disposable cups;
- soap and paper towels;
- a store for First-Aid materials;
- foot-operated refuse containers, lined with disposable yellow clinical waste bags or a container suitable for the safe disposal of clinical waste;
 - A couch with waterproof protection and clean pillows and blankets;
 - A chair;
 - A telephone or other communication equipment;

5.C.04 If the First-Aid room(s) cannot be reserved exclusively for giving First-Aid, care needs to be taken such that the First-Aid facilities can be made available quickly if necessary. For example, they should consider the implications of whether:

- the activities usually carried out in the room can be stopped immediately in an emergency;
 - the furnishings and equipment can be moved easily and quickly to a position that will not interfere with giving First-Aid;
 - the storage arrangements for First-Aid furnishings and equipment allow them to be made available quickly when necessary.