



HM Prison &
Probation Service

HMPPS National Health and Safety Arrangements for First Aid and Emergency Aid Manual

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This guidance should be read in conjunction with the policy framework HMPPS Health and Safety Arrangements for First Aid and Emergency Aid and its associated annexes.

1. How do I complete a first aid needs assessment?

1.1 The first aid needs assessment will ;

- cover the needs of employees
- consider third parties including prisoners and people on probation, visitors and contractors where immediate emergency response may be required in the interim of further assistance arriving i.e. Healthcare (prisoners), on site third party provider first aider and/or emergency service response
- consider a number of factors including the use of HMPPS contracted healthcare provision (where in place)
- identify needs based on local risk and demand

1.2 The first aid needs assessment template is located on Sphera. HMPPS prison and probation health and safety staff identified in the roles & responsibilities of the policy (Annex B prisons and Annex C probation) are responsible for creating the assessment for the site.

Path to First Aid Needs Assessment located in Sphera;

[Sphera/Risk assessment/Create New Risk Assessment/First Aid Needs Assessment](#)

Refer to Annex 1 which provide further information to support completion of the assessment.

1.3 Privately managed prisons without access to Sphera are able to follow the first aid needs assessment question set which is outlined in Annex 2.

1.4 Once the first aid needs assessment has been completed the duty holder or their representative should agree and accept the assessment, this will then be saved onto Sphera and can be downloaded as a hard copy.

2. Contingency planning for night responses in prisons and approved premises

2.1 In the case of a night-time life critical casualty, once the alarm is raised and the appointed person has taken charge of the response, established plans should allow for the most rapid access to treatment as reasonably practicable considering security needs.

2.2 Those controlling the response will need to dynamically assess the need for them to move to the casualty site or to locate elsewhere to enable more effective and rapid coordination and access of others in the response.

3. What is the difference between an appointed person, FAW, EFAW?

3.1 The Table below provides an overview of roles. Annex 3 provides an overview of the FAW and EFAW competencies.

Role	Description
Appointed Person (AP)	A nominated, competent person with authority to take control of a response to a casualty, summon emergency services, facilitate the

	access of the emergency services to the casualty, co-ordinate follow-up, reporting and recording.
Emergency First Aid at Work (EFAW)	Administers emergency treatment to maintain life and prevent the situation from worsening in the immediate term pending access to professional clinical treatment.
First Aid at work (FAW)	Able to recognise and treat a wider range of injuries and medical conditions, as well as understand how to administer emergency treatment and life support to preserve life and limb in the immediate term, pending access to professional clinical treatment.

4. First aid training

4.1 Local administrators (People hub within prisons) should record training on myLearning. Useful links to walkthrough videos aimed to support local administrators record training on myLearning are below. Identified staff will need to be logged into myLearning to access:

- Adding and Amending Attendees video walkthrough link is: [Course: myLearning Guidance for Trainers / Admins, Topic: Adding and Amending Attendees \(mydevelopment.org.uk\)](#)
- Creating and Amending Sessions walkthrough link is: [Course: myLearning Guidance for Trainers / Admins, Topic: Creating and Amending Sessions - Local Administrators Only \(mydevelopment.org.uk\)](#)

4.2 All first-aid training certificates, whether FAW, EFAW or some other appropriate training i.e. train the trainer, defibrillator or catastrophic bleed accredited training, are valid for three years. See 4.5 for an overview.

4.3 Within training there are practical elements as part of the assessment to test attendees understanding. Should attendees have any concerns in relation to their competency, or the impact of training on their wellbeing, they should be encouraged to raise this with the course tutor or with their line manager following the training for further support to be considered as appropriate.

4.4 The use of evaluation forms following training is a useful tool to measure understanding and to provide an opportunity for attendees to raise any concerns.

4.5 Requalification training should be arranged before certificates expire. If the first aider does not retrain or requalify before the expiry date on their current certificate, they are no longer considered competent to act as a first aider in the workplace.

The table below provides an overview:

Course	Initial qualification course	Re qualification course (required three yearly)	Description
Emergency First Aid at Work	one day	one day	The requalification course should be of the same duration and content as the initial EFAW course
First Aid at Work	three days	two days	Recertification achieved through a two day requalification course. An individual is able to requalify at any time after the expiry date on the certificate by undertaking the two-day requalification

			course. However, it may be prudent to complete the three-day FAW course, especially where a considerable period – i.e. in excess of one month – has elapsed since the FAW certificate expired.
First aid instructor	Four days days	Two days	Annual monitoring, to be undertaken by an individual who holds either a CPD internal quality assurance qualification (gained through the approved first aid awarding body provider) or a stand alone generic internal quality assurance qualification i.e. TAQA

5. Use of radios in prisons and approved premises

- 5.1 Given the potential for serious incidents to both staff and prisoners/people on probation and the scale of many prisons, the availability of a radio is a major advantage in enabling the best response time from a range of staff who may be at distant parts of the premises when their services are needed.

Any staff who are first aiders and are frequently in the operational environment should therefore carry a radio and be suitably trained in their use. Local arrangements should ensure that designated first aiders can be reached, such as the use of designated call signs.

Radio training can be accessed and arranged locally on site where required.

- 5.2 Within the prison environment medical emergency code red and code blue signs are used. Further information is contained within the medical emergency response codes PSI 3/2013.

6. First Aid Equipment and First Aid Room Minimum Requirements

- 6.1 The contents of first aid kit(s) should be based on your first aid needs assessment. As a guide, where work activities are low-risk (for example, desk-based work) a minimum first aid kit might contain:

- a leaflet with general guidance on first aid (for example, HSE's leaflet [Basic advice on first aid at work](#))
- individually wrapped sterile plasters of assorted sizes
- sterile eye pads
- individually wrapped triangular bandages, preferably sterile
- safety pins
- large and medium-sized sterile, individually wrapped, unmedicated wound dressings
- disposable gloves
- It is important that all first aid kits contain resuscitation face shield(s) for emergency use.

First aid kits should be checked regularly in line with the HMPPS roles and responsibilities (Annex B prison and Annex C probation). Many items, particularly sterile ones, are marked with expiry dates. Replace expired items, disposing of them safely. For non-sterile items without dates, you should check that they are still fit for purpose.

- 6.2 Local arrangements should be in place to supply all trained EFAW and FAW staff with a personal issue resuscitation face shield and include measures in to replenish when used. Replacement face shields can be procured through the PPE contract.

6.3 First Aid room minimum standards

Where the first aid needs assessments identifies the need for a first-aid room or room consideration will be given to the equality act, disabilities including wheelchair accessibility as part of room selection. If possible, the room(s) should be reserved exclusively for giving first aid. Such rooms should contain;

- essential first aid facilities and equipment
- be easily accessible to stretchers
- be clearly signposted and identified by white lettering or symbols on a green background. Further information can be found using the link below;

[Safety signs and signals. The Health and Safety Regulations 1996. Guidance on Regulations - L64 \(hse.gov.uk\)](https://www.hse.gov.uk/signals/)

6.4 A first-aid room will usually be necessary where there are higher hazards such as in chemical industries or on large construction sites, and in larger premises at a distance from medical services. A designated person should be given responsibility for supervising it. The room(s) should be clearly signposted and identified by white lettering or symbols on a green background.

6.5 First Aid rooms should;

- be large enough to hold an examination/medical couch, with enough space at each side for people to work, a chair and any necessary additional equipment;
- have washable surfaces and adequate heating, ventilation and lighting;
- where possible have flooring which can be easily cleaned
- have arrangements in place for adequate / appropriate cleaning to prevent the spread of infections and diseases.
- 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.

6.6 Typical examples of the equipment and facilities a first-aid room may contain are:

- a sink with hot and cold running water
- drinking water with disposable cups
- soap and paper towels
- a store for first-aid materials
- foot-operated refuse containers, lined with disposable, yellow clinical wastebags or a container suitable for the safe disposal of clinical waste
- an examination/medical couch with waterproof protection and clean pillows and blankets (a paper couch roll may be used that is changed between casualties)
- a chair(s) especially where a chaperone may be required
- a telephone or other communication equipment
- a record book for recording events attended by a first-aid-er or appointed person

6.7 Typical examples of the equipment and facilities a first-aid room may contain are:

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- a store for first-aid materials
- foot-operated refuse containers, lined with disposable, yellow clinical wastebags or a container suitable for the safe disposal of clinical waste
- an examination/medical couch with waterproof protection and clean pillows and blankets (a paper couch roll may be used that is changed between casualties)
- a chair(s) especially where a chaperone may be required
- a telephone or other communication equipment
- a record book for recording events attended by a first-aider or appointed person

6.8 If the first-aid room(s) cannot be reserved exclusively for giving first aid, sites need to make sure that the first-aid facilities can be made available quickly if necessary by considering if:

- 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

6.9 Aside from local checks of equipment and general workplace inspections undertaken, recognised Trade Unions can carry out workplace inspections in line with relevant legislation.

7. Medical Emergencies and legal action risk

7.1 Staff attending an incident/first on scene can directly request a call is made for an ambulance if they assess that one is needed. There is no requirement to wait for a first aider or healthcare worker to make that judgement where the incident suggests the need for emergency services is required.

7.2 It is very unlikely that any legal action would be taken against a trained and qualified first aider who holds a current certificate and who is operating in accordance with the training they have received and the circumstances they are in. Any claim for compensation will almost certainly be made against the Ministry of Justice, as the employer is legally responsible for the acts or omissions of its employees when acting properly in the course of their employment.

8. Post incident

8.1 Where first aid treatment is administered, a record of first aid treatment should include:

- date, time and place of the incident
- name and job of the injured or ill person
- details of the injury/illness and what first aid was given
- what happened to the person immediately afterwards (for example, went back to work, went home, went to hospital)
- name and signature of the first-aider or person dealing with the incident

8.2 Some incidents may also require an accident report to be completed using the HMPPS accident reporting tool (Sphera) where injuries are as a result of a work or non work related accident. Further information can be found using the link below.

<https://www.gov.uk/government/publications/managing-accidents-and-injuries-in-prison-psi-022016>

- 8.3 Where individuals have been involved with response arrangements which could be potentially traumatic, it is important that staff are aware of support available for instance via local care teams, TRiM or through employee assist.

Employee assist program:

Call the confidential helpline on 0800 019 8988 - open 24 hours a day, 7 days a week or [visit the PAM Assist](#) website - username: HMPPS, password: HMPPS1 (use Firefox or another modern browser)

- 8.4 In certain circumstances in the event of serious injury, the individual managing the situation will undertake a debrief with those involved in the incident. As part of the debrief staff wellbeing should be considered. Should staff have remaining concerns signposting to further support should be considered.
- 8.5 The Post Incident Care Policy Framework sets out how staff should be supported after an event of this kind. [Post-incident care policy framework.docx \(sharepoint.com\)](#)

9. What information do staff need to be provided with?

- 9.1 Within the induction process, staff, prisoners, people on probation and third parties should be provided with information on;
- Local first aid arrangements in place and how to gain emergency aid response
 - Support available

10. Monitoring, audit and review

- 10.1 Standards of first aid management are to be monitored in the following ways:

Reactive and Post-incident Monitoring;

- Incidents which have required first aid should be reviewed to consider if the need was met in terms of time, skill and treatment.
- Analysis of accidents, assaults and use of force injuries submitted regularly to SMTs and health and safety committees should include consideration of the severity and need for first aid intervention and whether it is consistently achieved.
- Complaints and concerns re first aid treatment availability should be properly considered and responded to.

Proactive Monitoring;

- HMPPS HS performance monitoring system "PHASE" includes a set of audit question on first aid performance. This question set can be deployed when required to review local performance or regularly to monitor standards.
- The health and safety teams within prisons consider first aid in their regular inspections and audits and within the regular stakeholder reports which are sent to governors and PGDs.
- The health and safety teams within probation identify first aid provision during inspections and audits which is routinely shared with their RPD and SLTs.
- Joint Union and HMPPS workplace inspections either at local or national level allow any issues to be identified.
- Strategic monitoring takes place via the National HSF Risk and Control Reports and the HMPPS Board's Health and Safety Sub-Committee.

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