

5 First Aid

Contents

Title	Page
Amendment Record	1
Introduction	1
Roles and Responsibilities	2
Retention of Records	9
Related Documents	9
Annex A First Aid Risk Assessment Guidance	A1 – A7
Annex B First Aid Notice	B1
Annex C First Aid Room	C1 – C2

Amendment Record

Amendments will be staffed by the Directorate of Defence Safety (DDS) policy team following consultation with relevant subject matter experts (SMEs) and key stakeholders. Any suggestions for amendments should be sent to COO-DDS-GroupMailbox@mod.gov.uk.

Version No	Date of publishing	Text Affected	Authority
1.2	Oct 20	Interim update post-handover of Policy from DSA to D HS&EP.	D HS&EP
1.3	Jan 22	Updated to remove confusion between Accountable Person (AP) and Appointed Person (AP). Appointed Person now written in full throughout.	D HS&EP
1.4	21 Aug 23	Update to paragraph on defibrillator usage.	DDS

Introduction

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.

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.

3. The key guiding principles and purpose of First Aid is often given in the mnemonic "3 Ps". These three points govern the actions undertaken by a First Aider:
 - a. preserve life;
 - b. prevent further injury;
 - c. promote recovery.

4. The MOD manages the provision of FAW through a combination of the following four roles (see Paragraph 16 and 29 for more details):
 - a. Appointed Person;
 - b. Emergency First Aid at Work (EFAW) – EFAW is the minimum standard for delivery of First Aid in the workplace;
 - c. 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; and
 - d. a recognised first aid qualification from a recognised body.

5. Additional First Aid requirements for particular high-hazard sectors are covered in relevant statute and JSPs for example climatic illness and injury prevention and treatment are covered in JSP 375 Volume 1 Chapter 41 (Heat Illness Prevention) and Chapter 42 (Cold Injury Prevention), JSP 950 contains the medical policy and direction for healthcare professionals.

Roles and Responsibilities

Top Level Budget Holders

6. The requirement to provide First Aid is part of the delegated safety responsibilities for 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 or units they control. This will require trained and certificated volunteers from the workforce to act as First Aiders as well as the provision of First Aid kits and any other necessary First Aid equipment.

Commanding Officers (CO) / Heads of Establishment (HoE)

7. COs are Accountable Persons (AP) responsible for ensuring that suitable arrangements are in place to manage the provision of First Aid cover for all activities involving Defence personnel (Service and civilian), whether on MOD property or units lodging in another's establishment, incl. lone workers, shift workers and visitors under their control. HoE is the AP responsible for ensuring that suitable arrangements are in place for the provision of First-Aid cover in occupied buildings, lodger units, and visitors to sites under their control.

8. The CO / HoE must jointly ensure that a written risk assessment for the activities and areas under their control is undertaken in accordance with JSP 375 Volume 1, Chapter 8 (Safety Risk Assessment and Safe Systems of Work). The risk assessment should 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 / HoE assess the numbers of First Aiders required is at Annex A.

9. Where the risk assessment has concluded that First Aiders (EFAW / FAW) are not required (due to low numbers of staff and low health and safety risks), APs need to be satisfied that risk controls are in place. If CO / HoE experience difficulty in encouraging staff to volunteer to become First Aiders, they may wish to consider local incentive schemes.

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

11. 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 or site plans. Information 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. A template of a First Aider / Equipment Location Notice is at Annex B.

12. Both CO and 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, Service First Aid training or from the Civil Service Learning (CSL) portal. If the CO / HoE wishes to use a training source other than described, a submission to the [CSL Gateway Panel](#) for approval to proceed (regardless of value) must be made.

13. Where the need for a defibrillator has been identified from the risk assessment, the AED is the Defence preferred defibrillator unit to be purchased / 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:

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

14. All First Aid equipment including defibrillators must be strategically placed, in prominent locations and identified by the appropriate signage. It is essential that the CO / HoE ensures that:

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

Managers

15. 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 First Aid cover. This provision must be brought to the attention of all Defence personnel, visitors, and contractors. Consideration should be taken for vulnerable people who may need special provisions. For example, a diabetic may require a fridge for the storage of insulin and sharps box for the disposal of needles.

16. 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

17. An Appointed Person is a person required under FAWR with the responsibility to take charge in an emergency situation when an individual becomes ill or is injured 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 also 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 the First Aid equipment is in working order (e.g. defibrillators) and maintaining records of responses to incidents which may be used for training purposes.

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

19. Service personnel whose Common Core Foundation skills are in date can act as an Appointed Person.

All First Aiders (EFAW / FAW)

20. A First Aider can either be civilian or Service personnel 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 the following minimum information:

- a. name of training organisation;
- b. name of qualification;
- c. name of individual;
- d. a validity period for three years from date of course completion;
- e. an indication that the certificate has been issued for the purposes of complying with the requirements of the FAWR; and
- f. a statement that teaching was delivered in accordance with currently accepted First Aid practice.

First Aid training courses

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

- a. EFAW training courses - involve at least 6 hours of training and are run over a minimum of one day; and
- b. FAW training courses - involve at least 18 hours of training and are run over a minimum of 3 days.

22. Re-qualification training courses:

- a. EFAW Certification – recommendation is to re-take the EFAW course;
- b. 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, or within 28 days of expiry – otherwise the full course must be taken); and
- c. Automatic External Defibrillator 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).

23. First Aiders have a responsibility to maintain their knowledge (It has been shown that there is significant skill fade after as little as 6 months if First Aid is not regularly practiced) 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.

Emergency First Aid at work

24. 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 Responders. Personnel trained to EFAW standard (HSE L74 Appendix 6) must understand the role and responsibilities of a First Aider and be able to:

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

First Aid at work

25. FAW includes and expands upon the skills taught under EFAW and 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 and 6) must in addition to the subject areas above also be able to:

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

26. 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:

- a. any cuts or grazes on skin should be covered by a waterproof dressing;
- b. disposable gloves, apron and suitable eye protection should be worn when dealing with blood or any other bodily fluids and where splash is possible;
- c. use face shields when giving mouth-to-mouth resuscitation, but only if competent in their use; and
- d. wash hands afterwards.

27. A First Aider must not administer any medicines to treat illness with one exception that FAW trained staff may assist a patient to take medication that has been prescribed for that patient by a medical practitioner:

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

28. Prescription only medicines (POMs) are prescribed to the individual and should only be used by or on the individual concerned.

Community First Responders (CFR)

29. 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.

30. 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

31. 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. If they wish to volunteer as a First Aider must have undergone First Aid training to the minimum standard as detailed at paragraphs 18 and 20. However, SP who have in date Common Core Foundation Skills can carry out the function of an Appointed Person should they wish to do so.

32. Defence Medics are allowed to administer First Aid to civilians and act as an Appointed Person 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

33. 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.

34. 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 also known as the First Aid Café.

All Personnel

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

36. Defibrillators that either automatically provides a shock to the patient (fully automatic) or defibrillators that instructs the operator to press a button to discharge the shock (semi-automatic) 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.

37. 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 (or 999 within the UK) from any telephone or mobile phone to contact the emergency services (Ambulance, Fire and Rescue Service or Police). The GSM mobile phone standard designates 112 as an emergency number which can be dialed 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 do not know exactly where you are, using 112 / 999 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. Dialing 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).

Retention of Records

38. All Risk Assessments and First Aid Equipment Maintenance Records are to be held in accordance with JSP 375 Volume 1, Chapter 39 (Retention of Records).

39. 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 Volume 1, Chapter 16 (Safety Occurrence Reporting and Investigation). The minimum records of First Aid treatment that should be retained are:

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

Related Documents

40. The following documents should be consulted in conjunction with this chapter:

- a. JSP 375 Volume 1:
 - (1) Chapter 08 – Safety Risk Assessment and Safe Systems of Work;
 - (2) Chapter 16 – Safety Occurrence Reporting and Investigation;
 - (3) Chapter 37 – Public Events;
 - (4) Chapter 39 – Retention of Records;
 - (5) Chapter 41 – Heat Illness Prevention; and
 - (6) Chapter 42 – Cold Injury Prevention.

b. Other MOD Publications:

- (1) JSP 950 – Medical Policy (this document covers military battlefield trauma/tactical field and post-exposure to conditions);
- (2) BRd 875 – Regulations for Royal Fleet Auxiliaries; and
- (3) British Standard 8599-1 (via Dstan site) – standard of minimum conformity for First Aid kits.

c. Legislation and Guidance:

- (1) [HSE – L74 – ACOP – The Health and Safety \(First Aid\) Regulations;](#)
- (2) [HSE – INDG347 -Basic Advice on First Aid at Work;](#)
- (3) [HSE – INDG214 - First Aid at Work: Your questions answered;](#)
- (4) [HSE - General Information Sheet 3 – A Guide for Employers – Selecting a First Aid Training Provider;](#)
- (5) [HSE – Infection at Work: Controlling the Risks;](#)
- (6) [Association of First Aiders;](#) and
- (7) [Resuscitation Council \(UK\) and British Heart Foundation – A Guide to Automated External Defibrillators.](#)

First Aid Risk Assessment Guidance

1. 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. 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?

2. The minimum First Aid provision on any work site depends on the First Aid risk assessment:

a. but may be a minimum of one First Aider for each separate work area or an Appointed Person to take charge of First Aid arrangements (on a small organisation with comparatively low health and safety risks or where a First Aider is absent in temporary and exceptional circumstances);

3. As part of the First Aid risk assessment the First Aid procedures must be considered, the procedures that are put in place should ensure that:

a. a suitably stocked First Aid kit; with regular inspections recorded;

b. information for personnel detailing the First Aid arrangements on site. Display information within the workplace including pictures and contact details for the designated First Aiders; and

c. adequate PPE to be provided for First Aiders.

How many First Aiders do you need to provide?

4. 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. 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 Appointed Person / 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.

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

7. 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 Volume 1 Chapter 37 (Public Events) refers.

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

Points to consider	Impact on First Aid provision
Hazards	
<p>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</p>	
Workplace Hazards	
<p>Does your workplace have low-level hazards such as those that might be found in offices?</p>	<p>The minimum provision is:</p> <ul style="list-style-type: none"> • an Appointed Person to take charge of First Aid arrangements; and • 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 or 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); and • informing the emergency services of any specific hazards that may exist on site etc. in advance.
<p>Are there parts of your establishment where different levels of risk can be identified (e.g. in teaching establishment with research laboratories)?</p>	<p>You will probably need to make different levels of provision in different parts of the establishment.</p>

Personnel	
<p>How many people are employed on site?</p>	<p>Where there are small numbers of Defence personnel, the minimum provision is:</p> <ul style="list-style-type: none"> • an Appointed Person to take charge of First Aid arrangements; and • a suitably stocked First Aid box (see either 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 BS500-1 <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. AEDs), First Aid kits (small, medium, or 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); and • 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</p> <ul style="list-style-type: none"> • additional training for First Aiders; • additional First Aid equipment; and • 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; and • 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>	<p>You should ensure there is adequate First Aid provision for all times that people are at work.</p> <p>There should at least be one EFAW / FAW First Aider available per shift (depending on the types of injuries that may occur)</p>
<p>Are the premises spread out, e.g. 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>You should assess the response times for First Aid 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> <p>Consideration should be given to staff who work in self-contained areas.</p>
<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; and • ensure provision of a suitably stocked First Aid kit or a First Aid room at the location.

Suggested numbers of First Aid personnel / First Aid Kits to be available at all times for the number of people 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 Appointed Person	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 Appointed Person	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

1. 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 and safety (Safety Signs and Signals) Regulations 1996. If possible, the room(s) should be reserved exclusively for First Aid treatment.

2. 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:
 - a. 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;
 - b. have washable surfaces and adequate heating, ventilation, and lighting;
 - c. be kept clean, tidy, accessible, and available for use at all times when employees are at work;
 - d. be positioned as near as possible to a point of access for transport to hospital;
 - e. display a notice on the door advising of the names, locations and, if appropriate, telephone extensions of First Aiders and how to contact them;
 - f. be regularly inspected and records of inspections retained; and
 - g. all waste to be disposed of appropriately.

3. Typical examples of the facilities and equipment a First Aid room may contain are:
 - a. a sink with hot and cold running water;
 - b. drinking water and disposable cups;
 - c. soap and paper towels;
 - d. a store for First Aid materials;
 - e. foot-operated refuse containers, lined with disposable yellow clinical waste bags or a container suitable for the safe disposal of clinical waste;
 - f. a couch with waterproof protection and clean pillows and blankets;
 - g. chair; and
 - h. a telephone or other communication equipment.

4. 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:
- a. the activities usually carried out in the room can be stopped immediately in an emergency;
 - b. the furnishings and equipment can be moved easily and quickly to a position that will not interfere with giving First Aid; and
 - c. the storage arrangements for First Aid furnishings and equipment allow them to be made available quickly when necessary.