

5 First Aid

This chapter is split into two parts:

Part 1: Directive. This part provides direction that you **must** follow to help you comply with (keep to) health and safety law, Government policy and Defence policy.

Part 2: Guidance. This part provides the guidance and good practice that **should** be followed and will help you to keep to this policy.

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[Annex A – First Aid Risk Assessment Guidance](#)

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[Annex C – First Aid Room](#)

[Annex D – Automated External Defibrillator \(AED\) Signs](#)

[Annex E – Chapter 5 – Assurance Checklist](#)

Amendment record

This chapter has been reviewed by the Directorate of Defence Safety & Support (DDSS) together with relevant subject matter experts and key safety stakeholders. Any suggestions for amendments should in the first instance be directed to the Defence Area's [Safety Centre/Team Group Mailbox](#) and with their approval, sent to People-DDSS-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
1.5	23 Jul 24	Release of two-part chapter structure. Increased emphasis of the requirement for First Aid risk assessments, and better direction & guidance on the provision and use of automated external defibrillators (AEDs).	DDS
1.6	2 May 25	Requirement of First Aid training to adhere to Resus Council guidelines for Adult Basic Life Support and inclusion for Defence Areas to have option to mandate First Aid training to certain posts.	DDS
1.7	12 Oct 26	Updated MOD Indemnity information; detail on Tactical Combat Casualty Care (UK); the requirement to make sure eye wash and first aid kits are clearly distinguishable; and other minor updates.	DDSS

Terms and definitions

The following table sets out definitions of some of the key terms used in this chapter. The general safety terms and definitions are provided in the [Master Glossary of Safety Terms and Definitions](#) which can also be accessed on the [GOV.UK](#) website.

Appointed Person (First Aid)	A person appointed to take charge of specific arrangements (for example first aid or 4Cs) on behalf of the accountable person, commander or manager. For this chapter, an appointed person takes charge of first aid arrangements, including checking First Aid equipment and calling emergency services when required but not conducting first aid. This person is appointed in lieu of a formal First Aider being available.
Automated External Defibrillator (AED)	An AED is a portable electronic machine that can automatically detect the abnormal heart rhythms that cause cardiac arrest and can deliver the shock that is needed to save the life of a person with a rhythm such as ventricular fibrillation (VF).
Community First Responder (CFR)	Community First Responders are volunteer members of their community who are trained to respond to emergency calls in conjunction with their local NHS Trust Ambulance Service.
Competent person	A person who has the training, skills, experience, and knowledge necessary to perform a task safely, and is able to apply them. Other factors, such as attitude and physical ability, can also affect someone's competence. (See www.hse.gov.uk/competence/what-is-competence.htm for information on competence.)
First Aid	The skilled application of accepted principals of treatment on occurrence of an accident/case of sudden illness using facilities or materials available at the time.
First Aider	A person who is formally qualified and competent to carry out First Aid at work on adults over 18. This person must have an in-date Emergency First Aid at Work or First Aid at Work qualification.

The term 'Defence Area' refers to one of the four top-level areas of Defence: Department of State (DOS), Armed Forces (MSHQ and Military Commands), National Armaments Director (NAD) Group and the Defence Nuclear Enterprise (DNE). Within Defence Safety Policy (JSP 815, JSP 375 and JSP 376), reference to a 'Defence Area' responsibility applies to the top-level Defence Area however, for the Armed Forces it also applies to their component Military Commands (Army, Air, Navy and CSOC).

Must and should

Where this chapter says **must**, this means that the action is a compulsory requirement.

Where this chapter says **should**, this means that the action is not a compulsory requirement but is considered good practice.

Scope

The policy contained within this chapter:

- a. applies to all those employed by Defence (military and civilian) including those under the age of 18 (for example recruits and apprentices).
- b. applies to those working on behalf of, or under the supervision of Defence (for example, contractors or visitors).
- c. applies to all Defence activities carried out in any location (UK or overseas).
- d. is not written for young persons in the cadet forces¹, Defence-run schools, nurseries and so on; those organisations **must** maintain their own safety policies and governance and **must** provide statutory compliant infrastructure and appropriate safe systems of work. They may use material from this chapter as a reference point, but where appropriate their respective policies **should** be adapted to meet the needs of young persons and to follow any applicable Department for Education guidelines or legislation.

Assurance

The application of the policy contained within this Chapter **must** be assured (that is, its use must be guaranteed). As part of their overall assurance activity, the commander, manager, or accountable person (AP) **must** make sure that this policy is followed and put into practice effectively. Assurance **must** be carried out in accordance with JSP 815 (Defence Safety Management System) Element 12 – Assurance. Alternative acceptable means of compliance.

A chapter assurance checklist can be found at [Annex E](#). Please note its use is not mandatory, but it can provide helpful evidence to assist in the assurance and conformance against the policy direction within this chapter.

Alternative acceptable means of compliance

This policy is mandatory across Defence and the only acceptable means of compliance (AMC) is attained by following the directive set out in this chapter. However, there may be circumstances where a small number of military units may be permanently unable to comply with (keep to) parts of the policy. In such circumstances an alternative AMC is set out in the [JSP 375 Directive and Guidance](#).

Equality analysis

The policy in this Chapter has been subject to an equality analysis in accordance with the [Public Sector Equality Duty](#) and Departmental Policy.

¹ Guidance for cadet forces is set out in JSP 814 (Policy and Regulations for Ministry of Defence Sponsored Cadet Forces).

Part 1: Directive

Introduction

1. This chapter provides the direction and guidance for the provision of First Aid in Defence to meet the requirements of The Health and Safety (First-Aid) Regulations 1981 (FAWR). This guidance is applicable to all working locations, activities and situations, including all formal training environments, organised sport and adventurous training. However, this chapter does not cover military battlefield trauma / tactical field care training which is covered in [JSP 950 – Medical Policy](#).

Background

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 First Aider and is more effective if delivered without hesitation, 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. Additional First Aid requirements for specific high-hazard sectors are covered in relevant statute and JSPs for example climatic illness and injury prevention and treatment are covered in [Chapter 41](#) (Heat Illness Prevention) and [Chapter 42](#) (Cold Injury Prevention) of JSP 375, Volume 1, and JSP 950 contains the medical policy and direction for medical professionals.

5. While this chapter generally refers to First Aiders as volunteers, Defence Areas can mandate that certain posts are to be First Aid trained and act as First Aiders.

Key health and safety legislation

6. The [Health and Safety at Work etc. Act \(HSWA\) 1974, Section 2](#) places general duties on employers for their employees so that 'it shall be the duty of every employer to ensure, so far as is reasonably practicable the health, safety and welfare at work of all of [their] employees' and, under [Section 3](#), persons not in their employment who may be affected.

7. There is also a duty on employers under the [Management of Health and Safety at Work Regulations \(MHSWR\) 1999](#) to carry out a suitable and sufficient assessment of the risks to the health and safety of their employees. As such, Defence requires commanders, managers and accountable persons to make sure that suitable and sufficient risk assessments are carried out in order to mitigate health and safety risks to the personnel under their area of responsibility. Defence safety risk assessments **must** be carried out in accordance with [Chapter 8](#) (Safety risk assessment and safe systems of work) of JSP 375 Volume 1.

8. The [Secretary of State \(SofS\) for Defence Policy Statement on health and safety](#), sets out SofS's commitment for Defence to comply with all the applicable health and safety legislation when in the United Kingdom (UK). When overseas, 'we will comply with the laws of Host States, where they apply to us, and in circumstances where such requirements fall short of UK requirements, we will apply UK standards so far as is reasonably practicable to do so.'

9. Defence complies with the [Health and Safety \(First-Aid\) Regulations 1981](#) (FAWR) for all civilian personnel, in accordance with the FAWR Regulation 7(f) the FAWR does not apply to the Armed Forces. Where the FAWR's do not apply, in accordance with the SofS's Policy Statement "the Department **must** maintain arrangements that produce outcomes that are, so far as is reasonably practicable, at least as good as those required by UK legislation". To establish what is reasonably practicable, commanders, managers and accountable persons **must** make sure that the First Aid risk assessment (detailed in Policy Statement 4 of this chapter) determines what equipment / facilities are needed, and that there are a suitable number of trained persons to provide First Aid that is adequate and appropriate in the circumstances.

Policy Statements

10. Defence has established the following policy statements, which **must** be followed.

- a. **Policy Statement 1.** A Defence Area's most senior leader **must** make sure that suitable and sufficient arrangements are in place for the provision of First Aid in their organisation and to make sure that the necessary resources, training, equipment and facilities are available.
- b. **Policy Statement 2.** The accountable person **must** make sure that suitable and sufficient arrangements are in place for the provision of First Aid at the establishments or units that are under their area of responsibility and to make sure that the allocated resources are used efficiently.
- c. **Policy Statement 3.** The accountable person **must** make sure that an adequate number of Automated External Defibrillator's (AEDs) are available across the establishments or units that are under their area of responsibility.
- d. **Policy Statement 4.** Commanders, managers and accountable persons **must** make sure that a suitable and sufficient First Aid risk assessment is undertaken for the activities under their area of responsibility. The risk assessment **must** identify First Aid requirements and the necessary actions needed to provide adequate cover where applicable.
- e. **Policy Statement 5.** Commanders, managers and accountable persons **must** make sure that there is an adequate number of First Aiders or Appointed Persons in their area of responsibility and that there is adequate First Aid equipment available, which is in date, fit for purpose and freely accessible to all personnel and others.
- f. **Policy Statement 6.** All personnel **must** comply with instructions from personnel carrying out Appointed Person or First Aider duties regardless of rank or grade.

Policy Statement 1

A Defence Area's most senior leader **must** make sure that suitable and sufficient arrangements are in place for the provision of First Aid in their organisation and to make sure that the necessary resources, training, equipment and facilities are available.

11. Each Defence Area's most senior leader **must** make sure that suitable and sufficient arrangements are in place for the provision of First Aid in their organisation, and to make sure that the necessary resources are available for accountable persons to meet their resource, training, equipment and facility requirements.
12. Where this is not possible, control measures **must** be put in place to reduce the risk of inadequate First Aid cover to As Low as Reasonably Practicable (ALARP) and tolerable.
13. Any First Aid course run for or by Defence (including any military specific First Aid training) **must** follow the [Resuscitation Council – Adult basic life support guidelines](#), making sure to reference agonal breathing, recognition of cardiac arrest and the use of AEDs
14. Defence Areas **must** detail their First Aid arrangements (processes and procedures) in their safety management arrangements.
15. Defence Areas **must** detail the specific First Aid arrangements for any unique activities conducted and platforms operated at the appropriate level; this **must** include if specific First Aid training or equipment (including First Aid kits) is required for specific platforms.

Policy Statement 2

The accountable person **must** make sure that suitable and sufficient arrangements are in place for the provision of First Aid at the establishments or units that are under their area of responsibility and to make sure that the allocated resources are used efficiently.

16. The accountable person **must** make sure that suitable and sufficient arrangements are in place for the provision of First Aid at the establishments or units that are under their area of responsibility.
17. The accountable person **must** make sure that the allocated resources are used efficiently to comply with the FAWR and to make sure that volunteers in their area of responsibility are appropriately trained in First Aid.
18. The provision of FAW training **should** be made through on-site resources, Service First Aid training or from the Government Campus portal. Further information on FAW training is available in the Part 2: Guidance section of this chapter.
19. If there is a requirement for the accountable person to use a training source other than that described above, the relevant approvals process for external training within their Defence Area **must** be followed.
20. Where there is a need for personnel to be trained in First Aid, volunteers **must** be granted the leave from work to undertake this training.

21. When based overseas, the Accountable Person **must** make sure that those who are to be First Aid trained, are trained in accordance with Host Nation training requirements or UK First Aid at Work training requirements – whichever is greater.
22. The contents of First Aid kits used across Defence **must** conform to BS8599. If overseas, then First Aid kits **should** first comply with host nation requirements and be raised to BS8599 standards if the host nation's requirements fall short of these standards.
23. All in-service first aid and eye wash kits **must** be clearly distinguishable from each other, through their appearance, labelling, marking or signage, in order to reduce the risk of bystander confusion.
24. The accountable person **must** make sure that lodgers on their establishment / unit are included in the First Aid Arrangements and are made aware of any changes that may affect them.
25. Incidents requiring the attention of a First Aider **must** be recorded and reported in accordance with local First Aid procedures. The accountable person **must** make sure that these incidents are appropriately investigated, and the risk assessment reviewed accordingly.
26. Information on how to contact emergency services **must** be made available to all personnel, at establishment/unit level. More in-depth information on external emergency service contact numbers, in the UK and globally, can be found in the "All Personnel" paragraphs in the Guidance part of this document.
27. The accountable person **must** make sure that the emergency services are able to access and egress the establishment or facilities under their area of responsibility in line with [Chapter 1](#) (Emergency and Disaster Planning) of JSP 375, Volume 1.

Policy Statement 3

The accountable person **must** make sure that an adequate number of Automated External Defibrillators (AEDs) are available across the establishments or units that are under their area of responsibility.

28. Accountable persons **must** make sure that an adequate number of AEDs are available across the establishments or units that are under their area of responsibility.
29. The number and location of AEDs **must** be determined through the First Aid risk assessment as set out in Policy Statement 4.
30. All AEDs held on Defence establishments / sites **must** be identified and correctly labelled by type and suitability, their location **must** be clearly signposted, freely accessible at all times and the workforce **must** be informed of these arrangements.
31. AED equipment **must** be regularly inspected and maintained in accordance with manufacturer's instructions and records of maintenance retained. AEDs, are defined as work equipment, are also included in the scope of the Provision and Use of Work Equipment Regulations 1998 (PUWER).

32. Where the need for AEDs has been identified through a suitable and sufficient risk assessment or needs analysis, appropriate resources for training and regular retraining in their use **should** be provided.

33. AEDs that either automatically provide a shock to the patient (fully automatic) or AEDs that instruct the operator to press a button to discharge the shock (semi-automatic) may be used by untrained personnel (untrained in First Aid). 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.

Policy Statement 4

Commanders, managers and accountable persons **must** make sure that a suitable and sufficient First Aid risk assessment is undertaken for the activities under their area of responsibility. The risk assessment **must** identify First Aid requirements and the necessary actions needed to provide adequate cover where applicable.

34. The accountable person **must** make sure that suitable and sufficient First Aid risk assessments for the activities and areas under their control is undertaken in accordance with JSP 375, Vol 1, Chapter 8 (Safety risk assessment and safe systems of work).

35. Commanders, managers and accountable persons **must** make sure that the First Aid risk assessment determines what equipment/facilities are needed, and that there are a suitable number of trained personnel to provide First Aid that is adequate and appropriate in the circumstances.

36. Where a new activity is taking place, First Aid requirements **must** be considered in the risk assessment, and where applicable implemented, ahead of that activity taking place.

37. Commanders, managers and accountable persons **must** make sure that the risk assessment identifies the levels of training required for personnel in their area of responsibility. For example, the following 4 levels of training **must** be considered and appropriately selected, further details of these are provided in Policy Statement 4 of the Guidance part of this chapter:

- a. No specific first-aid training required (Appointed Person)
- b. Emergency First Aid at Work training
- c. First Aid at Work training
- d. Military-specific First-Aid training

38. All Service personnel undergo military first aid training through either Common Core Foundation Skills (CCFS) or Tactical Combat Casualty Care (UK) (TCCC(UK)). However, this training is primarily focused on providing immediate lifesaving interventions in military and operational environments and does not cover all aspects of Emergency First Aid at Work (EFAW) or First Aid at Work (FAW) training. Therefore, completion of CCFS or TCCC(UK) training alone is not sufficient for Service personnel to be classed as a First Aider under the Health and Safety (First-Aid) Regulations. If Service personnel wish to volunteer as a First Aider, they **must** attend approved First Aid training to the minimum standard detailed in Part 2: Guidance, Policy Statement 4 of this chapter.

39. The risk assessment **must** identify First Aid requirements (amount of First Aiders needed, number of First Aid kits, requirement for AEDs and so on) and the necessary resources and actions needed to provide adequate First Aid cover where applicable.

40. Where the risk assessment has concluded that First Aiders are not required (due to low numbers of staff and / or low health and safety risks), accountable persons **must** be satisfied that suitable and sufficient risk control measures are in place.

41. In lieu of trained First Aiders being in place, Appointed Persons **should** be assigned to undertake administrative First Aid duties. Further details are included in Part 2: Guidance of this chapter. Detailed guidance to help accountable persons assess the numbers of First Aiders required is at [Annex A](#) (First Aid Risk Assessment Guidance) of this chapter.

Policy Statement 5

Commanders, managers and accountable persons **must** make sure that there is an adequate number of First Aiders or Appointed Persons in their area of responsibility and that there is adequate First Aid equipment available, which is in date, fit for purpose and freely accessible to all personnel and others.

42. Commanders, managers and accountable persons **must** make sure that there is an adequate number of First Aiders or Appointed Persons in their area of responsibility as established in the risk assessment set out in Policy Statement 4.

43. If a risk assessment has determined that there is a requirement for first aid provision, then all activity owners **must** make sure that it is provided to a suitable and sufficient standard.

44. Commanders, managers and accountable persons of identified high-risk areas, **must** make sure the First Aid arrangements are brought to the attention of all Defence personnel, visitors and contractors in their area of responsibility.

45. Commanders, managers and accountable persons **must** make sure that adequate First Aid equipment is available, in date, fit for purpose and freely accessible to all personnel and others.

46. Commanders, managers or accountable persons **must** provide adequate First Aid provision where their areas of responsibility are not fixed premises, for example, vehicles carrying multiple personnel, training activities outside, or not at their duty unit.

47. First Aid equipment **must** be placed appropriately to business needs or activities undertaken, easily accessible, in prominent locations, identified by the appropriate signage and recorded on establishment or site plans.

48. 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](#).

Policy Statement 6

All personnel **must** comply with instructions from personnel carrying out Appointed Person or First Aider duties regardless of rank or grade.

49. All personnel **must** comply with instructions given by a person who is carrying out Appointed Person or First Aider duties, and if requested immediately report back when the actions requested of them have been completed.

50. When receiving instructions from an Appointed Person or First Aider carrying out their duties, rank or grade **must** not be a barrier to following those instructions.

51. All personnel **must** make themselves aware of local emergency procedures and contact numbers.

Part 2: Guidance

This part provides the guidance and good practice that **should** be followed to help you comply with this policy.

Policy Statement 1

A Defence Area's most senior leader **must** make sure that suitable and sufficient arrangements are in place for the provision of First Aid in their organisation and to make sure that the necessary resources, training, equipment and facilities are available.

1. The Defence Area's most senior leader **should** make decisions on suitable and sufficient arrangements by consulting with the person responsible for Health and Safety in their organisation.
2. Arrangements for First Aid within the Defence Area **should** be easily found and referred to as a part of the organisation's safety management arrangements.

Policy Statement 2

The accountable person **must** make sure that suitable and sufficient arrangements are in place for the provision of First Aid at the establishments or units that are under their area of responsibility and to make sure that the allocated resources are used efficiently.

3. The accountable person's First Aid arrangements **should** make sure that sufficient First Aid kits are provided, appropriately located, and maintained in a serviceable condition.
4. The findings of the First Aid risk assessment (Policy Statement 4) **should** be used to determine the type, quantity and location of First Aid resources required to provide adequate cover.
5. When planning for events (for example an Open Day or Family Day and so on) that will include members of the public, the commander, manager or accountable person in charge of the event **should** make sure that an adequate number of First Aiders and First Aid provision is available for the expected number of visitors. While this is not a legal requirement under FAWR, it is strongly recommended by the HSE².
6. When making sure eye wash and first aid kits are easily distinguishable from each other, they **should** be clearly labelled and signposted, and where reasonably practicable **should** have different colouring, markings, packaging or other visual features that allow a bystander to quickly identify the correct kit in an emergency.
7. First Aiders working with Service personnel who are under 18-years-old, **should** be trained in EFAW / FAW. There is no requirement for First Aid volunteers to be trained in Paediatric First Aid for 16 and 17-year-olds in Defence, therefore all Service personnel **should** be considered as adults.

² [Planning for incidents and emergencies - HSE](#)

8. If the accountable person experiences difficulty in encouraging staff to volunteer to become First Aiders, they may wish to consider local incentive schemes.
9. If assessed as appropriate, you may keep boxes of aspirin (300mg tablets) with, not in, First Aid kits for treatment of personnel suffering heart attacks, with appropriate labelling that they are only to be used in emergencies by a qualified First Aider (provided the patient has confirmed they are not allergic).

Policy Statement 3

The accountable person **must** make sure that an adequate number of Automated External Defibrillator's (AEDs) are available across the establishments or units that are under their area of responsibility.

10. AEDs **should** be located in / around buildings that are assessed to be either higher risk, have a high footfall, or are more remote. The following list is for suggested areas that might be applicable to most sites but is not exhaustive:
- a. Guard rooms / visitor centres;
 - b. Gyms / swimming pools;
 - c. Learning centres / training providers;
 - d. Medical / Dental centres;
 - e. Remote or hard to access locations.
11. In accordance with best practice from the [Resuscitation Council](#), generally AEDs **should** be accessible within 200 metres or 2 minutes brisk walk (4 minutes there and back) from where it is potentially needed.
12. 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.
13. 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. Any person (as set out in the Scope for this chapter) operating an AED for its intended purpose will be covered by the MOD's indemnity against any litigation connected with its use irrespective of whether they have received any training.
15. If an AED provided by Defence is publicly accessible, it **should** be registered on [The Circuit - the national defibrillator network](#).

Policy Statement 4

Commanders, managers and accountable persons **must** make sure that a suitable and sufficient First Aid risk assessment is undertaken for the activities under their area of responsibility. The risk assessment **must** identify First Aid requirements and the necessary actions needed to provide adequate cover where applicable.

16. If the risk assessment identifies the requirement to provide a dedicated First Aid room for adequate cover where applicable, then provision of an appropriately equipped First Aid room **should** be considered by the accountable person. Further detail on First Aid rooms is detailed at [Annex C](#) to this chapter.

17. Unrestricted access to First Aid equipment **should** be maintained at all times (for example, First Aid kits and AEDs). This **should** be taken into consideration when undertaking the First Aid risk assessment.

18. If a working location on an establishment or unit is expected to have a regular or high level of external visitors (for example a Guard Room), then any First Aid risk assessment **should** take that level of visitors into consideration.

19. First Aiders **should** make sure that a record is maintained of all the incidents that they attend and of the immediate outcome (for example, did the patient return to work, go home, go to hospital and so on). They also **must** keep any First Aid equipment provided specifically to them (for example; Grab Bags) in a serviceable condition.

First Aid training courses

20. **Appointed Person.** No specific First Aid training is required. Generally applicable to civilian / military / mixed working environments where there are low numbers of staff, the workplace / activities are low risk and so on.

21. **Emergency First Aid at Work training.** Generally applicable civilian / military / mixed working environments where there are low-medium numbers of staff, the workplace / activities are low-medium risk and so on. 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 for example; Community First Responders. Personnel trained to EFAW standard **should** be competent in the points detailed in [HSE L74 Appendix 6](#).

22. **First Aid at Work training.** Generally applicable to civilian / military / mixed working environments regardless of number of staff, or workplace / activity risk levels. 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 **should** be competent in the points listed in [HSE L74 Appendix 5](#) and [6](#).

23. **Military specific First Aid training.** If the working area that is being First Aid risk assessed is made up of only or a majority of Service personnel, then the commander, manager or accountable person may wish to consider whether Tier 1 (All Service Members³) Tactical Combat Casualty Care (UK) (TCCC(UK) training provides a suitable level of First Aid training. It **should** be noted that TCCC(UK) training is focused on life-threatening emergencies in operational and military environments. Tier 1 TCCC(UK) training generally covers the following:

- a. Performing basic life support (which **must** follow the [Resuscitation Council – Adult basic life support guidelines](#)).
- b. Describing and discussing the use and safety of Automated External Defibrillators (AEDs).
- c. Applying tactical casualty care principles, including care under fire or threat, scene safety, casualty assessment and triage.
- d. Treating catastrophic and life-threatening bleeding, including the use of tourniquets, haemostatic dressings and direct pressure techniques.
- e. Managing airway compromise and the unresponsive casualty.
- f. Recognising and treating breathing difficulties and penetrating chest injuries.
- g. Assessing and treating casualties suffering from circulatory compromise, shock and hypothermia resulting from injury.
- h. Treating:
 - (1) head and eye injuries;
 - (2) fractures, dislocations and other musculoskeletal injuries; and
 - (3) burns and environmental injuries, including heat illness and cold injury.
- i. Providing casualty monitoring, reporting and evacuation procedures.

Note: TCCC(UK) content and application may vary according to the tier of training undertaken, Service, role, environment and level of medical materiel and additional support available. It is therefore advisable to check the detail and currency of the specific TCCC(UK) course being delivered before determining whether it provides an appropriate level of First Aid training for the area being assessed.

Note: Any or a mixture of the 4 levels of training may be required where there are mixed civilian / military working environments, the First Aid risk assessment **should** determine what level of training is required in proportion to the ratio of civilian and Service personnel.

24. First Aid training (initial EFAW / FAW or requalification) **should** be provided through internal resources, this may be from an on-site capability or through the [Government Campus](#)⁴. All First Aid training **should** satisfy the criteria set by the HSE through the following [link](#).

³ TCCC is delivered in 4 Tiers: Tier 1: All Service Members (ASM); Tier 2: Combat Lifesavers (CLS); Tier 3: Combat Medicine Course (CMC); and Tier 4: Combat Pre-hospital Provider (CPP).

⁴ Contact 020 3640 7985 for further details on using this service.

25. AED training – training in the use of AEDs is a part of EFAW and FAW courses. However, AEDs are safe and able to be readily used by untrained bystanders though awareness training is strongly recommended to increase confidence in their use.

26. All First Aid training **should** include training confirmation on successful completion and be recorded, with a current list of First Aiders maintained by each unit H&S advisor.

27. Skill fade can occur after as little as 6 months if First Aid is not practiced. First Aiders have a responsibility to maintain their knowledge 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.

Policy Statement 5

Commanders, managers and accountable persons **must** make sure that there is an adequate number of First Aiders or Appointed Persons in their area of responsibility and that there is adequate First Aid equipment available, which is in date, fit for purpose and freely accessible to all personnel and others.

28. 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. This **should** be identified in establishment / site First Aid risk assessments, otherwise these **should** be raised to the accountable person by the commander or manager responsible for the specific area.

29. Commanders, managers and accountable persons **should** make sure a regular schedule of checking First Aid kit contents is implemented, this **should** be done at no longer than quarterly intervals or a check following an incident using the kit.

30. Checking of First Aid kits **should** be undertaken by an Appointed Person, or a qualified First Aider where possible.

31. 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.

Policy Statement 6

All personnel **must** comply with instructions from personnel carrying out Appointed Person or First Aider duties regardless of rank or grade.

32. When an Appointed Person or First Aider is carrying out duties in aiding an injured or ill person, they essentially become the commander of the area or activity being carried out.

33. Other personnel in the vicinity of an Appointed Person or First Aider carrying out their duties, **should** make themselves available to assist where it is safe to do so.

34. Untrained personnel **should** not attempt to give First Aid to an unconscious patient, unless they are being supervised by either a trained First Aider (EFAW / FAW) or being talked through by the emergency services. Untrained personnel **should** call for help by any means available, dialling 112 / 999 on their mobile and using loudspeaker if nobody is immediately available to help.

35. If untrained personnel come across an unconscious casualty, who is breathing, their priority **should** be to call for help and contact the emergency services (and to follow any local emergency procedures). They **should** stay with that person at least until relieved by a First Aider, medical professional or the emergency services.

36. All personnel **should** consider installing the “What3Words” app to their mobile phone to assist in identifying and communicating their precise location to the emergency services in the event that they are in an isolated, difficult-to-find location.

Personnel (Specifically trained and otherwise)

Appointed Persons

37. 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 for example; 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 (for example; defibrillators) and maintaining records of responses to incidents which may be used for training purposes.

38. Although no formal training is required for the person to fulfil the role of an Appointed Person, they may benefit from attendance on an EFAW course. An Appointed Person who has not been First Aid trained **should** not attempt to give First Aid, unless they are being supervised by a trained First Aider (EFAW / FAW) or being talked through by the emergency services. A First Aider can carry out the duties of an Appointed Person, which usually include:

- a. Looking after First Aid equipment;
- b. Looking after First Aid facilities; and
- c. Calling emergency services.

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

All First Aiders (EFAW / FAW)

40. 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 / FAW Certificate and has undertaken their role voluntarily.

41. First Aiders do not normally need to be immunised against Blood-Borne Viruses (BBVs) such as Hepatitis B (HBV). 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, therefore resuscitation, if deemed necessary, **should** never be delayed or denied because of concerns around BBV risk. 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.

42. A First Aider **must** not administer any medicines to treat illness, with the following exceptions:

- a. FAW trained staff may assist a patient to take medication that has been prescribed for that patient by a medical practitioner:
 - (1) if they feel they are dealing with a life-threatening situation and the casualty is in possession of the appropriate medication or auto-injector;
 - (2) if the medication / autoinjector is used in compliance with any manufacturers and prescriber's instructions and the FAW First Aider's training; and
 - (3) excluding insulin pens which **should** not be needed in an emergency – the emergency is normally hypoglycaemia (blood sugar too low) an insulin pen would make this worse.
- b. FAW trained staff may deem it necessary to give a patient suffering a heart attack a single 300mg tablet of aspirin to chew and swallow, to aid with blood flow and help prevent further clotting (provided the patient has confirmed they are not allergic).

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

Community First Responders (CFR)

44. 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.

45. 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.

46. CFRs will normally be indemnified by the Ambulance Service when called out by them, for example; if a member of Defence personnel is a CFR and is called out by the Ambulance Service to treat an emergency on MOD premises. Check with your local Ambulance Service for details, as this may vary between different NHS Trusts.

Service Personnel

47. All Service personnel 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, they **must** have undergone First Aid training to the minimum standard as detailed previously in this chapter. However, Service personnel who have in date Common Core Foundation Skills can carry out the function of an Appointed Person **should** they wish to do so.

48. Defence Medical Service Healthcare Workforce (DMS HCW) personnel are allowed to administer First Aid to civilians and act as an Appointed Person if they volunteer to do so. Although DMS HCW 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 DMS HCW volunteers 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

49. The MOD will provide indemnity for any qualified First Aider or DMS HCW who provides first aid to:

- a. Defence personnel; or
- b. any other person on the Defence estate or a premises used for Defence purposes [provided the First Aider was on the estate or premises in a lawful capacity].

50. This indemnity will apply only where the First Aider is not already covered for their actions by another insurance policy, such as personal insurance or insurance provided through their employment.

51. If a First Aider wishes to use their First Aid skills outside the scope of MOD business (for example 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.

52. Generally, in UK Civil Law, 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.

53. 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 delivered fell below that which could be expected in the given circumstances. This applies whether they are a medical professional, a non-professional volunteer First Aider, or simply an unskilled member of the general public.

All Personnel

54. 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).

55. The Global System for Mobile Communications (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 and in the UK).

56. 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. 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).

57. If untrained personnel come across an unconscious casualty, who they have discovered is not breathing, they **should** follow these steps:

- a. Call for help;
- b. Contact the emergency services;
- c. Either fetch or instruct someone to fetch the nearest AED; and
- d. While on the phone to the emergency services, follow the directions given but hand over to a trained First Aider / Emergency First Aider / medical professional when able and instructed to do so.

Note: Local emergency procedures that supplement the above steps **should** also be followed.

Retention of records

58. The retention of records including Risk Assessments and First Aid Equipment Maintenance Records **must** be in accordance with [Chapter 39](#) (Retention of Records) of JSP 375, Volume 1.

59. Accidents and incidents including any First Aid treatment provided **should** be recorded in accordance with Defence Area's reporting procedures and the minimum data requirements detailed in [Chapter 16](#) (Safety Occurrence Reporting and Investigation) of JSP 375, Volume 1. 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.

60. Where applicable, the Caldicott Principles⁵ **should** apply to information sharing related to first aid. Specifically, Principle 7:

- a. “The duty to share information for individual care is as important as the duty to protect patient confidentiality.”

Related documents

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

- a. JSP 815 – Defence Safety Management System (Framework)
- b. JSP 375 Volume 1
 - (1) Chapter 01 – Emergency and Disaster Planning
 - (2) Chapter 08 – Safety Risk Assessment and Safe Systems of Work
 - (3) Chapter 14 – Health Surveillance and Health Monitoring
 - (4) Chapter 16 – Safety Occurrence Reporting and Investigation
 - (5) Chapter 18 – Lone Working
 - (6) Chapter 21 – Managing Staff Remotely
 - (7) Chapter 37 – Public Events;
 - (8) Chapter 39 – Retention of Records
 - (9) Chapter 41 – Heat Illness Prevention
 - (10) Chapter 42 – Cold Injury Prevention
- c. Other MOD Publications:
 - (1) JSP 950 – Medical Policy (this document covers military battlefield trauma/tactical field and post-exposure to conditions)
 - (2) JSP 660 – Sport in the UK Armed Forces
 - (3) JSP 419 – Adventurous Training in the UK Armed Forces
- d. Legislation and Guidance:
 - (1) [Management of Health and Safety at Work Regulations 1999](#)
 - (2) [Health and Safety \(First-Aid\) Regulations 1981](#)
 - (3) [HSE – L74 – ACOP – The Health and Safety \(First-Aid\) Regulations](#)
 - (4) [HSE – INDG347 – Basic Advice on First Aid at Work](#)
 - (5) [HSE – INDG214 – First Aid at Work: Your questions answered](#)
 - (6) [HSE – General Information Sheet 3 – A Guide for Employers – Selecting a First Aid Training Provider](#)

⁵ The Caldicott Principles are a set of good practice guidelines to make sure people’s health and care data is kept confidential and used appropriately.

- (7) [Association of First Aiders](#)
- (8) [A guide to Automated External Defibrillators \(AEDs\) \(resus.org.uk\)](#)
- (9) British Standard 8599-1 (via [StanMIS](#) site) – standard of minimum conformity for First Aid kits