



UNISON HEALTH & SAFETY

Information sheet

• *First-aid at Work*

Last updated January 2010

Thousands of workplace accidents take place every year. Hundreds of employees also fall ill at work each year. When employees are injured or become ill at work, it is important that they receive immediate help and attention and that an ambulance is called for the more serious cases.

Under the Health and Safety (First-aid) Regulations 1981 employers are required to provide adequate and appropriate first-aid equipment and facilities, and an adequate number of trained and qualified staff to give first-aid to ill or injured employees at work. Information must be given to all workers about the provision of first-aid, and the location of first-aid equipment, facilities, and personnel.

What is adequate and appropriate will depend on the workplace including the number of employees who work there. The minimum first-aid provision for any work site is:

- a clearly identified and suitably stocked first-aid box,
- an appointed person to look after the first-aid arrangements in the workplace and information for employees on first-aid arrangements.

To determine what are adequate and appropriate first-aid requirements for a workplace, the employer must carry out a risk assessment. This should consider:

- the workplace hazards and risks of injury and ill health, including:
 - any specific hazards such as dangerous substances, tools, machinery or objects, and
 - areas where there are additional risks such as a kitchen or cafeteria within a school or office complex;
- the size of the organisation and whether there are several buildings spread out across the site;
- the size, nature, and distribution of the workforce, including:
 - whether any of the employees are inexperienced, young, or work experience trainees and therefore at greater risk,
 - whether any of the workers suffer from a disability or ill-health,
 - whether there are any shift or out-of-hours workers,
 - whether any of the workers have language or reading difficulties,
 - whether any workers travel, or work remotely or alone, and
 - whether any work in shared or multi-occupied sites, or at the site of another employer (first-aid arrangements must cover other site occupiers);
- whether members of the public visit (**employers do not have any legal responsibility for non-employees, but the Health and Safety Executive (HSE) strongly recommends that they are considered when making provision for first-aid**), the history of accidents and ill health – their type, frequency, consequence and where they happened;
- whether the workplace is remote from emergency medical services

- the annual leave and other absences (planned and unplanned) of first-aiders and appointed persons.

SIGNIFICANT OR UNUSUAL RISKS

If there are significant or more unusual risks at the workplace, the following must also be considered:

- extra training for first-aiders to cover the unusual risks or special procedures which they may need to carry out in the event of an injury or illness (for example, workers in confined spaces),
- extra first-aid equipment,
- reviewing the content of the first-aid box,
- the precise location of first-aid equipment, perhaps in particular areas or at various points throughout a large building or site,
- different levels of provision in different parts of the establishment (for example, the school kitchen compared to the rest of the school),
- whether local medical services need to be informed of the location of the workplace,
- whether special arrangements need to be made with the emergency services, and
- whether to issue personal first-aid kits and training staff on how to use them, (e.g. for lone workers) and
- whether to issue personal communicators such as mobile phones or walkie-talkies to employees.

FIRST- AID BOX

A first-aid box must be accessible at all times. The HSE suggests that at the very least, it should contain:

- a leaflet giving general first-aid advice (such as the HSE's leaflet, *Basic Advice on First-aid at Work*),
- 20 individually wrapped sterile plasters in various sizes,
- 2 sterile eye pads,
- 4 (preferably sterile) individually wrapped triangular bandages,
- 6 safety pins,
- 6 medium-sized (approximately 12cm x 12cm) individually wrapped sterile un-medicated wound dressings,
- 2 large (18cm x 18cm) sterile individually wrapped un-medicated wound dressings, and
- 1 pair of disposable gloves.

Equivalent items are acceptable. The risk assessment may show that other specific items are necessary due to the risk of particular hazards.

FIRST- AID ROOMS

First-aid rooms are usually essential in high-risk establishments, or at larger premises which are a distance from medical services. This criteria does not normally apply to most places in which UNISON organises. However, as with all first-aid provision, the decision on whether or not to have a first-aid room has to be on the basis of the employer having assessed the first-aid needs appropriate to the workplace. A number of factors will need to be considered including workplace hazards and risks, and the workplace history of accidents.

If a first-aid room is judged to be necessary, it must: contain essential first-aid facilities and equipment, be easily accessible for stretchers and any other equipment needed to convey patients to and from the room, and be clearly sign-posted and identified (in accordance with separate regulations on safety signs). A designated person (first-aider or appointed person) should be given responsibility for the room.

Changes made in 2002 to the Regulations have encouraged some employers to remove first-aid rooms in an attempt to avoid meeting the amended requirements. In fact, the changes are only slight. The provision on stretcher accessibility and sign-posting was previously within the approved code of practice (ACoP) to the regulations. Employers must follow ACoPs, unless they can show that they are meeting the provision in some other way. These particular requirements are now within the actual regulations and include other methods for carrying patients and the specific type of signage.

Therefore any employer who now decides that a first-aid room is not or no longer required, should be asked to justify this by providing the branch with their assessment. In particular, if a first-aid room was previously deemed essential, what are the changed circumstances which make this no-longer a requirement?

APPOINTED PERSONS AND FIRST- AIDERS

Where the risk assessment shows that people need to be available to administer first-aid to employees, a suitable number of trained and qualified first-aiders and/or appointed persons must be provided.

An appointed person will also be the minimum requirement in a workplace where the risk assessment concluded that a first-aider was not necessary. There must always be at least one appointed person available whenever there are people at work.

An appointed person will be responsible for anyone injured or ill, for calling an ambulance where necessary, and for looking after the first-aid equipment. Appointed persons are not first-aiders and therefore should not give first-aid for which they have not been trained, although ideally they should receive training in emergency first-aid.

How many first-aiders and/or appointed persons is suitable amount will depend on the risks, the hazards, and other circumstances of the workplace, all of which should be considered in the risk assessment. The table below which gives a guide is reproduced from HSE guidance. Extra first-aiders/appointed persons will be needed to cover absences.

NUMBER OF FIRST-AIDERS/APPOINTED PERSONS		
Risk Category.	Number of employees at any location.	Suggested number of first-aid personnel.
Lower risk – offices and libraries.	Less than 50.	At least 1 appointed person.
	50 – 100.	At least 1 first-aider.
	Over 100.	At least one additional first-aider for every 100 employed.
Medium risk – food processing and warehousing.	Less than 20.	At least 1 appointed person.
	20 – 100.	At least 1 first-aider for every 50 employed (or part thereof).

High risk – dangerous machinery, and sharp instruments.	Over 100.	One additional first-aider for every 100 employed. At least 1 appointed person.
	Less than 5.	
	5 – 50. Over 50.	At least 1 first-aider. At least 1 first-aider for every 50 employed.
	Where there are hazards for which additional first-aid skills are necessary.	In addition, at least 1 first-aider trained in the specific emergency action.

TRAINING

First-aiders are trained and must have a current first-aid at work certificate to show that they are capable of giving first-aid. First-aid training is available from organisations recognised by the HSE, including St. John's Ambulance and the British Red Cross. **From 1st October 2009 changes to first aid at work training courses were introduced.** These changes mean that an employer can now send prospective first-aiders on a course in either first aid at work (FAW) or emergency first aid at work (EFAW). The employer should use the findings of their first-aid needs assessment to ensure that the type of training course chosen is appropriate to the workplace. Training results in a three year certification period and towards the end of this period, first-aiders need to undertake a FAW or EFAW requalification course, as appropriate, to obtain another three-year certificate. Within any certification period, HSE strongly recommends that first-aiders undertake annual refresher training. This is not mandatory, but will help qualified first-aiders maintain their basic skills and keep up to date with any changes to first-aid procedures

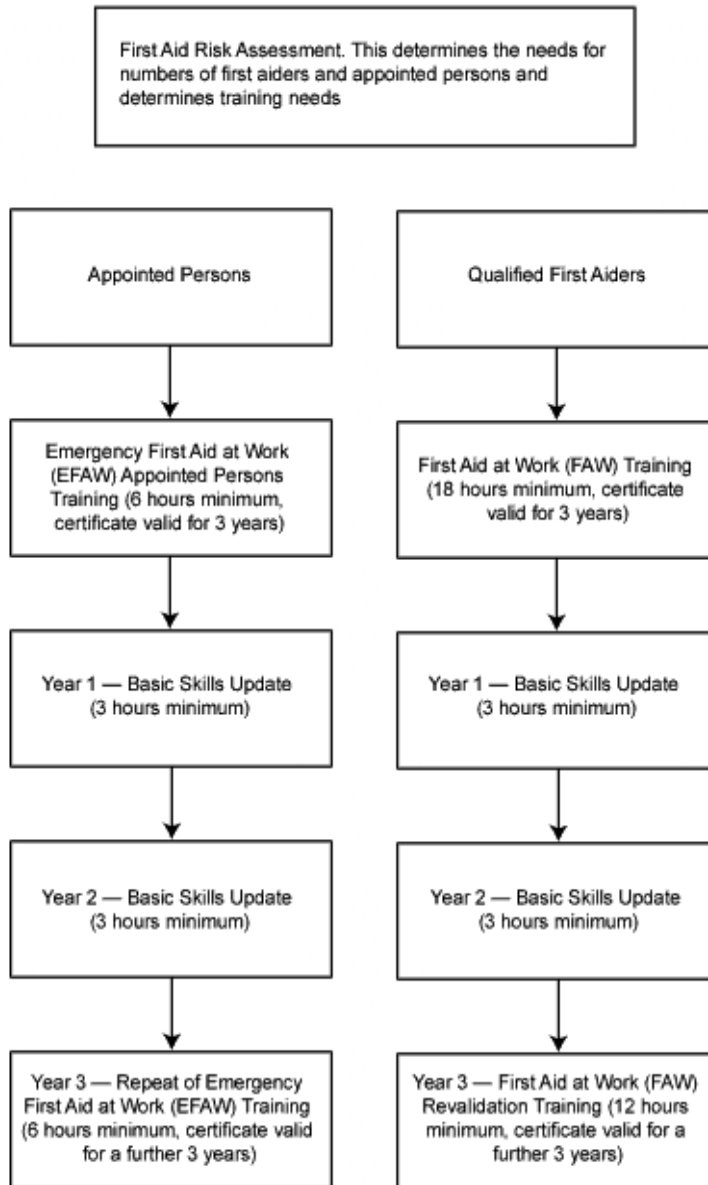
If the risk assessment identifies that first-aiders are necessary, they must be available whenever people are at work, except for exceptional, unforeseen, and temporary circumstances; when an appointed person must be available.

An appointed person is the minimum requirement in a workplace where the risk assessment concluded that a first-aider was not necessary. **There must always be at least one appointed person available whenever there are people at work.**

An appointed person will be responsible for anyone injured or ill, for calling an ambulance where necessary, and for looking after the first-aid equipment. Appointed persons are not first-aiders and therefore should not give first-aid for which they have not been trained, although ideally they should receive training in emergency first-aid.

The flow chart below sets out the level and frequency of training for both first aiders and appointed persons.

Training Needs Flow Chart



Informing Employees

First-aid arrangements operate efficiently in an emergency only where they are known, understood, and accepted by everyone in the workplace. All employees should be aware of:

- who the first aiders and/or appointed persons are
- where they are located in the workplace
- how they can be contacted
- where first-aid equipment is situated
- where the first-aid room is situated
- the procedures to be followed if external medical services are required (i.e. calling an ambulance)
- where in the workplace such information is displayed (such as notice boards and first-aid signs).

The procedures should also identify how relevant first-aid information to new and transferred employees will be provided and at the very least should form part of the induction training for new employers. A simple method of keeping employees informed is by displaying first-aid notices on notice boards etc. At least one notice in a prominent position at each site, including the base for traveling employees, should give enough opportunity for employees to see the information. The information should be clear, easily understood by all employees and kept up to date. Employers must also ensure that those with reading and language difficulties are taken into account when information is provided.