

CITY AND COUNTY OF CARDIFF

CODE OF GUIDANCE

FIRST AID AT WORK

This Code of Guidance provides information on first aid arrangements and outlines simple hygiene precautions to be followed by first aiders. It addresses the following:

- 1.0 First Aid Arrangements
- 2.0 General Requirements
- 3.0 Assessment of First Aid Needs – Guidance for Service Areas
- 4.0 First Aid and the Public
- 5.0 First Aiders and First Aid Boxes
- 6.0 Defibrillators
- 7.0 First Aid Rooms
- 8.0 General Hygiene Precautions
- 9.0 Insurance

Further Information

Table 1: Assessment of First Aid Needs Checklist

Table 2: Suggested Numbers of First Aiders

Appendix 1: First Aid Treatment Record

1.0 First Aid Arrangements

Suitable first aid arrangements should be provided for all employees whilst they are at work, as required by the Health and Safety (First Aid) Regulations 1981. These Regulations require the Council to make an assessment of first aid needs.

Employers have a legal duty to make arrangements to ensure their employees receive immediate attention if they are injured or taken ill at work, whether or not the illness or injury is caused by the work they do.

First aid provision must be 'adequate and appropriate' and this means that sufficient first aid personnel and facilities should be available:-

- to give immediate assistance to casualties with both common injuries or illnesses and those likely to arise from specific hazards at work.
- to summon an ambulance or other professional help.

2.0 General Requirements

Adequate numbers of first aiders or emergency first aiders or appointed persons must be provided to cover illness and annual leave, and to cover the whole of the working day. It is recommended that the higher level of cover is provided wherever possible.

There are three categories of persons specified to assist with emergency aid, first aiders, emergency first aiders, and appointed persons. The provision of one or more of the above will be dependent on the circumstances within each workplace.

- **First Aiders**
Staff who have undertaken a three day (18 hour) approved training course and final assessment, with a two day refresher training course after three years. There is an additional (but not mandatory) requirement for an annual (3 hour) refresher training for courses undertaken after the 1st October 2009. It is recommended that all first aiders undertake this annual refresher training.
- **Emergency First Aiders**
Staff who have undertaken a one day Emergency First Aid at Work course which covers basic emergency response. Refresher training is annual as above, and the certificate lasts three years. The training is only suitable for low risk workplaces.
- **Appointed person**
There is no requirement for training for an appointed person, where the risk assessment identifies that no first aider is necessary. Their duties include looking after the first aid equipment, replenishing the first aid box and calling the emergency services when required. An appointed person must be available to undertake these tasks at all times when people are at work unless there is a first aider available.

3.0 Assessment of First Aid Needs – Guidance for Service Areas

The Council may need to justify on what grounds the level of first-aid provision has been set. The assessment of first aid needs should be recorded as part of the risk assessment process. It is important that sufficient first-aid provision is always available when employees are at work, and separate arrangements may have to be made for each area of work.

In assessing first aid requirements, Service Areas need to consider:

- **workplace hazards and risks:** the nature of the work, equipment, level of training, age/experience of people and level of supervision
- **the size of the organisation:** generally the larger the workforce, the more first-aid provision is needed. Employee numbers should never be the sole basis for determining first-aid needs, there may be greater risks when fewer people are at work, for example during maintenance. The level of provision for first aid may need vary where employees work in self-contained areas
- **the nature and distribution of the workforce:** consider areas of risk where there may be a need for special first aid cover.
- **the history of accidents:** which may point to specific first aid needs
- **the needs of travelling, remote and lone workers:** consider the ease with which first aid treatment can be accessed.
- **work patterns:** requirements will vary when staff are work shifts or out of hours.

- **provide** adequate first aid cover at all times
- **first aid provision for non employees:** please see paragraph 4 below.

Table 1 contains a checklist to help assess first-aid needs.

Table 2 gives **suggested** numbers of first aid personnel to be available at all times people are at work, based on assessments of risk and numbers of employees.

4.0 First Aid and the Public

The Health and Safety (First Aid) Regulations 1981 do not oblige the Council to provide for first aid for anyone other than their own employees but the Health and Safety Executive does recommend that employers include non employees in their assessment for first aid needs.

The Council has a duty of care to those persons under its control, including school children and those in residential homes, where it is considered that first aid provision must be made.

The DfEE Guidance on First Aid in Schools (January 2009) states *The Health and Safety Commission (HSC) guidance recommends that organisations, such as schools, which provide a service for others should include them in their risk assessments and provide for them.* In the light of their legal responsibilities for those in their care, schools should consider carefully the likely risks to pupils and visitors, and make allowance for them when drawing up policies and deciding on the numbers of first-aid personnel.

It is considered good practice for this to be extended to any member of the public using the Council's services and facilities, particularly in areas where there is considered to be higher risk, for example, in Leisure Centres, or where there are large numbers of the public using the facilities.

First aid needs should be reviewed periodically and at least annually and particularly after changes in operating procedures, changes in personnel or introduction of higher risk activities. First aid needs should be included in risk assessments (Management of Health and Safety at Work Regulations 1999).

To help with the process of reviewing first aid needs a first aid record must be kept of the incidents dealt with by the first aiders. This is **not** a replacement for the accident forms 4.C.043/5, but in addition to it, and will include treatment of illness, and non work related accidents (for example to members of the public who may come into the office following an accident on the street)

Details to be included are:

- Date, time and place of the incident
- Name and job (or address if appropriate) of the injured/ill person
- Details of the injury/illness and the first aid given
- What happened immediately afterwards (returned to work, went home, went to hospital etc)
- Name and signature of the first aider or anyone dealing with the incident.

The format of the record should be such that personal details relating to previous entries cannot be seen, i.e. one entry per page. A blank proforma is included in Appendix 1. Completed records should be stored electronically or in a filing cabinet, leaving blank copies available for use by the First Aider.

5.0 First aiders and first aid boxes

When selecting someone to undertake training for the role of first aider, the following factors should be taken into consideration:

- reliability, disposition and communication skills
- aptitude and ability to absorb new knowledge and learn new skills
- ability to cope with stressful and physically demanding emergency procedures
- normal duties should be such that they may be left to go immediately and rapidly to an emergency.

Details of First Aid at Work,, Emergency First Aid at Work, and use of a defibrillator training courses are available on the Corporate Health and Safety Intranet site. Only approved courses run by Recreation within Direct Services are accepted as training courses for Council staff.

When training or refresher training has been completed, Internal Shared Services and Corporate Services Payroll should be informed of the qualification, and the name added to the Service Area Health and Safety Policy record of competent persons

Within the workplace, the identity of the nearest first aiders and the location of the first aid box should be clearly displayed. This information should be updated regularly

First aid boxes should be clearly indicated with a white cross on a green background.

The contents of first aid boxes need to be maintained by first aiders or the appointed person and should be replenished as soon as possible after use. Expiry dates of first aid materials should be checked and items beyond this date should be discarded. The contents of first aid boxes should be examined frequently.

Whilst there is no mandatory list of items that should be included in a first aid container, the following is a minimum:

- A leaflet giving general first aid guidance (i.e. the HSE's Basic Advice on First Aid at Work)
- 20 individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the work environment (detectable dressings should be available in catering areas).
- 2 sterile eye pads.
- 4 individually wrapped triangular bandages (preferably sterile).
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings (approximately 12cm x 12cm).
- 2 large sterile individually wrapped unmedicated wound dressings (approximately 18cm x 18cm).
- 1 pair of disposable gloves (not latex).

In situations where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline solution (0.9%) in sealed disposable containers should

be provided. Each container should hold 500ml and at least 1ltr should be provided. Once opened they must not be re-used. The containers should not be used after the expiry date.

First aid at work does not include giving tablets or medicines to treat illness. The only exception to this is where aspirin is used when giving first aid to a casualty with a suspected heart attack in accordance with currently accepted first-aid practice. Tablets and medicines must not be kept in the first aid box.

Extra equipment, or items required for special hazards, may be kept in or near first aid boxes but only where the first aider has been specifically trained in their use.

Assessment may also indicate that the following should be available in the vicinity of the first aid box:

- Scissors
- Adhesive tape
- Disposable aprons
- Disposable gloves (not latex)
- Individually wrapped moist wipes.
- Spill kit and/or bleach (stored and handled in safe and proper manner with an appropriate COSHH assessment).
- Plastic bags

Travelling first aid kits

The contents of a travelling first aid kit should reflect the circumstances in which they may foreseeably be used, but the following at least should be included:-

- A leaflet giving general guidance on first aid as above
- Six individually wrapped sterile plasters
- Two triangular bandages
- Two safety pins
- One large sterile unmedicated dressing
- Individually wrapped moist cleansing wipes
- One pair disposable gloves (not latex)

As with first aid boxes, the contents of the kit should be kept stocked from the backup stock at home site.

6.0 Defibrillators

Some Council buildings have a defibrillator at the reception point, and there should be appropriate staff trained in its use. There is a prerequisite for these staff to have a First Aid qualification, as there may be a continued need for CPR or first aid treatment after the equipment is used.

A list of persons able to use the defibrillator must be clearly displayed adjacent to the equipment.

Refresher training for the use of defibrillators is required two yearly.

7.0 First Aid Rooms

A first aid room will only usually be necessary where there are higher risks to health and safety, or in larger premises at some distance from medical services, or where the assessment identifies this as needed.

The first aid room should contain essential first aid facilities and equipment, be accessible for stretchers and clearly signposted and identified. Wherever possible it should be used exclusively for first aid.

The First Aid Room should:

- be large enough to hold an examination/medical couch with sufficient space for people to work either side.
- have a chair and any necessary additional equipment.
- have washable surfaces and adequate heating, lighting and ventilation.
- be kept clean, tidy and accessible and available for use at all times when employees are at work.
- be near as possible to an access point for transport to hospital
- display a notice on the door advising of the names, locations and telephone extensions of the nearest first aiders.

Facilities should include:

- a sink with hot and cold running water,
- drinking water and disposable cups,
- soap and paper towels,
- a store for first aid materials
- foot operated refuse containers lined with disposable yellow clinical waste bags
- an examination/medical couch with waterproof protection and clean pillows and blankets
- a chair
- a telephone or other communication equipment
- a suitable record book to be completed by the first aider.

If the room is to be used for other purposes in addition to first aid, the room must be available for its primary purpose:

- other activities being carried out must be stopped immediately the room is needed for first aid purposes
- the furnishings and equipment must be able to be easily moved to a position that will not interfere with giving first aid
- storage arrangements for first aid equipment must quickly accessible.

8.0 General Hygiene Precautions

If patient is bleeding or spillages need to be cleared up, plastic or rubber gloves and plastic apron should be worn. The gloves and apron should be disposed of in a plastic bag, which should be knotted and put in another plastic bag, which is also knotted. Gloves should be removed by peeling inside out and dropping in the bag.

Spillages of blood or other body fluids should be cleaned up by use of spill kits, for example 'Dusmo Medico floor sweeping compound' available from Procurement and Supplies, or by covering with paper towels and a 1% hypochlorite solution should be gently poured over the paper towels. If possible, the disinfectant should be left in

place for at least 30 minutes and then the area wiped with more paper towels, all of which can be disposed of in small quantities via a water closet, or incinerated, or via the refuse system (in which case the towels should be put in a plastic bag which should be knotted and placed in another plastic bag which is also knotted).

A 1% hypochlorite solution is obtained by a 1 to 10 dilution of a good quality household bleach e.g. Domestos, with water. This dilution is the same as undiluted Milton (if the strength of the bleach is unknown, then as a general rule it should be diluted with no more than three parts of water). An assessment for the control of substances hazardous to health (COSHH) should have been carried out prior to the use of bleach and must be available and understood by persons using it. For general wiping of surfaces, a 0.1% hypochlorite solution is satisfactory.

If any sharp material which has come into contact with the patient's blood, (e.g. nail or broken glass), this should be wrapped in paper, placed in a container which cannot be punctured and then disposed of via the refuse system.

Scissors contaminated with blood should be washed in bleach made up to 1 part bleach to 10 parts water or 1 undiluted Milton i.e. a 1% hypochlorite solution.

If first aiders clothing is contaminated with blood or body fluids, it should be cleaned in an ordinary washing machine on a hot cycle or dry cleaned.

All staff involved in **significant and non significant** exposure incidents should follow the post accidental exposure procedure outlined in [Blood Borne Infections Potential Exposure Procedure and Record 1.CM.179](#).

For information:

Significant exposure incidents are:

- Blood on laceration/abrasion. When an open cut or abrasion is contaminated with the blood of another individual, e.g. (a wound caused by a sharp instrument such as a razor or needle which is contaminated with blood).
- Blood on a mucous membrane. When the mucous membrane (ie the lining of the eyes, nose, mouth) is contaminated with blood from another individual.
- Body fluid or laceration/abrasion. When an open cut or abrasion is contaminated with the body fluid (saliva, urine, semen) of another individual, e.g. a bite which draws blood.

Non-significant exposure incidents are:

- Body fluid on a mucous membrane. When a mucous membrane (ie the lining of the eyes, nose or mouth) becomes contaminated with the body fluid from another individual, there is a theoretical risk of transmission. However, transmission after such an incident is so unlikely that such exposures are considered to be non-significant. The affected mucous membranes of the mouth, nose or eyes should still be irrigated copiously with water. Attendance at the Accident & Emergency Department (A&E) will not normally be required but the in-house Occupational Health Service should be contacted to determine whether in particular circumstances of the incident any further action is necessary. (NOTE: If body fluid is blood-stained the incident should be categorised as a **significant exposure**).

9.0 Insurance

In the event of a recipient of first aid making a claim for compensation, the Council's public and employer's liability insurance policies provide an indemnity to employees undertaking first aid.

Further Information

Health and Safety Advisers, Corporate Services, 029 2087 2635

Management of Health and Safety at Work Regulations 1999 Approved Code of Practice and Guidance L21 ISBN 9780717624881

Five steps to risk assessment IND(G)163L ISBN 071766189X

Basic advice on first aid at work IND(G)215L ISBN 9780717661930

The Health and Safety (First Aid) Regulations 1981 Approved Code of Practice and Guidance L74 ISBN 9780717610501

[Code of Guidance Hygiene Precautions – Blood and Other Body Fluids 1CM.021](#)

[Blood Borne Infections Potential Exposure Procedure and Record 1.CM.179](#)

[Code of Guidance – Accident Reporting 1.CM.012](#)

[Code of Guidance – Accident/Incident Investigation 1.CM.122](#)

TABLE 1

Table 1 Checklist for assessment of first-aid needs

| Point to consider | Impact on first-aid provision |
|--|--|
| <p>■ Hazards (use the findings of your risk assessment and take account of any parts of your workplace that have different work activities/hazards which may require different levels of first-aid provision)</p> | |
| <p>Does your workplace have low-level hazards, like you might find in offices and shops?</p> | <p>The minimum provision is:</p> <ul style="list-style-type: none"> ■ an appointed person to take charge of first-aid arrangements; ■ a suitably stocked first-aid box. |
| <p>Does your workplace have higher level hazards, such as chemicals or dangerous machinery? Do your work activities involve special hazards, such as hydrofluoric acid or confined spaces?</p> | <p>You should consider:</p> <ul style="list-style-type: none"> ■ providing first-aiders; ■ additional training for first-aiders to deal with injuries caused by special hazards; ■ additional first-aid equipment; ■ precise siting of first-aid equipment; ■ providing a first-aid room; ■ informing the emergency services. |
| <p>■ Employees</p> | |
| <p>How many people are employed on site?</p> | <p>Where there are small numbers of employees, the minimum provision is:</p> <ul style="list-style-type: none"> ■ an appointed person to take charge of first-aid arrangements; ■ a suitably stocked first-aid box. <p>Where there are large numbers of employees you should consider providing:</p> <ul style="list-style-type: none"> ■ first-aiders; ■ additional first-aid equipment; ■ a first-aid room. |
| <p>Are there inexperienced workers on site, or employees with disabilities or particular health problems?</p> | <p>You should consider:</p> <ul style="list-style-type: none"> ■ additional training for first-aiders; ■ additional first-aid equipment; ■ local siting of first-aid equipment. <p>Your first-aid provision should cover work experience trainees.</p> |
| <p>■ Accidents and ill-health record</p> | |
| <p>What injuries and illness have occurred in your workplace and where did they happen?</p> | <p>Make sure your first-aid provision caters for the type of injuries and illness that might occur in your workplace. Monitor accidents and ill health and review your first-aid provision as appropriate.</p> |
| <p>■ Working arrangements</p> | |
| <p>Do you have employees who travel a lot, work remotely or work alone?</p> | <p>You should consider:</p> <ul style="list-style-type: none"> ■ issuing personal first-aid kits; ■ issuing personal communicators/mobile phones to employees. |
| <p>Do any of your employees work shifts or work out of hours?</p> | <p>You should ensure there is adequate first-aid provision at all times people are at work.</p> |

| Point to consider | Impact on first-aid provision |
|--|--|
| Are the premises spread out, eg are there several buildings on the site or multi-floor buildings? | You should consider provision in each building or on each floor. |
| Is your workplace remote from emergency medical services? | You should: <ul style="list-style-type: none"> ■ inform the emergency services of your location; ■ consider special arrangements with the emergency services. |
| Do any of your employees work at sites occupied by other employers? | You should make arrangements with other site occupiers to ensure adequate first-aid provision. A written agreement between employers is strongly recommended. |
| Do you have enough provision to cover for your first-aiders or appointed persons when they are absent? | You should consider: <ul style="list-style-type: none"> ■ what cover is needed for annual leave and other planned absences; ■ what cover is needed for unplanned and exceptional absences. |
| ■ Non-employees | |
| Do members of the public visit your premises? | Under the Regulations, 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. |

TABLE 2

| Table 2 Suggested numbers of first-aid personnel to be available at all times people are at work | | |
|---|-----------------------------------|--|
| 1 From your risk assessment, what degree of hazard is associated with your work activities? | 2 How many employees do you have? | 3 What first-aid personnel do you need? |
| Low hazard eg offices, shops, libraries | Less than 25 | At least one appointed person |
| | 25-50 | At least one first-aider trained in EFAW |
| | More than 50 | At least one first-aider trained in FAW for every 100 employed (or part thereof) |
| Higher hazard eg light engineering and assembly work, food processing, warehousing, extensive work with dangerous machinery or sharp instruments, construction, chemical manufacture | Less than 5 | At least one appointed person |
| | 5-50 | At least one first-aider trained in EFAW or FAW depending on the type of injuries that might occur |
| | More than 50 | At least one first-aider trained in FAW for every 50 employed (or part thereof) |

First Aid Treatment Record

To be completed for each time treatment is given and stored securely by a nominated person so that personal details are not seen by unauthorised people

| | |
|--|---------------------------------------|
| Full name and address of persons who suffered from accident, incident or illness | |
| Occupation | |
| Date entry made | |
| Date and time of accident or incident, onset of illness | |
| Place and circumstances of incident (state clearly the activity being undertaken at the time of the incident) | |
| Details of illness or injury and treatment given | <i>Continue overleaf if necessary</i> |
| Signature of person making this entry (state address if different from above) | |