First Aid Guidance Note 1 – Assessing First Aid Needs

The purpose of this assessment is to determine the number of first-aid personnel plus the type and extent of facilities required.

When assessing the first-aid needs for a workplace, judgements need to be made based upon the type of work and the hazards that may be encountered, number of staff and access to qualified medical help, e.g. a hospital A&E department, host occupational health department, doctor or trained nurse. This guidance note will guide you on the factors that should be considered when making an assessment.

Any member of staff who has an understanding of unit operations and can interpret legislative and policy obligations should be able to assess the first-aid needs of a unit. This does not, however, preclude seeking more professional advice from an outside source such as your occupational health provider or the Corporate Safety, Security and Resilience Team.

The assessment should consider:
- Different work activities (e.g. office, laboratory or animal house work)
- The number of personnel in the work place at any one time (you may need to consider mandatory first-aid cover for some staff numbers and activities)
- Geography, both within the site and location of the site (e.g. isolated buildings or a site some distance from ambulance services)
- Lone, remote, mobile working and shift work
- Multiple occupancy and host provisions (e.g. in some buildings there may be shared or host first-aid facilities)
- Non-employees (e.g. volunteers and visitors)

As with all risk assessments, a first-aid assessment should be kept under review as circumstances may change that justify a change in first-aid cover, for example, an increase in staff numbers or an accident that has highlighted first-aid cover deficiencies. Minimally, management should formally review first aid provision on an annual basis.

Different activities

Different activities may need different first aid provisions. For example, a small office with relatively few hazards and low level risks may need only an appointed person whilst an equal sized laboratory handling hazardous material may need at least one qualified first-aider.

Work based risk assessments should include assessment of whether special or specific first-aid training will be required, e.g. animal handling, use of substances for which special treatment or antidotes are required, arrangements for cold burns.

First aid and Electricity

It is the policy of the MRC that:
- Individuals working on any electrical appliance or system must have received training in first aid techniques sufficient in content for the task in hand to allow the individual to deal competently with an emergency situation.
- Individuals working on "live" electrical systems must know how to deal with an emergency situation and be formally trained in resuscitation techniques.
It is recommended that individuals working on "live" electrical systems be accompanied by a person equally competent in both of the above. The risk assessment will determine whether lone working can be permitted.

**Number and nature of staff**

The number of people working in an establishment at one time directly affects the number of first-aid personnel needed and should include all who work in the establishment, both MRC employees and others. For non-employees, see below. Assessing the number of first-aiders required based upon staff numbers is only the start, other factors could well demand a higher first-aider/staff ratio (see sections below). If there are new or expectant mothers, or young persons amongst the staff, their needs should also be accounted for as part of the assessment.

**Location**

If there is difficult or slow access to emergency medical assistance, for example, at a remote location, on site facilities may need to be increased, e.g. having a first-aid room. Advice should be sought from your local ambulance service.

If there are isolated buildings or areas (e.g. a quarantine animal facility) the assessment should recognise these factors and make increased provision, for example, having a designated first-aider in each isolated area.

**Lone, mobile and remote working**

Working alone, travelling or working remotely brings attendant risks exacerbated by isolation, whether within the unit (e.g. out of hours) or in the community. What is a minor situation when others are nearby can be life threatening when unable to obtain immediate assistance.

Each lone, mobile and remote working task should be assessed individually. MRC Health and Safety Policy and Guidance on *Working Alone* gives further advice.

**Shared Facilities**

**First-Aid Facilities (e.g. Boxes or First-Aid Rooms)**

There is no point in unnecessary repetition of first-aid facilities. If your unit is in a shared building then agreement should be sought with the host or other occupants for collective first-aid provision with one party providing a service that the others subscribe to. Directors should ensure that the offered first-aid provisions have been adequately assessed and are suitable and sufficient for the work and staff numbers of their establishment.

**Personnel**

Similarly, arrangements for first-aid personnel cover may also be shared, providing the correct number of suitably trained personnel are available.

**Non-employees**

The Regulations do not require an employer to make first-aid provisions for any person other than his employees. However, when calculating first-aid needs, an
allowance for “permanent” visitors should be made and others who are on the premises on a regular basis, e.g. volunteers or students.

**Number of trained personnel**

As a broad rule of thumb, the following guidelines will allow you to calculate how many qualified first-aiders and/or appointed persons are needed for your unit. For more detailed information on first-aiders and appointed personnel, please see Guidance Note 2. Foreseeable absence such as annual leave, sick leave and special leave (such as bereavements) must be accounted for, to ensure there is adequate first aid provision at all times.

<table>
<thead>
<tr>
<th>Category of Risk</th>
<th>Number of People</th>
<th>Suggested Number of First-Aid Personnel</th>
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| **Lower risk**
  e.g. offices, libraries         | Fewer than 50             | At least one appointed person                                                |
  |                                  | 50-100                    | At least one first-aider                                                     |
  |                                  | More than 100             | One additional first-aider for every 100 people                               |
| **Medium risk**
  e.g. laboratories, volunteer suites | Fewer than 50             | At least one first-aider                                                     |
  |                                  | 50-100                    | At least one first-aider for every 50 people                                 |
  |                                  | More than 100             | One additional first-aider for every 100 people                               |
| **Higher risk**
  e.g. workshops, animal houses, grounds work | Fewer than 50             | At least one first-aider                                                     |
  |                                  | More than 50              | One additional first-aider for every 50 people                               |
  |                                  | Where there are hazards for which additional first-aid skills are necessary | In addition, at least one first-aider trained in specific emergency action  |
First Aid Guidance Note 2 – Provision of first aid facilities

From the assessment outlined in Guidance Note 1, the level of first-aid provision needed for a specific set of circumstances will have been determined. This guidance note sets out the minimum standards for first aid provision units should meet and covers Facilities, Qualified Personnel, Medical Practitioners and Training.

First-aid boxes/containers

The number and contents of first-aid boxes depends upon several factors, e.g. number and distribution of staff, remoteness and the type of work undertaken. First-aid boxes must not contain tablets, medication or pharmaceutical preparations. First-aid boxes, containers or kits, should be in easily accessible places, preferably in a clean area or room, and should be protected from dust and damp.

First-aid boxes do not replenish themselves. A member of staff should be given responsibility for ensuring that the contents are complete at all times. Staff should be asked to inform the responsible person whenever an item is removed.

Contents of a first aid kit should be relevant to the risks and needs of the area where the kit is likely to be used. For example, if burns are a possibility, then burn relief products should be part of your first aid measures.

Travelling first-aid kits

All unit vehicles should have a first-aid kit, as should those who routinely use their own or hired transport for work activities.

A typical travelling first-aid kit should include:

- A general first-aid leaflet
- 20 adhesive plasters (water proof and sterile)
- A sterile HSE large dressing
- 2 triangular bandages
- Safety pins - a pack of 6
- Antiseptic wipes (alcohol free)
- Disposable non powdered gloves, non sterile pair

Eye wash facilities

All areas where there is a risk of eye injury (i.e. all laboratories, workshops and animal houses) must have suitable eye wash facilities. These take a number of forms, from eye wash stations with single use sterile bottles to fixed eye showers. Staff in these areas should be trained in the use of the local provision.

It is vital that any eye wash provision is correctly maintained, e.g. single use wash bottles are in date and seals are not broken whilst eye wash showers function, are not blocked or filled with contaminated water (rust can form in unused units and conditions could enable growth of Legionella when the eye-wash station has not been used for some time).

First-aid room

Larger establishments or those in shared accommodation with large numbers of staff should have a designated first-aid/rest room.

Typically a first-aid room should contain essential first-aid facilities and equipment, be easily accessible by stretchers and clearly signposted. If possible, the room
should be reserved exclusively for giving first-aid. If the room cannot be reserved for first-aid activity then establishments should ensure that usual activities can cease immediately and that the room can be “converted” into a first-aid facility easily and quickly.

To be effective, a first-aid room should:
- Have a telephone and display notices with contact numbers etc
- Be large enough to hold a couch, desk, chair and any additional equipment
- Have washable surfaces and adequate heating, ventilation and lighting
- Be kept clean, tidy and available and accessible during normal working hours.

Typical facilities and equipment should include:
- Sink with hot and cold running water
- Drinking water
- Soap and towels
- Storage for first-aid materials
- Adequate supply of first-aid materials
- Couch and blankets
- Suitable and safe disposal containers
- Record book
- Desk and chair
First Aid Guidance Note 3 – First Aid Personnel

An employer is required by the Regulations to appoint one or more of two groups of trained personnel, qualified first-aiders and appointed persons. A third group, qualified medical practitioners, is also considered in this section.

All members of staff should have some knowledge of basic first-aid. Those who work remotely or travel frequently on Council business should have a higher degree of knowledge, but not necessarily at qualified first-aider level.

A list of all current first-aiders and appointed persons together with their location should be made available to all staff, posted near or on all first-aid boxes and included in the establishment’s local health and safety policy/management document.

Designated first-aiders

First-aid treatment may only be administered by people who have completed an approved training course and, where necessary, attended a refresher training course. All those given the title “first-aider” must have a current first-aid certificate.

The following criteria should be applied when selecting staff for first-aid training:
- Able to leave their work place immediately when required
- Calm, especially in pressured situations
- Reliable and able to communicate
- Able to cope with any injuries or ill-health likely to occur in their work place (able to stand the sight of blood)

Appointed persons

Appointed persons serve a number of purposes, for example, to provide emergency cover in the absence of qualified first-aiders and/or to take charge of first-aid arrangements in areas which do not warrant a first-aider. An appointed person can, if they have been trained to do so, administer emergency first-aid. Appointed persons should have been on an appropriate training course.

Qualified Medical Staff

It is sometimes assumed that because medically qualified staff, either doctors and/or nurses, are available, then other first-aid personnel are not needed. The selection criteria for first-aiders (see “Designated First-Aiders” above) are still applicable. Check also to ensure that they will be willing or able to provide first-aid cover at all or most times, are qualified to provide first-aid and that attending a casualty will not compromise their medical liability insurance.

Training

Trained first-aiders are those who have successfully completed a recognised course from a certified provider. In the UK the Health and Safety Executive approves first-aid training organisations. Initial training is usually three days (as a block or over a period of weeks) and refresher training two or three days. All qualified first-aiders will require requalification within three years to retain their first-aider status. Annually, a half-day update for first aiders is recommended. Unit first-aiders should be granted suitable time off for training.
Appointed persons should have been on a suitable training course. Courses normally last half a day and cover the following topics:

- What to do in an emergency
- Cardio-pulmonary resuscitation
- First-aid for the unconscious casualty
- First-aid for the wounded or bleeding

Ensure that the offered course meets your needs, extending the curriculum if necessary beyond the general provision to encompass any special needs the work of the unit may require.

**Sources of training**

It is best to use local training provision whenever possible. Your Occupational Health Provider will be able to offer locally recommended training organisations. Establishments that are embedded within host premises may find their host already has suitable training arrangements that can be tapped into. Many Hospital Trusts, usually the ambulance service, provide first-aid training. Nationally, organisations, such as St John’s Ambulance Service or The British Red Cross Society provide first aid training courses.