



Non-Patient First Aid at Work Policy

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Type of document	Policy	
Target audience	All CWP staff	
Document purpose	This policy describes the process for implementing the requirements of the Health and Safety (First Aid at Work) Regulations 1981, the Health and Safety (Miscellaneous Amendments) Regulations 2002, and of all associated Approved Codes of Practice and Guidance relating to the protection of those staff, and others, who are, or could be in the future, injured or taken ill at work	

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CWP documents to be read in conjunction with	HR6 GR2 GR1 CP24 CP10 CP40 HR14 HR3.5	Trust-wide learning and development requirements including the training needs analysis (TNA) Health and safety arrangements and responsibilities Incident reporting and management policy Cardio Pulmonary Resuscitation (CPR) Adult safeguarding policy Children safeguarding policy Guidance on accessing staff support and counselling Managing attendance and procedures
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Training requirements	There is specific training requirements for this document. First Aid at Work courses
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Financial resource implications	Yes
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Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	

<ul style="list-style-type: none"> Disability - learning disabilities, physical disability, sensory impairment and mental health problems 	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative? <ul style="list-style-type: none"> If so can the impact be avoided? What alternatives are there to achieving the document without the impact? Can we reduce the impact by taking different action? 	No N/A N/A N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Document change history

Changes made with rationale and impact on practice
1. New policy to reflect merger with CCWC and current Health and Safety Executive regulations.

External references

References
1. Health and Safety (First Aid at Work) Regulations 1981

Monitoring compliance with the processes outlined within this document

Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.	
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1. Introduction

This policy describes the process for implementing the requirements of the Health and Safety (First Aid at Work) Regulations 1981, the Health and Safety (Miscellaneous Amendments) Regulations 2002, and of all associated Approved Codes of Practice and Guidance relating to the protection of those staff, and others, who are, or could be in the future, injured or taken ill at work. Consideration of NHS Litigation Authority standards, Care Quality Commission registration requirements and equality and diversity issues have been made when implementing the requirements of this policy. Cheshire and Wirral Partnership NHS Foundation Trust (CWP) acknowledges its legal and moral responsibilities and is fully committed to ensuring suitable and sufficient levels of first aid provision, including adequate and appropriate equipment, facilities and staff, to enable first aid to be immediately rendered to staff, and non-patient others where appropriate, who are, or could be in the future, injured or taken ill whilst at work.

Although there is no legal requirement, contained within the Health and Safety (First Aid at Work) Regulations 1981, to ensure suitable and sufficient levels of first aid provision are afforded to members of the public, third parties or otherwise, CWP acknowledges its duty of care as a healthcare provider and will offer the provision, where practicable. Designated first aid practitioners and or appointed persons are covered by the NHS Public Liability Insurance Scheme for any first aid administered to staff and others, where appropriate, whilst on premises owned by CWP. It is anticipated that good health and wellbeing practices and a proactive safety culture at work will have a positive effect, contributing towards the reduced likelihood of risks of staff being injured outside of work.

2. Definitions

First Aid – treatment for the purposes of preserving life and minimizing consequences of injury and illness

Appointed Person - Any member of staff who takes charge of a situation in the absence of a First Aid Practitioner should serious illness or injury occur and ensures that processes are in place to manage the situation.

First Aid Practitioner - A member of staff who undertakes first aid duties and holds a valid certificate of competence in first aid at work, issued by an organisation whose training and qualification are approved by the Health and Safety Executive.

Risks - The likelihood and severity of harm arising from a hazard.

Casualty – injured or wounded staff

Medical staff – a registered doctor employed by CWP

3. Procedure

This policy specifically refers to the management of first aid provision for all CWP staff and non-patient persons only. Where a service user requires any medical attention staff must contact an appropriate medically trained staff i.e. 999/paramedic and/or hospital doctor. Basic first aid skills must be used to support the service user until further assistance arrives. This policy does not include the use of lotions or the prescribing or administration of medication. (For further guidance on how to respond to a First aid incidents involving CWP staff or service users a protocol is summarized in appendices 1, 2 and 3).

The aim for any first aider (Appointed Person or First Aid Practitioner) attending any incident is to preserve life, prevent the situation from worsening and to promote recovery:

- To preserve life for both the casualty and the first aider who responds. Staff must assess the danger to themselves as well as to the casualty and must not take any unnecessary risks which will compromise the safety of any person or persons;

- To prevent the situation from worsening a skilled first aider must take action which may include the removal of dangerous items as well as acting to prevent the casualty from deteriorating;
- To promote recovery the actions of a first aider should after preventing things from deteriorating help the casualty to recover from their illness or injury.

3.1 Risk assessment process

CWP recognises the benefits of managing and controlling risks that may present themselves within the workplace and of ensuring that the health, safety and wellbeing of all staff and of others.

This remains of paramount importance to ensure the protection of those staff, and others, who are, or could be in the future, injured or taken ill at work, a series of risk control measures have been developed to be used for this purpose.

To support this all CWP buildings where a service or team functions from will be risk assessed on an annual basis for safety and security of that building and its assets. The monitoring of the First Aid provision each area will be included into each assessment undertaken. The risk assessments will be carried out by the key individuals identified within an annual schedule plan which is monitored by the Health Safety & Wellbeing Sub Committee (HS&WSC). All assessments/output reports and recommended actions are initially monitored locally via the Local Health and Safety meetings and all outstanding risks are fed up to the Sub Committee for monitoring via the risk register. Annually an audit of all buildings which have been risk assessed is compiled by the Health and Safety team which is then inputted into the annual Corporate Performance Report which will go to the Corporate Board.

3.2 Selection of first aid practitioners

The HSE guidance advises appropriate numbers of first-aid personnel to be available at all times people are at work are summarized in [appendix 2](#). These recommendations must be further enhanced when selecting first aid practitioners, whereby consideration should be given to an individual's:

- Reliability, disposition and communication skills:
- Aptitude and ability to absorb new knowledge and learn new skills:
- Ability to cope with potentially stressful and physically demanding emergency procedures:
- Normal duties. These should be such that they may be left to go immediately and rapidly to an emergency.

3.3 Minimum requirements of first aid containers

The HSE regulations regarding suggested minimum requirements for first aid containers are detailed in [appendix 3](#):

- The minimum level of first aid equipment is a suitably stocked and properly identified first aid container;
- Each work site should have at least one first aid container supplied with sufficient quantity of first aid materials suitable for the particular circumstances;
- First aid containers should only be stocked with items useful for giving first aid and should protect them from dust and damp. All first aid containers should be easily identified by a white cross on a green background;
- The contents of first aid containers should be examined frequently and restocked soon after use. Sufficient supplies should be held in stock on site. Care should be taken to dispose of items safely once they reach their expiry date.

3.4 When to call for a First Aid Practitioner

Any minor incident not requiring a paramedic/999 response in which has resulted in an injury member of CWP staff or a non-patient casualty, a First Aid Practitioner, medical staff or nurse can be notified as part of the primary interventions i.e. assessment and treatment. This would also be appropriate for community health services and settings.

3.5 When to call for an ambulance

Any incident which presents a serious or unknown risk to the staff casualty staff must involve a paramedic / 999 response. A paramedic / 999 response must be summoned for all cases of potentially life threatening conditions and these will include:

- Any incident where the casualty has lost consciousness;
- Where there are serious circulation difficulties, including severe blood loss;
- Any condition where there is a high risk of complications occurring whilst being transported e.g. electric shock, extensive burns, poisoning and suspected medical conditions such as diabetes, epilepsy, angina, stroke or heart attack;
- Any condition where the ability to walk is severely restricted e.g. serious trauma, lower limb injuries and open fractures;
- Any incidents involving the potential for serious internal or hidden trauma including falls on a level or at height and crushing;
- Where a staff or no-patient is complaining of chest pains or;
- Any incident in which staff feels a paramedic/999 response is required.

To summon an ambulance in-patient services staff and service based on the main inpatient sites must;

- Dial 2222 and;
- Inform the switch board of your exact location and a paramedic response is required urgently;
- Commence and maintain appropriate first aid/life support in accordance with CWP policy until emergency services have arrived.

The main inpatient sites are:

- Clatterbridge Hospital (Springview);
- Countess of Chester Health Park (Bowmere site, 1829 Building);
- East Cheshire (Macclesfield District General hospital).

All community based or not attached to a main site staff must:

- Dial 999 or (9)999 (CWP IP phone system only);
- Inform the Emergency Services of your exact location and a paramedic response is required urgently;
- Commence and maintain appropriate first aid/life support in accordance with CWP policy until emergency services have arrived.

For CWP staff working in local authority, acute trust or third party premises must:

- Familiarize themselves with their policies in response to first aid incidents;
- Apply duty of care as a common sense approach to all first aid incidents.

3.6 Transporting casualties with non-life threatening conditions

Decisions to transport an ill or injured staff by means other than an ambulance should be taken by competent first aid practitioners or other medically qualified staff and should be based upon an assessment of the conditions of the casualty, the need for specialist medication or treatment and potential traffic conditions.

If a decision is taken to transport a staff casualty in either a CWP vehicle or private vehicle, in the interests of safety the person administering first aid should not be the driver of the vehicle. Should there be any uncertainty about how to transport the staff casualty, advice should be sought from medically qualified staff or NHS Direct on 0845 4647 who will assist in the decision making process.

3.7 Post incident reporting

Following any incident which has involved any known or suspected injury a trust Datix incident form must be completed by the senior nurse on the ward or in the community team setting. All Datix will be required to signed off by the senior lead an investigation or event held and learning points identified within the report (Dif 2).

3.8 Post incident support

All staff involved in an incident where first aid has been implemented, must on conclusion of any incident, be offered support in accordance with CWP policy [guidance on accessing staff support and counselling service](#).

Any service users who may also have involved or observed the incident itself must also be offered post incident support by the staff and this must be documented into the service users care notes.

3.9 Safeguarding

All staff must fully adhere to CWP [adult safeguarding policy](#) and [safeguarding children policy](#) for any referrals which need to be made to the Safeguarding team following the conclusion of an incident.

3.10 Training

- Access to any HSE accredited training course staff can be accessed through CWP learning and development training, all course dates are detailed with the Mandatory Employee Learning programme;
- When assessing the number of first aid at work staff who would be required to be trained, using first aid at work regulations CWP is classed as a low risk organisation and should have at least one first-aider trained for every 100 employed (or part thereof). In order to render first aid to those staff and others, where appropriate, who are, or could be in the future, injured or taken ill at work, an individual must have passed the examination of a Health and Safety Executive approved course and hold a valid certificate of competence;
- Under the First Aid at Work regulations each first aid practitioner certificate is valid for a period of three years. Each accredited first aid practitioner must attend annual refresher courses within the three year period;
- Refresher training for individuals wishing to maintain the qualification should be undertaken at least three months prior to the expiry of a current certificate, with new certificates taking effect from the date of expiry of the previous certificate. Steps should be taken by first aid practitioners to maintain the knowledge and competence they acquired on their first aid at work training course.

4. Duties and Responsibilities

4.1 Chief Executive Officer

Ensures that all CWP policies are fit for purpose.

4.2 The Director of Nursing, Therapies and Engagement

- The nomination and appointment of First Aid Practitioners and through continued liaison to ensure that first aid at work is being undertaken to the highest standard;
- Overseeing the effectiveness of risk reporting, assessment and management processes for the protection of CWP staff;
- Where there are foreseeable risks, assurance should be obtained to ensure that all steps have been taken to avoid or control the risks.

4.3 The Safety and Security Lead

- Ensuring the Non-Patient First Aid at Work policy is developed in accordance with CWP policy standard;
- Ensuring that risk exceptions in policy development, implementation and monitoring are reported and escalated through the relevant CWP Governance function;
- Producing an bi-annual report to the HS&WSC on numbers of First Aid Appointed staff;
- Monitoring, reviewing and auditing the application and effectiveness of this policy.

4.4 All Service Managers

- Ensuring that they, and staff whom they are responsible for, are aware of, and adhere to the requirements of this policy;

- The onward cascade of this policy, and any associated guidance or amendments, to such staff, via the CWP intranet, and that this is documented;
- Demonstrating visible leadership, by example, of practicing safe risk prevention methods;
- Identifying and reducing risks of injury and ill health for staff, and others, within their areas of responsibility, who are, or could be in the future, injured or taken ill at work, to its lowest level practicable;
- Providing, where appropriate, the resources and support for staff to fulfil those responsibilities contained within their role. This includes the immediate release of those staff engaged in a first aid practitioner or appointed person role so as to enable first aid treatment to be immediately rendered to those persons injured or taken ill at work;
- Acknowledging agreement of any recommendations following the outcome of risk assessments, ensuring they are enacted upon in a timely manner;
- Seeking assurance that appropriate actions are taken for agency, contractor, service level agreement providers and or others, and that measures following the outcome of risk assessments are shared with their employers and enacted upon in a timely manner;
- Seeking advice, where necessary, from competent persons, should a significant risk be identified, with such risks either removed or exposure avoided;
- Ensuring budgetary requirements allow for the implementation of any safe systems, measures, improvements or changes following the outcome of risk assessments. Where special arrangements identified through the risk assessment process is required, that these are provided;
- Making sure staff and others, within their areas of responsibility, comply with any safe systems or suitable control measures introduced so as to eliminate or reduce risks to their lowest level practicable;
- Communicating the findings of risk assessments to all relevant staff and others who may be affected by such work activities;
- Encouraging their staff to report all incidents and risks that compromise workplace safety;
- Investigating all incidents and near misses relating to workplace safety within their areas of responsibility, using approved and recognised incident reporting systems, to identify root causation, taking steps to avoid reoccurrence and sharing any lessons learned with relevant staff, committees or groups;
- Liaising with occupational health services immediately upon receiving written notification from staff of any health effects, or where health surveillance screening or environmental monitoring is required and or following staff exposure to any symptoms associated with any mitigating risks;
- Ensuring staff attend any health surveillance or monitoring programmes, where required;
- Undertaking periodic spot checks of work environments and documentation to ensure compliance of risk management standards;
- Being aware of, and enacting upon those staff, who do not adhere to the requirements of this Policy and discuss their behaviour accordingly;
- Replenishing and maintaining the contents of first aid kits on a regular basis or following an incident, through an approved, nominated supplier, and ensuring they remain in date, with a record of such checks made and kept within the first aid kit;
- Ensuring suitable and sufficient first aid kits are held, suitably positioned, easily accessible and kept clean.

4.5 First aid practitioners

- Demonstrating visible leadership, by example, of practicing safe risk prevention methods;
- Observing, understanding and carrying out guidance in relation to the administration of first aid, where this is provided;
- Understanding the limits of their competency and of not administering first aid treatment unless competently trained to do so;
- Assessing the situation and administering first aid, as required, and within their capabilities, without putting themselves or others in danger, and making the area safe;

- Calling or assistance, without delay, if in doubt and managing the situation whilst waiting for medical assistance to arrive;
- Applying, upon holding a valid certificate of competence in first aid at work:
 - The importance of personal hygiene on first aid procedures;
 - The ability to recognise common major and minor illnesses and take appropriate action. This may include making a decision as to whether or not to call an ambulance;
 - The ability to act safely, promptly and effectively when an emergency occurs at work;
 - The ability to administer cardio-pulmonary resuscitation promptly and effectively;
 - The ability to administer first aid safely, promptly, and effectively, to a casualty who is unconscious.
- The ability to administer first aid safely, promptly, and effectively, to a casualty who:
 - Has been burned or scalded;
 - Is wounded or bleeding;
 - Is suffering from injury to bones, muscles or joints;
 - Is suffering from shock;
 - Has an eye injury (mechanical or chemical);
 - May be poisoned;
 - Is unconscious;
 - Is overcome from fumes or chemicals;
 - Has suffered an electric shock.
- Providing assistance, where appropriate, to the emergency services, and ensuring availability at all times whilst persons are at work on site;
- Reporting and recording all incidents requiring the attendance, administration and provision of first aid treatment, using approved and recognised incident reporting systems;
- Maintaining simple, factual records and providing written information to the Trust, where required;
- Ensuring suitable and sufficient arrangements are in place, for the provision of first aid, in the event of any planned or unplanned absence;
- Ensuring suitable and sufficient first aid kits are held, suitably positioned, easily accessible and kept clean;
- Retaining their current first aid training certificate and ensuring a copy is given to the Health and Safety Adviser and is held within their training file;
- Seeking advice, where necessary, from competent persons, should a significant risk be identified, with such risks either removed or exposure avoided;
- Acknowledging agreement of any recommendations following the outcome of assessments and ensuring they are enacted upon in a timely manner.

4.6 Health and Safety Advisers

- Assisting the Safety and Security Lead in providing advice, support and guidance to all staff to ensure legal compliance through the Building Risk Assessments across each service directorate;
- Assessing and determining levels of suitable and sufficient first aid provision and identifying when under taking risk/assessment review or further action is required;
- Keeping records of all risk assessments performed and all relevant documentation, and that they are made readily available.

4.7 All CWP staff

- Demonstrating visible leadership, by example, of practicing safe risk prevention measures;
- Observing, understanding and carrying out guidance in relation to the provision of first aid, where this is provided;

- Familiarising themselves with the contact details of first aid practitioners and or appointed persons;
- Immediately notifying a first aid practitioner and or appointed persons should staff, and other non-patient persons, be injured or taken ill whilst at work;
- Maintaining a safe working environment when conducting their work activities by identifying and reporting all incidents and near misses that compromise workplace safety and of any failures, digressions or defects with existing control measures, using approved and recognised incident reporting systems;
- Understanding the limits of their competency and of not administering first aid treatment unless competently trained to do so;
- Assessing the situation, as required, and within their capabilities, without putting themselves or others in danger, and making the area safe;
- Taking charge of an incident in the absence of a first aid practitioner where staff, and others, are injured or taken ill at work by:
 - Ensuring they receive immediate notification of a first aid incident from staff, and others, whilst on site;
 - Calling for assistance, without delay, if in doubt and managing the situation whilst waiting for medical assistance to arrive;
 - Arranging transportation to a local Accident and Emergency Department and or summoning the Emergency Services, where appropriate;
 - Directing the Emergency Services and or a first aid practitioner to the casualty.
- Providing assistance, where appropriate, to a first aid practitioner and or the emergency services, and ensuring availability at all times whilst persons are on site;
- Reporting and recording all incidents requiring the attendance, administration and provision of first aid treatment, using CWP Datix reporting systems;
- Maintaining simple, factual records and providing written information to the Hospital, where required;
- Seeking advice, where necessary, from competent persons, should a significant risk be identified, with such risks either removed or exposure avoided;
- Maintaining the confidentiality of personal and or medical information unless explicit written consent is given by the individual assessed;
- Cooperating with their Manager when completing risk assessments, acknowledging agreement and compliance with any safe systems, measures, improvements or changes introduced following their outcome, so as to eliminate or reduce any mitigating risks to their lowest level practicable;
- Complying with any special arrangements, safe systems or suitable control measures introduced, so as to eliminate or reduce risks to their lowest level practicable;
- Immediately notifying their Manager and or Occupational Health Service of any changes to their condition or health which may impact upon the risk assessment process and their ability to maintain a safe workplace environment;
- Attending any health surveillance or monitoring programmes, where required;
- Discussing with their Manager any health concerns they have in relation to their work activities.

4.8 All Agency, Contractor, Service Level Agreement Providers and Others

- Ensuring that they, and staff whom they are responsible for, understand, are aware of, and adhere to the requirements of this policy;
- Demonstrating visible leadership, by example, of practicing safe risk prevention measures, where this is provided;
- Providing, where appropriate, the resources and support for staff to fulfil those responsibilities contained within their role;
- Engaging with the host employer to identify and reduce risks of injury and ill health for staff, and others, within their areas of responsibility, who are, or could be in the future, injured or taken ill at work, to its lowest level practicable;
- Providing the host employer with assurances that risk assessments:

- Are carried out competently, at regular intervals, using approved documentation, for all owned premises and or areas of shared occupancy e.g. multi floor, site or separate buildings, seeking assistance, where required;
 - Are completed, with the joint cooperation of managers and staff, where appropriate, acknowledging agreement of any recommendations following their outcome;
 - Result in suitable control measures being introduced following their outcome, so as to eliminate or reduce risks to their lowest level practicable;
 - Are communicated and shared with all relevant staff and others who may be affected by such work activities and are enacted upon in a timely manner.
- Ensuring staff, whom they are responsible for;
 - Receive, observe, understand and carry out guidance in relation to the provision of first aid, where this is provided.
 - Immediately notify a first aid practitioner and or appointed persons should staff, and others, be injured or taken ill whilst at work.
 - Maintain a safe working environment when conducting their work activities by identifying and reporting all incidents and near misses that compromise workplace safety and of any failures, digressions or defects with existing control measures, using approved and recognised incident reporting systems.
 - Cooperate with Managers when completing risk assessments, and acknowledge agreement and compliance with any safe systems, measures, improvements or changes introduced following their outcome, so as to eliminate or reduce risks to their lowest level practicable.
 - Comply with any special arrangements, safe systems or suitable control measures introduced, so as to eliminate or reduce risks to their lowest level practicable.
 - Immediately notify their Manager and or Occupational Health Services of any changes to their condition of health, which may impact upon the risk assessment process and their ability to maintain a safe workplace environment.
 - Attend any health surveillance or monitoring programmes, where required.
 - Discuss with their Manger any health concerns they have in relation to their work activities.
- Identifying when an assessment review or further action is required. This could include new starters, job design and task changes, individual capability, introduction of new substances, materials or equipment, changes to any processes or procedures, results of audits or inspections, reported symptoms of sickness or ill health or when the current assessment is no longer valid;
 - Seeking advice, where necessary, from competent persons, should a significant risk be identified, with such risks either removed or exposure avoided;
 - Ensuring budgetary requirements allow for the implementation of any safe systems, measures, improvements or changes following the outcome of risk assessments. Where special arrangements identified through the risk assessment process is required, that these are provided;
 - Encouraging their staff to report all incidents and near misses that compromise workplace safety;
 - Investigating all incidents and near misses relating to workplace safety within their areas of responsibility, using approved and recognised incident reporting systems, to identify root causation, taking steps to avoid reoccurrence and sharing any lessons learned with relevant staff, committees or groups;
 - Ensuring the provision and documentation of suitable and sufficient information, instruction, training and supervision to relevant staff and others in relation to any mitigating risks associated with the provision of first aid;
 - Liaising with Occupational Health Services immediately upon receiving written notification from staff of any health effects, or where health surveillance screening or environmental

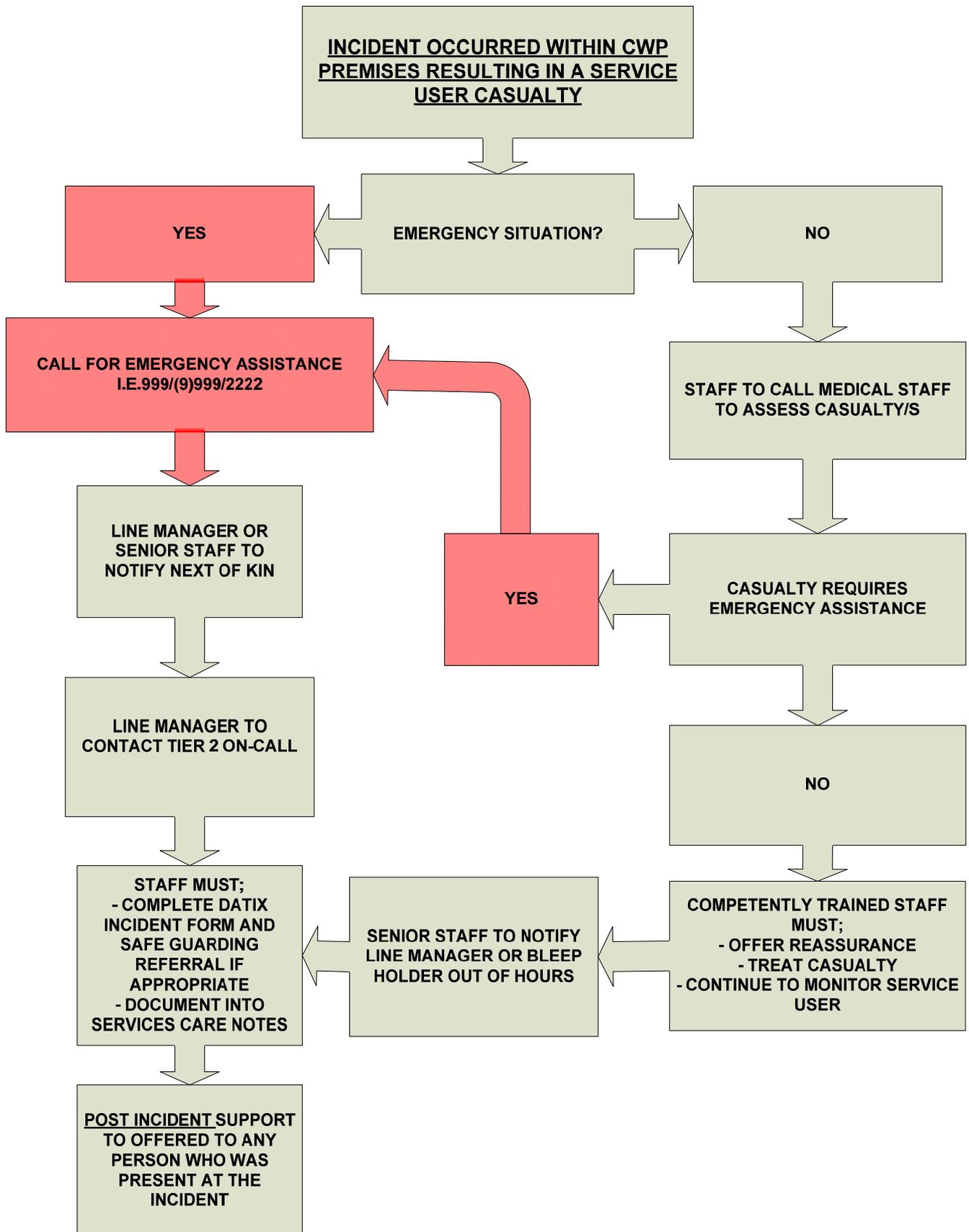
monitoring is required and or following staff exposure to any symptoms associated with the risks of hazardous chemicals or substances;

- Monitoring and keeping records of all risk assessments performed and all relevant documentation, and that they are made readily available;
- Undertaking periodic spot checks of work environments and documentation to ensure compliance of risk management standards;
- Being aware of, and enacting upon those staff, who do not adhere to the requirements of this Policy and discuss their behaviour accordingly.

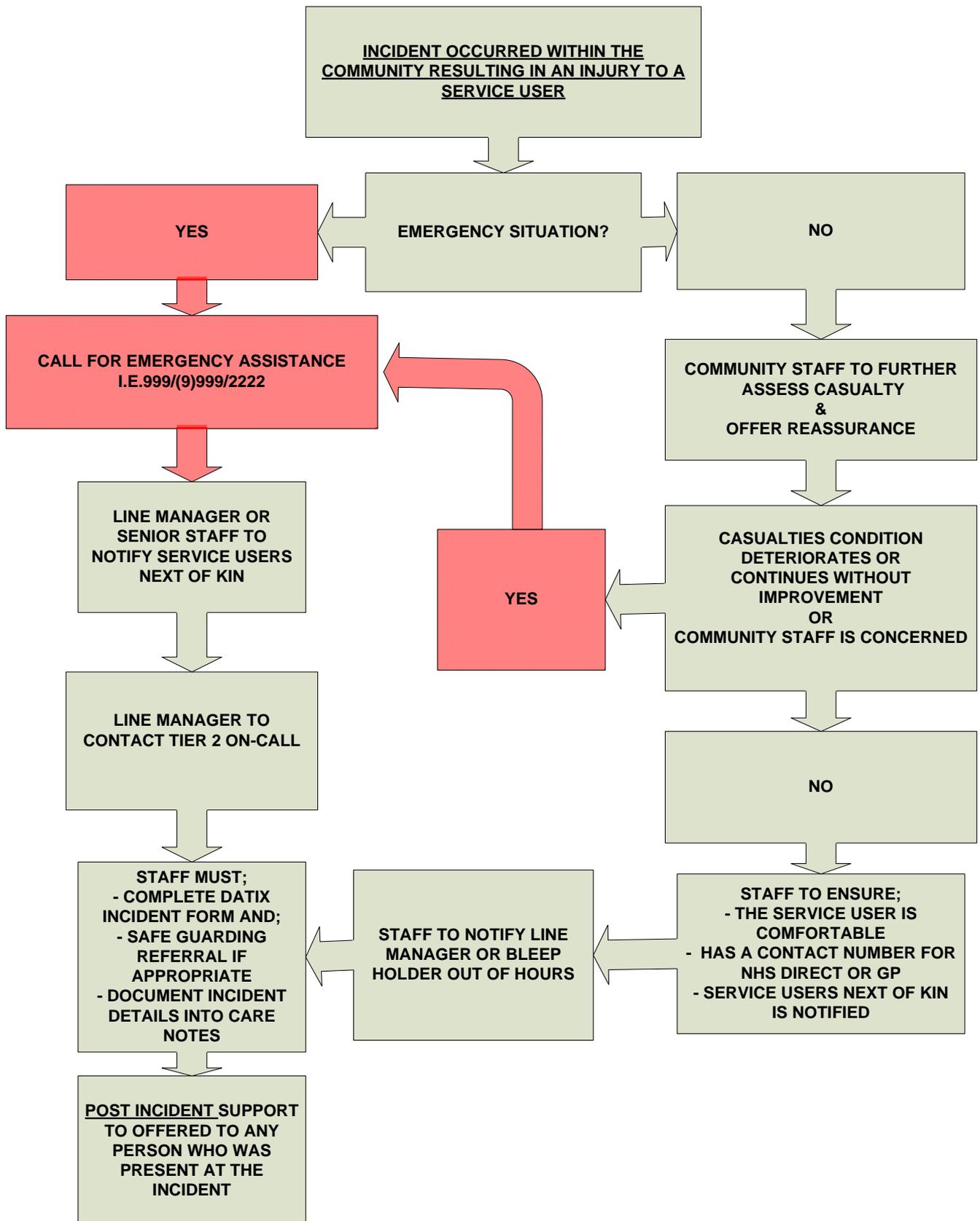
4.9 The Health, Safety and Wellbeing Sub Committee (HSWSC)

- Monitoring and reviewing the implementation of this policy through its Key Performance Indicators (KPI);
- Developing action plans where deficiencies have been identified and making recommendations to relevant committees, groups or the board of directors through its approved consultation mechanisms;
- Liaising with other Committees or Groups, where appropriate, to ensure the effectiveness of this policy.

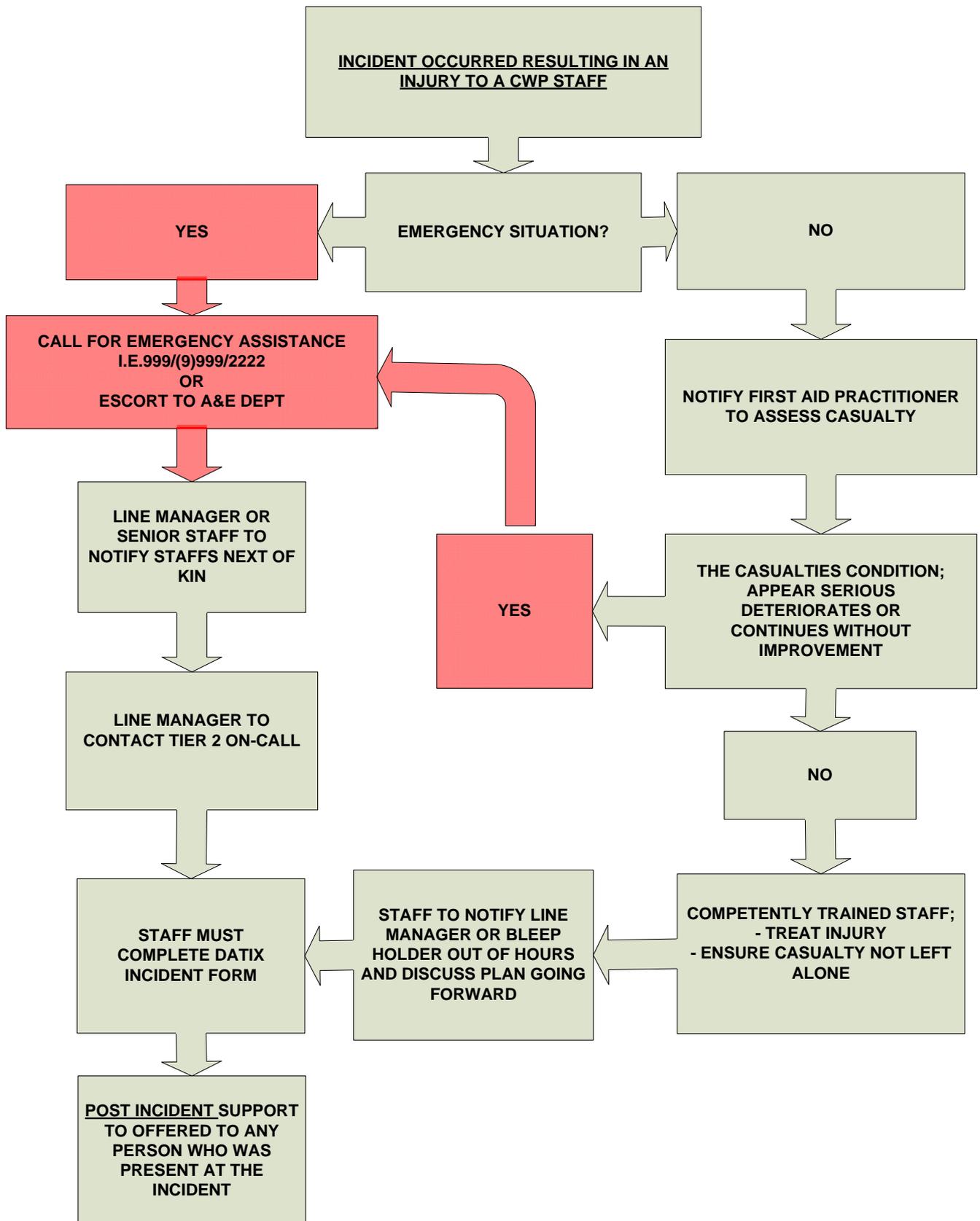
Appendix 1 – First aid incidents and inpatient service user casualties



Appendix 2 – First aid incidents and community service user casualties



Appendix 3 – First incident and CWP staff casualty



Appendix 4 – HSE suggested numbers of first-aid personnel to be available at all times people are at work

From your risk assessment, what degree of hazard is associated with your work activities?

Low Risk activity

How many employees do you have?

Less than 25	At least one appointed person
25 - 50	At least one first-aider trained in EFAW
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 100 employed (or part thereof)

Appendix 5 – Minimum requirements of first aid containers

There is no mandatory list of items to be included in a first aid container. The decision on what to provide is influenced by the findings of the risk assessment. Additional materials and equipment may be required, e.g. scissors, adhesive tape, disposable aprons and individually wrapped moist wipes. They may be kept in the first aid container if there is room or stored separately.

As a guide, it is suggested, where work activities involve low hazards, a minimum stock of first aid items might be:

- A leaflet giving general guidance on first aid;
- 20 individually wrapped sterile plasters (assorted sizes) appropriate to the type of work (hypoallergenic plasters can be provided, if necessary);
- 2 sterile eye pads;
- 4 individually wrapped triangular bandages, preferably sterile;
- 6 safety pins;
- 2 large sterile individually wrapped, un-medicated wound dressings;
- 6 medium sized individually wrapped, un-medicated wound dressings;
- A pair of non latex, disposable gloves.

If mains tap water is not readily available for eye irrigation, at least a litre of sterile water or sterile normal saline (0.9%) in sealed, disposable containers should be provided. Once the seal has been broken, containers should not be kept for reuse. Containers should not be used beyond their expiry date. There may be a need for items such as protective equipment in case first aid practitioners have to enter dangerous atmospheres, or blankets to protect casualties from the elements. Such items should be stored securely near the first aid container, in a first aid or treatment room or in the hazard area, as appropriate. Access to them should be restricted to people trained in their use.