



**GMB@WORK**GUIDE

**First aid**



Thousands of accidents happen at work every year, and hundreds of employees also become ill whilst at work. When this happens, it is vital that they receive immediate help and attention, and that in the most serious case an ambulance is called.

The regulations covering first aid provision are the **Health and Safety (First Aid) Regulations 1981**. These ensure that all employees have access to adequate and appropriate first-aid equipment and facilities while they are at work, including situations where shiftwork is undertaken out of normal office hours. Employees must be informed of all arrangements for first-aid provision in their workplace. Such information should be included in induction programs for new employees and any changes in first-aid arrangements must be made known to all employees.



Self-employed people must make provision for their own first-aid arrangements — this can be by providing their own equipment or by a formal agreement with the employer of the premises where they are working. Equipment and facilities include the provision of first-aid kits or boxes, first-aid rooms and designated trained first-aid personnel. What is considered adequate and appropriate in individual workplaces should be determined through the risk assessments which should indicate where any injuries are likely to occur and their potential nature.

Certain specific industries such as diving, merchant shipping, visiting forces and offshore installations are covered by their own legislation. The Health and Safety Executive (HSE) also has the power to issue exemption certificates to some or all of the provisions. Where volunteers (unpaid workers) undertake work activities for an employer they should be afforded the same first-aid provisions as employees.

## **RISK ASSESSMENTS**



Risk assessments required under regulations such as the Management of Health and Safety at Work Regulations 1999 or the Control of Substances Hazardous to Health Regulations 1999 should identify hazardous work activities and workplaces and give indication of what first-aid provisions are required. In addition, employers are recommended to take into account the following factors:

**Size and nature of the workforce**, i.e. number of employees, disabled employees, young persons, new or expectant mothers, lone workers, trainees, volunteers, etc;

**Distribution of the workforce**, i.e. geographical size of the premises;

**Access to external accident and emergency facilities**, i.e. local hospital Accident and Emergency departments from the work premises;

Accident statistics from accident records, RIDDOR reports, sickness absences, etc

Arrangements between employers where work premises are shared; and

Contingency plans to cover temporary absences of trained first-aid personnel.

## FIRST-AID EQUIPMENT

All first-aiders should have access to any equipment, and all employees should have reasonable access to first aid. Although equipment will vary, all establishments, without exception, should provide at least one first-aid box.

### FIRST-AID BOX CONTENTS

These should be made of suitable material, protect the contents and be clearly marked. Minimum quantities for low-risk establishments may be considered as:



A leaflet giving general advice on first aid (e.g. HSE's IND(G)347)



twenty Individually wrapped sterile plasters in assorted sizes.



four individually wrapped triangular bandages, preferably sterile



two sterile eye pads



two large, sterile, individually wrapped un-medicated wound dressings



six safety pins



six medium, sterile, individually wrapped un-medicated wound dressings



a pair of disposable gloves

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. The use of eye baths/cups or refillable containers is not recommended. Extra equipment, or items required for special hazards, egg antidotes, may be kept in or near first-aid boxes but only where the first-aider has been specifically trained in their use.

## TRAVELING FIRST-AID KITS

Again, the emphasis is for the contents to reflect the circumstances in which they may foreseeably be used, but the following at least should be included:



A leaflet giving general advice on first aid (e.g. HSE's IND(G)347)



six individually wrapped sterile adhesive dressing



two triangular bandages



Individually wrapped moist cleansing wipes



one large, large sterile un-medicated dressing (approximately 18cm x 18cm)



two safety pins



a pair of disposable gloves

## SUPPLEMENTARY EQUIPMENT

This may include suitable means for the transportation of casualties; blankets; aprons and other suitable protective equipment and scissors. Where such equipment is considered necessary it should be stored in the vicinity of the first-aid

boxes. Employers should also consider the provision of plastic disposable bags for the safe collection and disposal of soiled dressings. The local authority should be contacted for guidance on the disposal procedures to be followed.

### **Defibrillators**

A defibrillator is a device that gives a high energy electric shock to the heart through the chest wall to someone who is in cardiac arrest. Defibrillators are very easy to use. Although they don't all look the same, they all function in broadly the same way. The machine gives clear spoken instructions. You do not need training to use one. It is not a requirement for your workplace to have a defibrillator, but we recommend negotiating one. If a defibrillator is used within 3 minutes of sudden cardiac arrest, their chances of survival are increased to 70% whereas the survival rate of using CPR alone is only 11.2%.

### **First-aid rooms**

Employers need to consider the provision of a first-aid room where their assessment identifies this as being necessary, although the number of employees on the site may be another factor to be considered. A "suitable person" should be responsible for the room and its contents at all times when employees are at work. The room itself should be positioned in such a way as to be the best point of access for transport to hospital and be convenient for access, toilets, etc within the establishment itself. Ideally, first-aid rooms should be used solely for the purpose of providing first-aid treatment.

The room should be large enough to hold a couch and the door to the room wide enough to accommodate stretchers, wheelchairs, etc. All surfaces should be easy to clean and the room cleaned daily. It should be effectively ventilated, heated, lighted and maintained. A notice giving details of first aiders and contact procedures should be displayed.

## FIRST-AID ROOMS FACILITIES



The facilities and equipment which should be provided in first-aid rooms is as follows:

- Sink with running hot and cold water
- Drinking water (if not available on mains tap) and disposable cups
- Paper towels
- Smooth topped working surfaces
- A range of first-aid equipment (at least to the standard required in first aid boxes) and proper storage
- Chair
- A couch (with waterproof cover), pillow and blankets
- Soap
- Clean protective garments for first aiders
- Suitable refuse container (foot operated) lined with appropriate disposable yellow plastic bags, i.e. for clinical waste
- An appropriate record-keeping facility
- A means of communication, e.g. telephone.

In situations where specialised first-aid equipment is required at the workplace, this may be kept in the first-aid room. A nominated first aider or appointed person must maintain the first-aid room stock to the required levels. The first-aid room must always be ready for immediate use.

### Care and replacement of equipment

Any equipment used must be replaced as soon as possible after use. All first-aid boxes, first-aid kits and first-aid rooms should be checked regularly to ensure no contents are outside their expiry date.

Note: First aid does not include the treatment of minor illnesses such as headaches, therefore headache pills and other medications must not be kept in the first-aid box.

## TRAINED FIRST AIDERS

An adequate and appropriate number of “suitable persons” must be provided to render first-aid treatment at work. Again, deciding what is adequate and appropriate should be based on the risk assessments. There is no precise ratio for the number of first aiders to employees below is for guidance:



### LOW RISK WORKPLACES

e.g. offices, shops, etc

**one trained first aider to every 50 employees** with an additional first aider for every 100 employees



### HIGH RISK WORKPLACES

e.g. factories, docks, warehouses, etc

**one trained first aider for 5 or more employees,** with an additional first aider for every 50 employees.

People selected to be first aiders should:

- be reliable
- remain calm in emergencies
- be able to communicate effectively
- be easily contacted - employers should ensure effective communications to facilitate this
- be able to cope with the physical and mental demands of an emergency
- be able to leave their jobs immediately and safely
- be able to cope with the intense study required for the course

A “suitable person” is defined as a person who has taken a suitable first-aid course as chosen by their employer, this should be retaken every 3 years, but GMB recommend refreshers every year. In some cases additional specialised training may also be required and undertaken where special risks exist in the workplace.

Measures must be considered for the temporary or exceptional absence of trained first-aid personnel. Planned or long-term absences should be covered by other fully trained first aiders.

## **APPOINTED PERSONS**

Appointed persons are not fully trained first aiders but are designated to take responsibility for calling for medical assistance and taking charge in an emergency. They may perform certain emergency procedures, such as resuscitation, provided that they have been specifically trained to do so. They are not permanent alternatives to trained first aiders.

## **RECORD KEEPING**

A record should be maintained of all trained first aiders and appointed persons. In addition, a record of all first-aid treatment provided should also be maintained. Such records should contain the following information:

- Date, time and location of the incident
- Name and job title of casualty
- Treatment details
- Details of actions taken immediately after treatment
- Name and signature of the person administering the treatment

## **SIGNAGE**

Any signs used to indicate first-aid equipment or facilities must comply with the Health and Safety (Safety Signs and Signals) Regulations 1996, i.e. a white St George's cross on a green background.



### **GMB HEALTH AND SAFETY REPRESENTATIVE CHECKLIST:**

- Have First Aiders or Appointed Persons been identified?
- Have they been trained?
- Are they known to all workers?
- Are First Aid Boxes provided?
- Are they easily identified?
- Is signage in place?
- Are records kept of all first aid treatment?



