

First aid policy

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1. Document summary

1.1 How do we decide what first aid is needed?

Managers must look at the risks in their area and complete a first aid risk assessment. They need to think about:

- The type of work being done
- how many people work there
- lone workers
- remote workers
- visitors, patients and contractors
- previous accidents or emergencies

1.2 What must every workplace have?

Every work area must have:

- a first aid box that is checked every month to ensure content is correct and in date
- someone who knows what to do in an emergency
- information showing who to contact for first aid help
- arrangements that match the risks in that workplace

1.3 First Aid Personnel

The policy recognises three main first aid roles:

- **First Aider (FAW):** Trained to provide first aid for a wide range of injuries and medical emergencies.
- **Emergency First Aider (EFAW):** Trained to respond to common workplace emergencies.
- **Appointed Person:** Takes charge of first aid arrangements and emergency contacts where a trained first aider is not required.

Each role has differing levels of training and the level of risk determines the number and type of first aiders needed.

Healthcare professionals may also provide workplace first aid where they have appropriate and current competence.

1.4 Infection Prevention

Anyone providing first aid must follow standard infection prevention and control precautions, including the use of gloves and other protective equipment where required. Any exposure to blood or body fluids must be managed in accordance with the Trust contamination injury procedure and reported promptly.

1.5 Incident Reporting

All work-related injuries, illnesses, exposure incidents and near misses must be reported through the Trust incident reporting system. Reports should include details of the incident, actions taken and any required follow-up.

1.6 Training

Staff identified as first aiders must complete the appropriate First Aid at Work (FAW) or Emergency First Aid at Work (EFAW) training and maintain competence through refresher training. Training is normally renewed every three years.

1. Introduction and aim

First aid is the immediate help given to a person who is injured or becomes ill. It may preserve life, prevent the person's condition from getting worse, support recovery and provide reassurance until further help is available. First aid may include treating a minor injury, taking charge of an emergency, calling 999, or supporting the person until a healthcare professional or the emergency services take over.

The aim of this policy is to make sure that all Trust workplaces have first aid arrangements that are suitable for their risks and working arrangements. First aid provision must be available whenever staff are working on site. Where staff work remotely, travel as part of their role, work alone or work across shared premises, managers must make suitable local arrangements based on the risk assessment.

Adequate and appropriate first aid provision will be different in different services. Low-risk office areas may only need basic arrangements, while higher-risk areas may need more first aiders, extra equipment, specialist training, access to an automated external defibrillator, or clearer arrangements with other occupiers of shared premises.

The minimum first aid provision for any workplace is a suitably stocked first aid box, an appointed person or first aider to take charge of first aid arrangements, and clear information for staff about what to do and who to contact.

2. Procedure

First aid arrangements must be managed locally because each workplace, team or service has different risks. Managers of shared or leased premises, integrated teams and agile working areas must work together to agree first aid arrangements. These arrangements should be documented where first aid provision is shared between employers or teams.

Managers must complete a first aid needs assessment, decide what first aid personnel and equipment are needed, arrange appropriate training, display first aid information, make sure first aid equipment is available and checked, and ensure that work-related injuries, near misses and sudden illness at work are reported through the Trust incident reporting system.

3.1 First aid needs assessment

A first aid needs assessment is the starting point for deciding the number and type of first aid personnel, the first aid equipment required and whether any additional arrangements are needed. The assessment must be reviewed when work activities, staffing levels, premises, known risks or incident patterns change.

The assessment should consider the nature of the work, workplace hazards, the size and nature of the workforce, lone working and remote working, agile or mobile

working, shift patterns, annual leave and other foreseeable absence of first aiders, previous accidents or sudden illness, access to emergency medical services, shared premises, and the needs of non-employees such as patients, service users, visitors and contractors.

Managers should also consider whether the first aid needs assessment should include arrangements linked to mental health needs, life-threatening bleeding, automated external defibrillators, specialist hazards, or staff with known health conditions that may affect first aid planning. Personal health information must be handled confidentially and only used where it is relevant to safe first aid planning.

Hazard level	Number of employees	Minimum first aid provision to consider
Low	Fewer than 25	At least one appointed person and a suitably stocked first aid box.
Low	25 to 50	At least one person trained in Emergency First Aid at Work (EFAW).
Low	More than 50	At least one person trained in First Aid at Work (FAW) for every 100 employees, or part of 100.
Medium to high	Fewer than 5	At least one appointed person and a suitably stocked first aid box.
Medium to high	5 to 50	At least one EFAW or FAW first aider, depending on the hazards and the type of injuries or illness that may occur.
Medium to high	More than 50	At least one FAW first aider for every 50 employees, or part of 50.

The numbers in the table are a guide only. Managers must use the first aid needs assessment to decide whether more cover is needed, for example because of shifts, several buildings, out-of-hours working, higher risk activities, remote locations or planned absence of first aiders.

Employees who travel long distances, are continuously mobile or work remotely may need a personal first aid kit and a mobile phone. A lone working device should be considered where the lone working risk assessment identifies this need. Managers must refer to the Trust Lone Working Policy for further guidance.

2.2 Employees trained in first aid

The first aid needs assessment will identify what level of trained first aid cover is required. The Trust recognises three core roles: appointed person, emergency first aider and first aider. Specialist additional training may be needed where a service has specific hazards, such as paediatric first aid, mental health first aid awareness, life-threatening bleeding risks, chemical risks or other service-specific risks.

There should always be someone available to take charge of first aid arrangements whenever staff are working on site. Where a trained first aider is available, they may also carry out the appointed person duties.

3.2.1 First aider

A first aider is trained to First Aid at Work level. This is normally a three-day course. A first aider should be able to give first aid for a wider range of injuries and illness, including injuries to bones, muscles and joints, suspected spinal injuries, chest injuries, burns and scalds, head and eye injuries, sudden poisoning, anaphylaxis, and major illness such as heart attack, stroke, epilepsy, asthma and diabetes.

First aiders must keep their training up to date, act within the limits of their training and take charge of the casualty until the person has recovered, support has arrived or appropriate medical personnel have taken over.

3.2.2 Emergency first aider

An emergency first aider is trained to Emergency First Aid at Work level. This is normally a one-day course. This level of training may be suitable for low-risk workplaces or for some medium-risk areas where the first aid needs assessment shows that this is enough. Training includes adult resuscitation and first aid for common emergencies such as bleeding, burns, seizures and shock.

3.2.3 Appointed person

An appointed person takes charge of first aid arrangements where the first aid needs assessment shows that a trained first aider is not required. Their role includes looking after first aid equipment, making sure staff know the local first aid arrangements and calling the emergency services when needed.

An appointed person is not a trained first aider unless they have also completed first aid training. They must not give first aid beyond their training. More than one appointed person may be needed to make sure cover is available whenever staff are working on site, including during leave or other planned absence.

3.2.4 Health professionals

Doctors registered and licensed with the General Medical Council, nurses registered with the Nursing and Midwifery Council and paramedics registered with the Health and Care Professions Council may provide workplace first aid if they can demonstrate current knowledge and skills appropriate to the risks identified in the local first aid needs assessment.

Where current first aid competence cannot be confirmed, or where the workplace requires specific first aid at work knowledge, clinical staff who volunteer to provide first aid cover should attend the relevant FAW or EFAW course.

3.2.5 Infection prevention when giving first aid

The risk of infection from blood or body fluids when giving first aid is low, but first aiders and appointed persons must follow standard infection prevention precautions. Cuts or grazes should be covered with a waterproof dressing. Disposable gloves must be worn when dealing with blood or body fluids. Eye protection and a disposable apron should be used where there is a risk of splashing. Hands must be cleaned after giving first aid.

Face shields or other resuscitation barrier devices may be used for mouth-to-mouth resuscitation only where the person has been trained to use them. First aid trained employees should be encouraged to consider hepatitis B vaccination where their role or risk assessment supports this.

If a person has contact with blood or body fluids, including a needlestick injury, bite, scratch, cut, or a splash to the eyes, mouth or broken skin, they must follow the Trust contamination injury procedure. This includes encouraging wounds to bleed, irrigating splash injuries, reporting the incident to the manager and contacting the 24-hour hotline on 0330 6600 365 for a risk assessment.

2.3 First aid equipment

Each workplace must have a first aid box that is suitable for the risks identified in the local first aid needs assessment. The appointed person or first aider must check the box monthly and after each use. Used items must be replaced as soon as practical. Expired items must be removed and safely disposed of.

There is no mandatory list of first aid box contents. The contents must be based on the first aid needs assessment. Where a first aid kit is purchased, managers should consider British Standard BS 8599-1:2019+A1:2026 for workplace first aid kits. The standard gives guidance on kit contents, kit sizes and the provision and placement of automated external defibrillators. For vehicles, managers should refer to BS 8599-2 for motor vehicle first aid kits.

First aid boxes must not contain tablets, medicines, creams, gels, ointments or ice products unless a separate clinical or service-specific risk assessment and governance process has approved them. In line with NHS and first aid guidance, gels or creams must not be applied to burns as part of standard workplace first aid.

Where mains tap water is not readily available for eye irrigation, at least one litre of sterile water or sterile saline 0.9% in sealed disposable containers should be available. Containers must not be used after their expiry date. Once opened, they must be disposed of and not reused. Disposable gloves and aprons should be available with each first aid box.

2.4 Reporting incidents

Any work-related injury, near miss, exposure incident or sudden illness at work must be reported through the Trust incident reporting system. The report should include what happened, the action taken, whether a first aider or appointed person attended, whether emergency services were called and any immediate learning or follow-up required.

3. Responsibilities

4.1 Employees

Employees must know the first aid arrangements for their work area, including where first aid equipment is kept and who to contact. Employees must report concerns about first aid arrangements to their manager. If someone is injured or becomes ill, employees should get help in the safest way they can, for example by contacting a first aider or appointed person, calling 999 in an emergency, or staying with the

person until help arrives if it is safe to do so. All accidents and near misses must be reported through the Trust incident reporting system.

4.2 Managers and supervisors

Managers and supervisors are responsible for making sure that first aid arrangements are suitable for their area. They must complete and review the first aid needs assessment, provide enough trained first aid cover or appointed person cover, make sure planned absence is covered, provide suitable first aid equipment, display local first aid information and make sure new, temporary, transferred and agency staff are told about the local arrangements.

Managers must also make sure first aid boxes are checked, incident reports are completed, shared premises arrangements are agreed where needed and any specialist first aid risks are considered. This includes mental health needs, life-threatening bleeding risk, lone working, remote working, shift work, multi-floor buildings and non-employees who may be affected by the Trust's work.

4.3 First aiders

First aiders must attend FAW or EFAW training and refresher training as required. They must provide first aid within the limits of their training, take charge of the casualty until recovery or until appropriate medical help takes over, call emergency services when needed, check first aid box contents and expiry dates monthly and after use, and arrange replacement of used or expired items.

4.4 Appointed persons

Appointed persons must take charge of first aid arrangements where there is no trained first aider. This includes looking after first aid equipment and facilities, making sure contact details and notices are available, and calling emergency services when needed. They may provide emergency cover only where the absence of a first aider is exceptional, unforeseen and temporary. Planned absence, such as annual leave, must be covered through normal first aid planning.

4. Training

Training courses:

- First Aid at Work (FAW)
- Emergency First Aid at Work (EFAW), selected according to the first aid needs assessment.

Employee groups requiring training:

- Employees nominated as first aiders or emergency first aiders.

Frequency:

- Every three years, with refresher training as required by the training provider or Trust arrangements.

Length of the training:

- FAW is normally three days.
- EFAW is normally one day.

Delivery method:

- Face to face. Blended learning may be used where it meets HSE guidance and the training provider is competent.

Deliver by:

- External provider selected in line with HSE guidance on competent first aid training providers.

5. Monitoring Arrangements

6.1 Completion and availability of first aid needs assessments

How and who by: Review during health and safety inspections or other audit activity by Health and Safety team

Reported to Health Safety and Security Forum

Frequency Annually

6.2 Regular first aid equipment checks

How and who by: Review of local records during inspection or audit activity by Health and Safety Team

Reported to Health Safety and Security Forum

Frequency Annually

6. Related documents and references

- Health and Safety Policy
- Incident Management Policy
- Resuscitation Manual
- Lone Working Policy
- Agile and Hybrid Working Policy
- Infection Prevention and Control Manual
- Health and Safety at Work etc. Act 1974
- Health and Safety (First-Aid) Regulations 1981
- First aid at work: Guidance on Regulations L74, HSE, third edition, published 2013, amended 2018 and 2024
- The Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- HSE First aid at work: your questions answered INDG214
- HSE Selecting a first aid training provider GEIS3
- BS 8599-1:2019+A1:2026 Workplace first aid kits
- BS 8599-2:2014 Motor vehicle first aid kits

7. Appendices

8.1 Appendix 1 First aid needs assessment checklist

Managers should use this checklist when deciding what first aid provision is needed. The checklist should be read alongside the local risk assessment and should be reviewed whenever circumstances change.

Factor to consider	Impact on first aid provision
Low-level hazards such as offices or shops	Minimum provision is normally an appointed person and a suitably stocked first aid box.
Higher-level hazards such as chemicals, dangerous machinery, sharp instruments, construction, confined spaces or secure inpatient environments	Consider trained first aiders, additional training, additional equipment, precise siting of equipment, a first aid room and notification to emergency services where appropriate.
Number of people on site	Larger staffing numbers may require more first aiders, more equipment or a first aid room.
Inexperienced workers, trainees, employees with disabilities or known health conditions	Consider additional equipment, more local siting of first aid equipment or additional training for first aiders.
Accident and sudden illness history	Make sure first aid provision is suitable for the type of injury or illness that has occurred or could reasonably occur.
Agile, remote, mobile or lone working	Consider personal first aid kits, mobile phones, lone working devices and arrangements with nearby locations.
Shifts, out-of-hours work and planned absences	Make sure adequate cover is available whenever staff are working.
Factor to consider	Impact on first aid provision
Low-level hazards such as offices or shops	Minimum provision is normally an appointed person and a suitably stocked first aid box.
Higher-level hazards such as chemicals, dangerous machinery, sharp instruments, construction, confined spaces or secure inpatient environments	Consider trained first aiders, additional training, additional equipment, precise siting of equipment, a first aid room and notification to emergency services where appropriate.
Number of people on site	Larger staffing numbers may require more first aiders, more equipment or a first aid room.

8.2 Appendix 2 Suggested contents of a first aid box

There is no mandatory first aid box contents list. The contents must be based on the first aid needs assessment. For low-risk work, the following may be suitable as a minimum guide.

- a leaflet giving general first aid guidance, such as HSE Basic advice on first aid at work.
- individually wrapped sterile plasters in assorted sizes, including hypoallergenic plasters where needed.
- sterile eye pads.
- individually wrapped triangular bandages, preferably sterile.
- safety pins.
- large and medium individually wrapped sterile, unmedicated wound dressings.
- disposable gloves.
- disposable aprons where identified as needed.
- sterile water or sterile saline 0.9% for eye irrigation where mains tap water is not readily available.

Tablets, medicines, creams, gels, ointments and ice products should not be kept in a standard workplace first aid box. Managers should consider BS 8599-1:2019+A1:2026 when buying workplace first aid kits and BS 8599-2 when equipping vehicles.