

FIRST AID POLICY & Emergency Response Outside the Hospital

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Policy Owner	Chief Nurse and Deputy CEO		
Author	Fire, Health and Safety Advisor		
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Staff/Groups Consulted	Health and Safety Committee Clinical Governance Department Elective Care and Urgent Care and LTC Business Unit Managers Corporate Services Managers Trades Union Safety Reps Trust Risk Manager		
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1. General statement

1.1 Yeovil District Hospital NHS Foundation Trust is a responsible employer which has numerous areas of work where a First Aid incident could occur within 'Clinical and Non-Clinical' departments. These areas not only have employees but also patients, visitors and contractors alike which must be afforded the opportunity for immediate but temporary care for minor injuries and illness unless assessed for a more urgent need by the First Aider and Clinicians.

1.2 It is, therefore, our policy to ensure that appropriate First Aid arrangements are in place for our staff and any visitors to our premises. Our First Aid personnel may also assist others in the vicinity of our workplace in an emergency.

1.3 Our First Aid arrangements include sufficient trained employees for our business needs and maintaining an adequate supply of First Aid equipment. We provide enough information to staff to enable First Aid assistance to be sought during normal working hours and where work is regularly undertaken outside these hours, adequate First Aid cover will be provided.

2. Scope and legal position

2.1 Our duty to provide First Aid at work is governed by the Health and Safety (First Aid) Regulations 1981. These require us to carry out an assessment of First Aid needs in order to determine what First Aid facilities and personnel are necessary to meet the needs of our business. We are also required to review this assessment periodically to ensure that current provision is adequate. In order to comply with these Regulations, our assessment has considered a number of factors, including the following:

- size of the business
- type of business
- building layout
- past history of accidents
- proximity of business location to emergency medical services
- needs of travelling and/or lone workers
- First Aid cover in times of sickness or annual leave.

3. Definitions

3.1 This list is aimed at giving you an understanding of terminology used through this policy document and throughout its implementation.

- **First Aider** – a person who is trained to a level of competency through an accredited qualification. This can be either a 3 day First Aid at Work (FAW) or 1 day Emergency First Aid at Work (EFAW) qualification dependant on work risk
- **Appointed Person** – a person who is authorised to take charge and ensure that emergency services or the Trusts own crash team are called if the situation demands it; the Appointed Person does not have to have any formal First Aid training
- **First Aid Box** – a suitable storage case that holds the necessary provisions to enable the First Aider to attend to the immediate needs of the casualty
- **Incident Form** – a means of reporting the incident to create an auditable evidence trail of who and what happened
- **RIDDOR** – if any accident/incident meets the criteria set out within the Reporting of Injuries, Disease and dangerous Occurrence Regulations 2013, shall be reported to the HSE but whatever means the Trust have put in place
- **QA** – Quasafe Awards; the Awarding Body for the qualifications currently being trainind within the Trust environment.

4. Responsibilities

4.1 In order to carry out their duties effectively, First Aid personnel have the following duties and responsibilities.

4.2 **First Aiders** are responsible for:

- responding promptly to all requests for assistance
- summoning further help if necessary
- providing treatment within the limitations of their competence
- looking after the casualty until recovery has taken place or further medical assistance has arrived
- reporting details of any treatment provided
- undertaking a monthly check of First Aid kits and replenishing them as necessary for replenishment stock, contact the Trust H&S Team via email
- using the techniques shown to them during their training
- keeping up-to-date with the latest techniques and developments in First Aid
- accurately recording the details of the accident/incident on the Trusts Incident Form, which is in place of an accident book
- ensuring that the incident reporting procedure is followed
- undertaking a monthly check of First Aid kits and replenishing them as necessary and reporting this via the First Aider Report Form on YCloud.

4.3 **Appointed Persons** are responsible for:

- in the absence of a First Aider, taking charge when a person has been injured or falls ill
- calling an ambulance where necessary.

5. First Aid procedures

5.1 The following are general First Aid-related procedures to be followed by all staff:

- if you are aware that an employee has been taken ill, or has had an accident, call a First Aider for assistance. You should not attempt to give First Aid treatment yourself unless you are a qualified First Aider
- if the First Aider or Appointed Person deems the casualties condition to be severe, e.g. medical emergency, you may call the Trusts ' Emergency Team immediately on 2222 – See Annex 1, process flowchart
- If you are **outside the Main Building** and/or the Women's Hospital, you will need to call 999/112 and speak to the ambulance service regarding the medical emergency. If you are located in the immediate vicinity, e.g. Convamore, CarPark and/or Workshops you may also call 2222 and ask them to call an ambulance and Emergency Team – See Annex B, Sect 3.2 – 3.5
- if you are **in the Main Building** and/or the Women's Hospital you may utilise a mobile chair or a suitable trolley to take the casualty to the Emergency Department
- any vehicle can be used to transport an individual with a minor injury. A First Aider (where available) should accompany the injured party. The First Aider should not be the driver. Anyone who has suffered a serious injury should be taken to hospital in an ambulance
- if you need to access a First Aid kit for personal use, seek assistance from a First Aider
- do not remove First Aid equipment from its designated place
- any loss or damage to First Aid equipment must be reported to the Fire, Health and Safety (F,H&S) Department in the Estates and Facilities Management (EFM) team.
- if a First Aid kit is poorly stocked, this should be reported to the F,H&S team in EFM.

- all Yeovil District Hospital vehicle drivers are expected to carry a First Aid kit with them at all times. They are responsible for its safe-keeping and to keep it adequately stocked. Stocks can be obtained from F,H&S team in EFM.

6. Dealing with visitors

6.1 If the need arises our First Aiders are authorised to provide First Aid assistance to visitors and those in the vicinity of our premises.

6.2 Should a visitor feel unwell or have an accident, then the employee supervising their visit should call for a First Aider/Appointed Person. If the visitor has had an accident the First Aider is responsible for ensuring that an incident form is created on YCloud so the Trust is made aware.

7. Dealing with Emergencies outside the main hospital

7.1 Always act within the boundaries of your training:

- First Aiders should carryout the Primary Survey as trained
- once the ABCs have been checked, ensure the emergency services are called via, 999/112 using your mobile, landline or switchboard on 2222
- if it a medical emergency, you may find yourself having to carryout 'CPR' as per your training until the medical services arrive – see Annex 2, Sect 3.2 – 3.5
- if it is a non-medical, treat as you find and tend to the casualty
- ensure that the the incident is fully reported via Ycloud

8. Staff training

8.1 All First Aiders will have a current certificate in First Aid.

8.2 Our First Aid needs assessment has determined that we need at least First Aiders who have attended the Emergency First Aid at Work (EFAW) course.

8.3 Training is organised with the Trust preferred Awarding Body, so all qualifications are nationally recognised and sit on the RQF Framework. The training is delivered through the Academy, Yeovil District Hospital who also ensures that First Aiders attend requalification courses every three years.

8.4 We arrange annual refresher training sessions for First Aiders, where possible.

8.5 In addition to attending formal training, First Aiders should regularly re-read their notes and check for updates to the latest guidance on their trainer's website (where applicable) and at <http://www.hse.gov.uk/firstaid/index.htm>.

8.6 We do not have a requirement for FAW qualified persons within Yeovil District Hospital as anything above the EFAW skillset would be dealt with the Trusts own clinicians and Emergency Department.

8.7 For external buildings/workplaces, e.g.. Artillery Road, Wynford House, etc. there may be a need to ensure there is an FAW qualified person within the team who will have a slightly increased skill set than an EFAW.

8.8 Appointed Persons receive instruction in how to manage a medical emergency, but not in First Aid delivery.

8.9 Where necessary, all line managers will be expected to organise shifts and rosters to enable staff to attend First Aid training. We will do our best to ensure that sufficient notice of both initial training courses and any re-qualifications or refreshers are given to managers to assist with this planning.

9. Information for employees

9.1 We acknowledge that First Aid arrangements will only operate efficiently where they are understood, both by employees and others who may be working on our premises. These include part-time and temporary staff. For this reason, information on how to summon first aid is provided for all new staff.

9.2 Information on the current First Aiders along with their contact details is displayed on standard green and white signs within our premises. These will displayed in so they can easily be seen by all occupants flowing through the departments.

10. First Aid equipment and facilities

10.1 First boxes will be installed throughout the Non-Clinical areas at key points for ease of accessibility.

10.2 First Aid boxes will be checked on a monthly basis, as described in 4.2 and 5.1, but each First Aid box will have an 'anti-tamper' device fitted. All employees are also advised to maintain a watch over these and report any First Aid boxes to the area First Aider which have been tampered with for immediate inspection.

10.3 Eye Wash stations will be placed in areas of risk, i.e. Workshops; again these will require monthly checks by the departmental First Aiders. Once the sterile solution bottles have been opened, they must be replaced with new sealed ones.

11. Equality Impact Assessment

11.1 This policy has been assessed and implemented in line with the policy on procedural documents and an equality impact has been carried out to ensure the policy is fair and does not discriminate any staff groups. A completed Equality Impact Assessment Tool can be found at Annex A.

Annex A - Equality Impact Assessment Tool

12.1 To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of Document: **First Aid Policy**

1.	Does the policy/guidance 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	
	• Disability	No	
2.	Is there any evidence that some groups are affected differently?	None	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	None Identified	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	Not Applicable	
6.	What alternatives are there to achieving the policy/guidance without the impact?	Not Applicable	
7.	Can we reduce the impact by taking different action?	Not Applicable	

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Academy, together with any suggestions as to the action required to avoid/reduce this impact.

Signed; **Adrian Pickles**
Name: Adrian Pickles

Position: Fire, Health & Safety Manager
Date: 22nd October 2020

Annex B – Extract from Outside Emergency Guidelines

Sect 3.2 – 3.5, extract from 'Guidance for the Response to Medical Emergencies Outside the Confines of the Main Hospital Block' Version 1.2, Version Date: May 2019.

3.2 Initiate an emergency call (999 or 112) for the Ambulance Service

3.3 This can be done either by directly calling **999** or **112** via a mobile phone, or through the hospital switchboard by dialling **2222** from an internal phone and requesting the ambulance service, stating reason and location. If **2222** is used and an **immediate** medical response is needed (eg. in actual or imminent cardiorespiratory arrest), switchboard should also be asked to put out a Cardiac Arrest call – portable resuscitation equipment will then also be brought to the location by Porter staff.

3.4 Ambulance service personnel are properly trained and equipped to deal with immobilising and moving casualties without aggravating an injury. The resuscitation trolleys and the majority of equipment kept for emergencies in the hospital are not suitable to be transported across roads and pavements.

3.5 Members of staff attending should ensure the victim is comforted and kept warm and dry, initiate Basic Life Support (*another term for CPR*) if appropriate and remain with the victim until the emergency services arrive. If at all possible a bystander should be sent to direct the emergency services to the scene.