



Policy:	First Aid at Work Policy	Reference:	FASES0038
		Review Date:	05/2023

Purpose:

Legislation necessitates that SES Engineering (Newark) Ltd must adhere to the First Aid Health & Safety Regulations of 1981. The regulations require SES Engineering (Newark) Ltd to have arrangements for the provision of equipment and facilities that are adequate and appropriate for enabling First Aid to be administered to its employees should they become injured or ill at work.

For this purpose, a person shall not be suitable unless undergone such training and has such qualifications as the HSE may approve. (Ref: ETMSSES0075)

Scope.

'Treatment for the purpose of preserving life and minimising the consequence of injury and illness until medical assistance arrives' and 'treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner'.

SES Engineering (Newark) Ltd will be able to demonstrate this through this policy and suitable and sufficient first aid provision is available to all employees, visitors', and contractors.

Procedure.

In order to comply with regulations SES Engineering (Newark) Ltd will carry out a risk assessment to determine the number of First Aiders required and the amount and type of suitable first aid equipment needed to support the first aider. The assessment should consider:

- The number of personnel working in the area being assessed.
- The hours of work.
- Facilities available to obtain first aid e.g., if a minor injuries unit is on site.
- The type of work being undertaken.
- Specific workplace hazards.
- The remoteness of the site from emergency medical services.
- The needs of travelling, remote or lone workers.
- Employees working in shared or multi-occupancy sites.
- Provision for non-employees such as the public.
- Cover for sickness and annual leave.

The particular needs of certain employees who may potentially be at greater risk will need to be assessed, for example young or inexperienced workers, pre-existing health conditions and people with disabilities or impairments.

Information for Employees.

Each area should have the HSE recommended poster displayed, informing staff of the arrangements for first aid in their working area to include a list of names and the location of the first aider. All staff should be aware of what to do and who to call in the event of an injury or emergency situation. All employees, contractors and visitors should co-operate fully with the first aider or appointed person and assist and take instruction as required. This may include calling the emergency services.

As an employer, by law we must provide the health & Safety Executive published large A2 poster which must be displayed prominently, or a leaflet can be given to all your employees (also provided by HSE). On the poster must be the name of the first aider or appointed person, name of management representative and the contact details of the enforcing authority.



Employees on shared / Clients Sites.

SES Engineering (Newark) Ltd will ensure that arrangements exist for first aid cover on all client’s sites. A written arrangement may be required in these circumstances.

General Public, Visitors and Contractors.

First aid cover will primarily be aimed at employees, however SES Engineering (Newark) Ltd would promote adopting a common-sense approach if a visitor, member of the public or contractor working on site required first aid that would normally be administered by a first aider.

First Aid Personnel.

First-aid personnel are employees who have volunteered for the role and have been assessed as suitable. The organization will also nominate a person to take charge if a first aider is unavailable in exceptional circumstances. The organization understands that the appointed person does not need to be a qualified first aider but will be given a clear indication of the responsibilities required and will be appropriately trained. SES Engineering (Newark) Ltd makes it policy for all employees to have a First Aid at Work qualification.

First Aiders are qualified personnel who have received training in accordance with HSE requirements. First-aid personnel will be provided with refresher training at regular intervals to keep their skills up to date.

SES Engineering (Newark) Ltd will ensure there are sufficient first-aid personnel within the workplace to adequately cover every shift. This includes night shifts and weekend working. Notices will be displayed in all workplaces, giving the location of first-aid equipment and the names and locations of relevant personnel.

In The Absence of a First Aider.

SES Engineering (Newark) Ltd as part of this policy ensures all employees working for the business have a first Aid at Work qualification provider by a recognised authority. However, part of the risk assessment will be to provide cover for a First Aider/Appointed Person in the event of annual leave or long-term sickness. In the unforeseen absence of a First Aider or an Appointed Person, any member of staff encountering a 'first aid' situation would be supported by SES Engineering (Newark) Ltd for any 'good samaritan' action they may take, so long as it is within their level of competence. If the situation warrants it, the first course of action will be to summon the emergency services via a 999 call.

Appointed Person

Where the risk assessment identifies a low-risk SES Engineering (Newark) Ltd may nominate an Appointed Person to take charge of an emergency until medical assistance arrives. (This person does not have to complete the HSE accredited course but must be trained in emergency aid).

HEALTH AND SAFETY EXECUTIVE SUGGESTED NUMBERS OF FIRST Aiders/Appointed Persons for people at work based on the Risk Assessment		
Category of risk	Numbers employed at any location	Suggested numbers of first aid personnel
Lower risk		
e.g., offices	Fewer than 50	At least one Appointed Person
Medium Risk		
e.g., Survey Sites	Fewer than 20 20 TO 100	At least one Appointed Person At least one additional for every 50 employed
High risk		
e.g., Workshops, Plant Maintenance, Construction	Fewer than 5	At least one Appointed Person
	5-50	At least one First Aider
	More than 50	One additional First Aider for every 50



Special note: This guidance meets the basic minimum First Aider/Appointed Person required. Local Managers will complete an individual risk assessment to determine First Aid provision for the project. Thomson Lit will strive to adopt best practice, which exceeds the basic minimum requirement.

First Aid Courses.

After completing the risk assessment and establishing that there is a need for a First Aider, or should an existing first aider need a refresher course, the procedure for booking an individual onto a training course is as follows:

- Contact the office who will co-ordinate and arrange via an approved supplier. The office will make regular monitoring of all training requirements and may well contact employees directly to book them onto relevant first aid courses.
- Qualified first aiders or appointed persons who are due a refresher course, should book their place in ample time to ensure that the course is completed prior to the existing qualification expires. If courses are booked after the expiry date of their previous certificate, they will not be allowed to sit a refresher, and will have to complete the full course again.
- Refresher courses are to be taken every 3 years.

First Aid Boxes / Equipment.

First aid boxes should contain a sufficient supply of suitable first aid material and nothing else and conform to legal requirements and be clearly marked in a green box with a white cross and easily accessible. An inventory of the box should be kept enabling the designated person responsible for the first aid box to replenish as soon as possible after use, or when out of date to ensure there is always a sufficient supply of equipment and materials.

Contents should include a minimum of the following:

- Sterile dressings – including low adherent, HSE large & eye pads.
- Adhesive dressings or plasters.
- Bandages – roller, triangle & tubular.
- Eye wash pods 20 ml.
- Protective items – latex free gloves & face shield.
- Alcohol free wound cleansing wipes.

Useful additional items:

- Scissors.
- Tweezers.
- Safety Pins & clips.
- Guidance leaflet.
- Paracetamol & Aspirin.

The contents of the first aid box may vary from the above if the risk assessment carried out dictates for additional items or larger quantities of above.

A monthly audit of first aid boxes and their contents is to be carried out. (Ref: FABCSSES0039)

Portable First Aid Kits.

Portable first aid kits will be available for staff members required to work away from the main workplace, where access to facilities may be restricted, such as:

- Work with potentially dangerous tools and machinery away from the main workshop and office.
- Travelling abroad on business.
- Employees travelling in vehicles on a regular basis such as our fitters/engineers.
- When working in isolated or remote locations.



Location of First Aiders and Boxes.

SES Engineering (Newark) Ltd as part of this policy ensures all employees working for the business have a first Aid at Work qualification provider by a recognised authority. However, the law states that as an employer of 50 or fewer employees, we must have:

- A person in the workplace who can take charge in an emergency.
- A first aid box.
- A notice stating where the first aid box is and who the approved person is.
- A trained first aider and first aid room if the workplace gives rise to special hazards.

Record Keeping.

All accidents however minor must be reported and recorded. SES Engineering (Newark) Ltd will provide an accident book in which all incidents must be recorded in great detail in addition to our accident/incident reporting policy (Ref AIRSES0002). We as an employer have overall responsibility for the accident book, but it is the responsibility of employees to ensure they complete an entry in the accident book as soon as possible after an injury. When the injured person is unable to enter an account into the accident book, the first aider or witness should do so. When an accident results in admittance to hospital or inability to continue work, the relevant manager must be informed immediately.

Accident / Incident reporting is required for all situations. See Accident / Incident reporting policy (Ref: AIRSES0002) and the accident / incident report form in conjunction with the witness statement where required. (Ref: AIRFSES0003 & WSFSES0004)

Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR).

See Accident / Incident reporting policy. (Ref: AIRSES0002).

In the event of injury or ill health at work, an employer has a legal obligation to report the incident. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) requires an employer to report the following:

- Work related deaths.
- Certain serious injuries (reportable injuries where an employee is absent from work for more than 7 days. Lost Time Injury).
- Diagnosed cases of certain industrial diseases.
- Certain dangerous occurrences (near-miss incidents).
- Gas incidents.

Assessing a Casualty.

The *Primary Survey* is a quick systematic assessment of a person to establish if any conditions or injuries sustained are life threatening. The sequence should be applied to every casualty in every situation.

The *ABC Check*.

- Airway – Open and clear?
- Breathing – Is breathing normal, look listen and feel for breaths.
- Circulation – Any signs of severe bleeding? May be internal.

Once you have completed the primary survey and dealt with any life-threatening conditions, start the methodical process of checking for other injuries or illnesses, a *Secondary Survey*. Question the casualty as well as any people around them, witnesses. Make a note of your findings if possible, to pass onto any medical personnel.

Medical Emergencies and First Aid.

Most workplace medical situations you encounter are not immediately life threatening. The few and rare that are can generally be addressed by anyone with basic first aid skills and a rational approach. Maintain a calm, thoughtful manner. Panic will cause panic in others or contribute to a 'shock' response in a victim.

When confronted by a medical emergency, firstly determine whether or not you can safely and effectively render assistance. Do not move the victim unless you must, for your safety or the victims. Once you have determined that you are not endangering yourself and that the victim is in a relatively safe position, get help if you are able to do so.

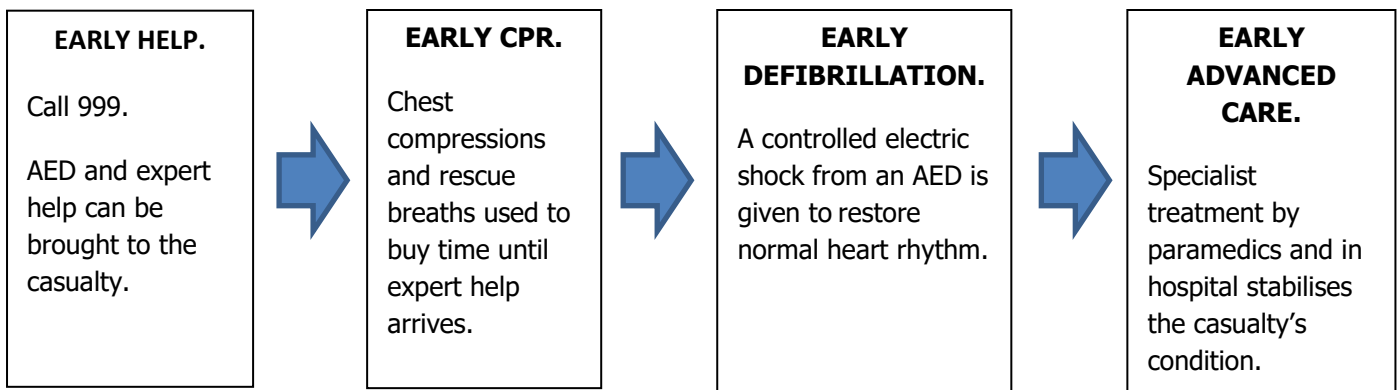
Life-Saving Priorities.

With an unresponsive casualty your priorities are to maintain an open airway, to maintain blood circulation and to breathe for the casualty. The combination of rescue breaths and compressions is known as CPR (CardioPulmonary Resuscitation). In addition to CPR a machine called an AED (Automated External Defibrillator – defib) can be used to deliver an electric shock that may restore the normal heartbeat.

Key elements for survival:

- Emergency Help is called quickly.
- CPR is used to provide circulation and oxygen.
- AED is used promptly.
- Specialised treatment and advanced care arrive quickly.

Chain of Survival.



An unresponsive casualty may not always require life saving treatment such as CPR. If the casualty is unresponsive but still maintaining a normal breathing rhythm, shout for help and leave the casualty in the position found and maintain an open airway. Use the Primary Survey to identify the most serious injury and treat conditions in order of priority. Place the casualty in the recovery position. Follow your training. Monitor vital signs until emergency help arrives.

Warning.

There is a definite risk to the first aid responder from the bodily fluids of the patient. These include blood, mucus, urine, and other secretions. You should take the steps necessary to protect yourself before attempting to treat the patient. Use surgical gloves to protect yourself before attempting to treat the patient. It is also strongly recommended that you use a face shield if giving CPR. This will also reduce the risk of infection.

Bleeding.

There are several ways to control bleeding. These should be attempted in the following order:

- Using a sterile gauze, apply pressure over the wound. When it stops bleeding, tape or otherwise secure the gauze in place. Immediately removing the gauze may cause bleeding to restart.
- If you have knowledge of the arterial pressure points, apply pressure, using one or both thumbs over the artery. Once the bleeding is controlled apply bandages to the wound site.
- Bleeding from the torso does not lend itself to control by any method other than applying pressure, elevation, icing or combination of all three.
- As a first aider do not apply a tourniquet.

Burns.

Burns may take 6 different forms.

- Dry.
- Scald.
- Radiation.
- Cold.
- Electrical.
- Chemical.

The treatment for each is different, but in every case, treatment for traumatic shock should be part of your approach. Follow your training for the appropriate treatment of each type of burn.

Fractures/Breaks.

Usually, the patient will know if they have broken a bone. Symptoms are bruising at and around the site, localised pain, deformity and swelling. In treatment the objective is immobilisation. Immobilise any fracture/break before moving the patient if possible. This is especially important in the case of a known spinal injury unless life saving treatment takes priority. A check of circulation in affected areas is advised. In the case of an open fracture, you will most likely need to control the bleeding without applying direct pressure. Follow your training. Monitor the patient for the onset of shock. Treat shock routinely in fractures of major bones and open fractures.

Seizures.

Recognition of a seizure often follows a pattern:

- Sudden loss of responsiveness.
- Rigidity and arching of the back.
- Breathing may be noisy and become difficult.
- Convulsions.
- Possible loss of bodily functions, bladder, or bowel.
- Muscles relax and breathing returns to normal.
- Following the seizure, the casualty may be dazed and confused, often tired.

Treatment of a seizure is limited. Ensure that any potential dangerous objects are moved away from the casualty, clear the surrounding area. Time the length of the seizure. Cushion the head of the casualty with soft material. Loosen tight clothing around the neck of the casualty. Once the seizure has finished, then the casualty may need positioning into the recovery position. Monitor the casualty's recovery.

Chocking.

A foreign object that is stuck in the throat may block it and cause muscular spasm leading to the casualty being unable to speak, cough or breathe eventually becoming unresponsive. As a first aider your main aims are to remove the blockage/obstruction and arrange urgent medical assistance where required. Follow your training using back blows or abdominal thrusts.

Heart Attack.

When recognising heart attack there may be:

Vice like chest pain spreading to both arms and jaw that does not ease with rest.

- Breathlessness.
- Discomfort in upper abdomen.
- Collapse with no warning.
- Sudden dizziness or fainting.
- Casualty may have sense of impending doom.
- Ashen skin and loss of colouration.
- Rapid, weak, or irregular pulse.



- Profuse sweating.
- Extreme gasping for air.

You MUST call for emergency help immediately and tell the emergency services you suspect a heart attack. Help the casualty into a comfortable position and constantly reassure the casualty.

Assist the casualty to take 1 full dose of Aspirin tablet (300mg) and advise him to chew it slowly. If the casualty has angina, then he may have prescribed medication that you can assist them take. Encourage the casualty to rest keeping bystanders away. Monitor and record the casualty's vital signs whilst waiting for emergency help to arrive.

Shock.

Shock can present in many ways and in many circumstances. Recognising shock:

- Rapid pulse.
- Pale, cold, clammy skin.
- Sweating.
- Rapid, shallow breathing.
- Weak thready pulse.
- Grey-blue skin, especially around the mouth.
- Weakness and giddiness.
- Nausea and vomiting.
- Thirst.

As the brain's oxygen supply weakens restless and aggressive behaviour, gasping for air and eventually the casualty may become unresponsive.

Treat any cause of shock, help the casualty to lie down on a flat surface ideally on a blanket, raise and support their legs. Call 999 with suspected shock. Loosen tight clothing at the neck, chest, and waist. Cover the casualty with a blanket and keep warm. Offer constant reassurance and do not move the casualty whilst waiting for help to arrive.