



South Cumbria &
North Lancashire Branch

Joint meeting 19th July 2018



South Cumbria Occupational
Health & Safety Group

Topic: *First Aid and emergency treatment training – how much is enough?*

Speakers: Richard Nicholson, Senior Trainer, Nationwide Fire Training &
James Woolgrove, Director, James Woolgrove Associates

Venue: The Netherwood Hotel, Grange-over-Sands, Cumbria LA11 6ET

Jim Tongue, Chairman, *South Cumbria & North Lancashire IOSH Branch*, welcomed members to the meeting. He then introduced our speakers Richard and James who said that they hoped that members would contribute to discussion points during the presentation because they believed that this was an effective way of exchanging of helpful tips about practical ways managing workplace First Aid training as well as being a way of highlighting potential pitfalls.

Richard set the scene by summarizing the requirements in the *Health & Safety (First Aid) Regulations 1981* (amended 2013) and *HSE* guidance. He said that the first problem faced by employers was to determine what is '*...adequate and appropriate...*' for their workplace. He explained that this depended on several factors such as: the type of work undertaken in the workplace, the workplace design and the type of materials stored on site etc...

Richard said that the best way to determine the how to manage workplace First Aid and related training requirements was to undertake a site *First Aid Risk Assessment* that considered the following:

- The type of work undertaken on site and related workplace hazards.
- The age and experience of the workforce.
- History of accidents on site.
- Size of the organisation.
- Whether or not some employees were remote and lone workers.
- Proximity of the site to the emergency services.

He explained that the *First Aid Risk Assessment* should identify whether or not any of the following are needed:

- Trained First Aiders: if so, how many? And will some need specialist training?
- First Aid boxes: location(s), content and how many?
- First Aid room: usually only applicable to large sites.

Richard said that the *HSE* guidance on the *First Aid Regulations* provided a useful framework to help employers comply with the requirements of the legislation. He explained that the guidance recommended different levels of First Aid training for employees undertaking the following roles:

- *Appointed Person*: responsible for overseeing site First Aid arrangements.
- *Workplace First Aider*: First Aid at Work course if *Risk Assessment* has identified a need for trained First Aiders.
- *Other employees*: Emergency first aid at work training may be appropriate for a wider range of employees in some workplaces, particularly those with potentially hazardous areas located some distance from where the trained First Aider is based.
- *Additional specialist First Aid training*: may be required for First Aiders working in hostile environments such as off-shore oil rigs, windfarms etc...

Helpful HSE internet guidance on complying with the *First Aid Regulations* can be found at:

First Aid at Work: www.hse.gov.uk/firstaid/index.htm

The law: <http://www.hse.gov.uk/firstaid/legislation.htm>

What employers need to do: <http://www.hse.gov.uk/firstaid/what-employers-need-to-do.htm>

Employee guidance: <http://www.hse.gov.uk/firstaid/employee.htm>

First Aid resources: <http://www.hse.gov.uk/firstaid/resources.htm>

They include information about:

- Managing the provision of first aid (first-aid kit, equipment, rooms etc).
- Requirements and training for first-aiders.
- Requirements for appointed persons.
- Making employees aware of first-aid arrangements.
- First Aid and the self-employed.
- Cases where the *First Aid Regulations* do not apply.

Richard then referred to a *UK Red Cross* survey of 2,000 people where only 14% of the respondents said that they would know what to do if they were near someone when they collapsed and became unconscious. This led to some interesting discussions about the effectiveness of First Aid training, the frequency of First Aid training and the content and presentation of effective First Aid training.

One of the main problems members identified was that workplace First Aiders rarely had opportunities to practice their First Aid skills and that sometimes when they were faced with an emergency they did not necessarily react in the way that they had been trained. For instance, one member quoted an example of a First Aider, who dealt with an unconscious employee, but only remembered that there was a defibrillator on site after a paramedic arrived. This illustrated a key point. No-one knows how they will react in an emergency until they are faced with one and even people who have had appropriate training can lack the confidence to deal with emergency situations especially if they were trained two or three years before the incident.

James used a case study from one of his clients to show that sometimes it was more appropriate to train a larger number of workers in relevant emergency First Aid. He explained that one of his construction clients, who runs a number of small building sites, found that it was not practical to provide a trained First Aider for each site. When they looked at the problem together James suggested that it might be more effective to provide a bespoke Emergency First Aid course for everyone on site. James then developed a construction site Emergency First Aid course tailored to take account of common minor accidents on building sites. It was popular with the site workers who felt it was worthwhile. It also proved to be a more cost-effective way for his Client to comply with the *First Aid Regulations*.

James then pointed out that the evolution of smart phones and apps meant that there were now additional ways of 'expert' help quickly as long as the emergency occurred in an area where there was a mobile signal. This led to a discussion about the importance of knowing how to administer CPR, being aware of the locations of defibrillator machines and encouraging people to have the confidence to use them. James explained that these machines came with clear instructions and would not administer a 'shock' to the patient unless the sensors detected that this was necessary.

Jim Tongue then thanked Richard and James for leading an interesting discussion about who should receive First Aid training and whether there were times when it was more appropriate to train more staff in emergency First Aid rather than to rely on a few qualified First Aiders. He presented them with a small token of members' appreciation and encouraged everyone to network with one another and with the speakers over tea or coffee and biscuits.

Richard can be contacted via: <http://nationwidedfiretraining.co.uk/>

James can be contacted via: <http://www.jameswoolgroveassociates.co.uk/>