



**Leaflet 27**  
**FIRST AID AT WORK**

**AMENDMENT RECORD**

Amd No	Date	Text Affected	Authority and Date
1	Nov 07	All	DMSD-Civ OM - Nov 07
2	Jan 08	Section 6 – New Section Covering use of defibrillators	DMSD-Civ OM – Jan 08
3	Jun 08	Section 8 – New Section Covering advice on legal liability and indemnity insurance for first aiders	DMSD-Civ OM – Jun 08
4	Jun 08	Section 7 – New paragraphs 7.2, 7.3, 7.4 added covering information provision and locations of first aid facilities in the workplace	DMSD-Civ-OM – Jun 08
5	Aug 08	Exchange of first paragraph of Introduction with paragraph of Scope	DSC-OHS1 – Aug 08
6	Aug 08	Section 8 – Paragraph 8.2 altered to clarify Military Medics	DMSD-Civ-OM –Nov 08
7	Nov 08	'employer' changed to 'TLB holder or Head of Establishment' throughout	DMSD-Civ-OM –Nov 08
8	Nov 08	'employee' changed to 'staff' throughout	DMSD-Civ-OM –Nov 08
9	Nov 08	Section 6 – additional sentence on Instruction added about defibrillator training and maintenance (Para 6.2)	DMSD-Civ-OM –Nov 08
10	Dec 08	Minor formatting changes	SSD&CD-Safety – Dec 08
11	Jan 09	Annex A Title Changed to "How Many First Aiders Do You Need"	DMSD-Civ-OM – Jan 09
12	Feb 09	Section 4- new paragraph 4.1.2 contains text extracted from paragraph 3.2	DMSD-Civ-MON –Feb 09
13	Mar 09	Paragraph 4.5.2 swapped with 4.5.2	SSDC – Mar 09
14	Mar 09	Section 6 – Advice added to clarify training needs for operation of defibrillators	SSDC – Mar 09
15	May 09	Section 8 – Advice added on legal liability for MOD civilian first aiders.	SGD-Pol-Civ OM – May 09
16	March 10	Section 2 – Responsibility for first aid provision to Service Personnel on Service Units delegated to Commanding Officers	SGD-Strat Pol-OM Civ – March 10
17	March 10	Section 4 – Paragraph 4.2.1 re-worded for clarification	SGD-Strat Pol-OM Civ – March 10

**REVISION NOTE:**

Leaflet was revised to include advice on legal liability and claims management for MOD civilian First Aiders, include information to be contained on notices for locations of first aid facilities within buildings and operation of defibrillators.

**HISTORICAL RECORD:**

The original leaflet was introduced in April 2003.

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**FOREWORD**

This leaflet is published under the authority of the Chairman of the Defence Occupational Health and Safety Board (OHSB). This leaflet is for application across all areas of MOD and the Armed Forces and reflects any recent changes in legislation and or MOD practises.

**1. SCOPE**

1.1 This leaflet advises line managers of the statutory duties on MOD required by the Health and Safety (First Aid) Regulations (known as First at Work Regulations – FAWR), and the way these regulations are to be implemented in MOD. The Regulations are backed by an Approved Code of Practice (ACOP L74). The Regulations do not apply to the Armed Forces of the Crown or to any Force to which the provision of the Visiting Forces Act applies. However, in compliance with the Secretary of State's Policy Statement on Safety, Health, Environmental Protection and Sustainable Development, standards and management arrangements are to be put in place which are, so far as is reasonably practicable, at least as good. Therefore, Service personnel are covered by similar arrangements (see paragraph 2.3).

## **2. INTRODUCTION**

2.1 First Aid at Work covers the arrangements Commanding Officers and Heads of Establishments (CO/HoE) must make to ensure staff who become ill or injure themselves at work receive immediate attention, including calling an ambulance in serious cases. It doesn't matter whether the illness or injury is caused by work, what is important is that lives can be saved and minor injuries prevented from becoming serious by the quick intervention of a trained First Aider.

2.2 The requirement to provide first aid to civilian staff is delegated to CO/HoEs along with the duty to supply the necessary training and equipment needed to meet these Regulations. This will require:

- Trained and certificated volunteers from the workforce, to act as First Aiders.
- Provision of First Aid Boxes and first aid equipment.
- Provision, where necessary, of an equipped First Aid Room.
- Maintenance of any equipment provided.

2.3 The responsibility to provide first aid to Service personnel in Service Units is delegated to Commanding Officers.

## **3. ASSESSMENT OF FIRST AID PROVISION**

3.1 How much first aid provision a CO/HoE has to make depends on the circumstances in each workplace. No fixed level exists; CO/HoEs need to make a written assessment of what facilities and personnel are appropriate to the establishment. This should include an assessment of the possible need for defibrillators, see Section 6. A guide to help CO/HoEs assess the numbers of First Aiders required is at Annex A.

3.2 Not all line managers will be expected to assess the need for first aid provision as it is normally done on a "site" basis. However, whoever makes the decision will need to justify on what grounds the level of first aid provision has been set. A written recorded assessment in areas where more than 5 persons are employed will be required. It is especially important on multi-occupier sites that the first aid arrangements are agreed by all parties and are recorded in a written agreement .

3.3 In assessing need, CO/HoEs need to consider:

- Workplace hazards and risks;

- The size of the organisation;
- The organisation's history of accidents;
- The nature and distribution of the workforce;
- The remoteness of the site from emergency medical services;
- The needs of travelling, remote and lone workers;
- Staff working on shared or multi-occupied sites;
- Annual leave and other absences of First Aiders and Appointed Persons;
- Visitors and members of the public.

## **4. TRAINING REQUIREMENTS AND PROVISION OF FIRST AID ROOMS**

### **4.1 What is a First Aider?**

4.1.1 A First Aider is someone who has passed a Health and Safety Executive (HSE) approved 4 day training course for carrying out first aid at work and holds a valid First Aid at Work Certificate. A First Aider can carry out the duties of an Appointed Person.

4.1.2 When CO/HoEs are assessing first aid needs, they are advised that qualified medical doctors registered with the General Medical Council (GMC), and nurses whose names are registered in Part 1, 2, 10 or 11 of the Single Professional Register maintained by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting, are qualified to administer first aid. Where such doctors and nurses are employed by MOD, may be taken into account in determining first aid provision and in particular the need for appointing First Aiders.

### **4.2 “First Aider” Status of Service Personnel**

4.2.1 All Service personnel undergo basic first aid training as part of their Common Core Skills, however, this is not sufficient for them to be classed as a First Aider under the FAWR. However, Service personnel whose core skills are in date and Combat Medical Technicians (CMTs) are allowed to administer first aid to civilians and act as an Appointed Person under the FAWR. Although CMTs are trained to a very high standard (considerably higher than what is required by FAWR) their qualifications are not recognised by the HSE under the FAWR, and so they cannot be counted in the assessment of First Aiders for work.

### **4.3 What is an Appointed Person?**

4.3.1 An Appointed Person is someone who takes charge in an emergency situation when a person becomes ill at work, either by: finding a trained First Aider; calling an ambulance in an emergency situation; replenishing the First Aid Box when required; ensuring emergency equipment is working. An Appointed Person should only administer first aid appropriate to their level of training.

4.3.2 There is no legal requirement for an Appointed Person to have undergone a specific training course. However, it is recommended that they know some basic first aid and also the required contents of a First Aid Box as well as procedures for dealing with an emergency (including how to call an ambulance and the information that the Ambulance Service will require).

### **4.4 What Training is Required?**

4.4.1 If you require a qualified First Aider, they need to attend an HSE approved course that has at least 24 hours of training, usually held over 4 days or spread out over a few weeks. First Aid at Work certificates are valid for 3 years. Re-qualification courses consist of 12 hours over 2 days provided the re-qualification training takes place while the previous certificate is still valid. Training courses are available for Appointed Persons and normally consist of 4 hours training.

4.4.2 Training for First Aiders is available from a multitude of sources, including St. John's Ambulance, British Red Cross Society and commercial providers. It is the responsibility of CO/HoEs to make their own training and retraining arrangements.

4.4.3 First Aiders have a responsibility to maintain their knowledge and skills at an adequate level. It has been shown that there is a significant skills fade after as little as 6 months if first aid is not regularly practised. First Aid coordinators may wish to arrange regular practice to assist in the maintenance of first aid knowledge and skills. This could be conducted in conjunction with fire evacuation exercises.

### **4.5 What should First Aid Rooms contain?**

4.5.1 Where the assessment has identified the requirement for a First Aid Room or Rooms; suitable accommodation must be provided. This will be necessary in establishments with high risks, such as dockyards, remote air stations, and vehicle workshops or munitions stores and in larger premises at a distance from medical services. Responsibility for the room must be delegated to a designated person.

4.5.2 A First Aid Room(s) must contain essential first aid facilities and equipment; allow easy access to patients including by wheelchair or stretcher; be clearly signposted by a white cross pictogram or symbol on a green background (which may be supplemented with text), in accordance with the Health & Safety (Safety Signs & Signals) Regulations. If possible, the room(s) should be reserved exclusively for first aid treatment. However, they may also

be used to provide a rest area for those who feel unwell, a private environment for new and expectant mothers, or for medical examinations, provided that they can be vacated quickly for dealing with a first aid incident.

## 5. PROTECTING THE FIRST AIDER FROM INFECTION

5.1 In any situation requiring first aid, there are certain standard hygiene precautions that are expected to be undertaken by First Aiders to reduce the risk of transmitting infection. The HSE advises that it is not normally necessary for First Aiders in the workplace to be immunised against blood-borne viruses (BBVs) such as Hepatitis B, unless the risk assessment indicates it is appropriate (see JSP 375 Vol 2 - Leaflet 31).

## 6. USE OF DEFIBRILLATORS

6.1 In the event of a cardiac arrest, although blood flow can be maintained and oxygenated with cardiac massage and mouth-to-mouth resuscitation, the only effective way to restore normal rhythm is to defibrillate the heart by attaching two large electrodes to the patient's chest and by delivering an electrical shock. The machine that provides this shock is called a defibrillator. These may be manual, semi-automatic or fully automatic. The fully Automatic External Defibrillator or AED is preferred.



Figure 1. Example of an Automated External Defibrillator

6.2 To have the greatest impact, defibrillators should be introduced where the risk of cardiac arrest is highest. The British Heart Foundation has suggested that to be cost effective, the probability of cardiac arrest occurring in the location should be at least once every two years.

6.3 At present in the UK there are no statutory requirements for the placement of defibrillators, or training and retraining for potential users of automated external defibrillators (AEDs). However, where AEDs are provided, TLB Holders and CO/HoEs must provide appropriate training for staff (including

regular retraining) and maintenance of the equipment (both normally available from the manufacturer/supplier) and keep appropriate records for inspection.

6.4 Defibrillation by lay people, provided that they have been appropriately trained and are competent in the use AEDs, is considered safe and effective and is supported by the leading professional organisations. In view of the fact that current AEDs give clear instructions on their use and cannot administer a shock in the wrong circumstances, it is the view of the Resuscitation Council (UK) that the use of AEDs should not be restricted to trained personnel. They consider that it is inappropriate to display notices to the effect that only trained personnel should use the devices, or to restrict their use in other ways. Such restrictions are regarded as against the interests of victims of cardiac arrest, and discourage the greater use of AEDs by members of the public who may be able to preserve life and assist victims of cardiac arrest.

6.5 The above advice is applicable to fully automatic AEDs. Semi-Automatic and manual defibrillators must only be used by appropriately trained personnel. It is therefore essential that CO/HoEs ensure that defibrillators held on their sites suitably labelled according to type and suitability.

## **7. INFORMATION FOR STAFF**

7.1 First aid arrangements operate efficiently in an emergency only where they are known, understood, and accepted by everyone in the workplace. One way to achieve this is to set up procedures for informing staff in consultation with staff or safety representatives, normally as part of the induction process. The procedures should detail first aid provision and explain how staff will be told the location of first aid equipment, facilities and personnel. The procedures should also identify who will provide relevant first aid information to new and transferred staff and to visitors and contractors.

7.2 A simple method of keeping staff informed is by displaying first aid location notices as shown by an example at Annex D. The information needs to be clear and easily understood by all staff. These notices should be locally produced and for a minimum must contain the following information:

- Form should be A4
- The background must be green
- It must have the international recognised First Aid symbol; a white cross on a green background with 'first aid' below in white text
- The location of the nearest First Aid Room (where provided) and the location of the keys together with a telephone contact number
- List of all the personnel who are trained to give first aid with the following information

- Name
  - Certificate Expiry Date
  - Individuals location
  - Telephone Extension
- Location of other first aid facilities, such as nearest First Aid Kit
  - Telephone number to call for an ambulance (commonly within the MOD this is 222 or 2222, however other numbers may still be used depending on establishment)

7.3 An example of an appropriate form is at Annex D (Note: This is an example only and contents may be altered subject to local site requirements).

7.4 TLB holders and CO/HoEs should ensure that those with reading and language difficulties are also kept informed. .

## **8. INDEMNITY COVER (INSURANCE)**

8.1 First aid provision by the MOD, via trained staff, is primarily for the benefit of its staff in order to fulfil health and safety requirements. Any treatment of members of the public is incidental to the above and is not a primary responsibility of the MOD.

8.2 If you are a qualified First Aider with an in-date certificate, an Appointed Person and/or appropriately trained member of the Services with current Common Core Skills or a Military Medic and you provide first aid to a MOD member of staff (Service or civilian), a contractor employed on MOD business or members of the public entitled to be on MOD premises, MOD will indemnify you for your actions in providing first aid in accordance with the Regulations.

8.3 If you provide first aid (whether Service or civilian) to anyone outside the scope of MOD business, for example to someone you pass in the street, the MOD will not be liable for your actions or any of their consequences. You are, therefore, strongly recommended to obtain your own liability cover if you wish to use your skills and give first aid outside of MOD business. Some of the first aid training organisations can provide first aid indemnity insurance.

## **9. RECORD KEEPING**

9.1 It is MOD policy that any work related incidents, injuries or cases of illness which have been treated are recorded and retained for a minimum of 40 years. How this information is locally recorded is dependent on local site practice, but all incidents must be recorded on the Incident Recording

Information System (IRIS) or similar system. If in doubt, guidance should be sought from the local health and safety advisor or senior member of staff.

9.2 In addition to retaining records of work related injuries or illness, sites that have defibrillators must also retain records relating to the purchase of the equipment and details of all staff trained (if the equipment is semi-automatic) to use the equipment (which must be updated regularly). It is also essential that details of the maintenance of the equipment are also retained.

9.3 Retaining this information can help identify accident trends and possible areas for improvement in the control of health and safety risks, it also provides for historic information of the event in case a common law claim is received.

## 10. RELATED DOCUMENTS

10.1 The following documents should be read in conjunction with this leaflet

### JSP 375 Vol 2

- a. Leaflet 31 – Blood Borne Viruses
- b. Leaflet 39 – Health and Safety Risk Assessment
- c. Leaflet 55 – Retention of Records
- d. Leaflet 61 – Common Law Compensation

### Legislation and Guidance

- a. The Health and Safety (First Aid ) Regulations 1981  
[www.edp-uk.com/legal\\_documents/first\\_aid.pdf](http://www.edp-uk.com/legal_documents/first_aid.pdf)
- b. Basic Advice on First Aid at Work -  
<http://www.hse.gov.uk/pubns/indg347.pdf>
- c. First Aid at Work: Your questions answered -  
<http://www.hse.gov.uk/pubns/indg214.pdf>
- d. HSE Website on many aspects of first aid including the First Aid at Work Regulations - <http://www.hse.gov.uk/firstaid/index.htm>
- e. Freephone the confidential National Adviceline on 0800 019 2211. Your call will be handled in confidence by a qualified person.

## 11. DEFINITIONS

Appointed Person	Is someone who takes charge in an emergency situation when a person becomes ill at work, either by: finding a trained First Aider; calling an ambulance in an emergency situation; replenishing the First Aid Box when required; ensuring emergency equipment is working. An Appointed Person should only administer first aid appropriate to their level of training
Automated External Defibrillator (AED)	A device used to correct a dangerously abnormal heart rhythm, usually ventricular fibrillation, or to restart the heart by depolarizing its electrical conduction system and delivering brief measured electrical shocks to the chest wall or the heart muscle itself.
Competence	Competence requires sufficient practical experience and technical knowledge and understanding to carry work in a safe and efficient manner to a recognized standard on a regular basis. It requires the ability to communicate understanding to all people in a clear and comprehensible manner, and the awareness of personal limitations
Common Core Skills	These are the basic military skills that include weapons handling, map reading, military customs and courtesies, operations in field conditions, first aid and combat survival.
First Aider	A First Aider is someone who has passed a valid 4 day Health and Safety Executive (HSE) approved training course for carrying out first aid at work and holds a valid First Aid at Work Certificate. A First Aider can carry out the duties of an Appointed Person
Military Medic	Trained military personnel who are responsible for providing first aid and frontline trauma care on the battlefield. They are also responsible for providing continuing medical care in the absence of a readily available physician, including care for disease and non battle injury

## Leaflet 27

### First Aid At Work – How Many First Aiders do you need to provide?

#### 1. Introduction

1.1 The following table provides a guide to the number of First Aiders required. When calculating first aid provision, leave periods, location, the expected response times of staff and the Ambulance Service must also be considered

Table 1

CATEGORY OF RISK	NUMBERS EMPLOYED AT ANY LOCATION	SUGGESTED NUMBER OF FIRST AID PERSONNEL
LOWER RISK		
e.g. shops, offices, libraries	Fewer than 50	At least one Appointed Person
	50-100	At least one First Aider
MEDIUM RISK	More than 100	One additional First Aider for every 100 employed
e.g. light engineering, assembly and similar work	Fewer than 20	At least one Appointed Person
	20-100	At least one First Aider for every 50 employed (or part thereof)
HIGHER RISK	More than 100	One additional First Aider for every 100 employed
e.g. most construction sites, harbours, air stations, extensive work with dangerous machinery or sharp instruments, munitions stores, firing ranges.	Fewer than 5	At least one Appointed Person
	5-50	At least one First Aider
Where there are hazards for which additional First Aid skills are necessary	More than 50	One additional First Aider for every 50 employed
Diving at Work	Any	At least one First Aider trained in the special Emergency action Under the Diving at Work Regulations 1997. A diving contractor is required to provide first aid and medical equipment during a diving project

#### 2. First Aid Provision for Visitors

2.1 There is no legal requirement under the FAWR to provide first aid for people who are not MOD staff or contractors (but there may be a “duty of care” requirement). However, the HSE strongly recommends that expected visitors/members of the public are included in the assessment of first aid provision without diluting the requirements for staff. This will be particularly important when a lot of visitors are expected, such as air shows, open days (including for recruitment purposes, further information is available in The Event Safety Guide (HSG195)) and for wider market initiatives.

## Leaflet 27

### A Guide to Contents of a First Aid Box

11. There is no standard list of items to put in a First- Aid Box. It depends on what you assess the needs to be. However, as a guide, and where there is no special risk in the workplace, a minimum stock of first aid items would be:

- A leaflet giving general guidance on first aid e.g. HSE leaflet IND(G) 347 *Basic advice on first aid at work*;
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- Two sterile eye pads;
- Four individually wrapped triangular bandages (preferably sterile);
- Six safety pins;
- Six medium sized (approximately 12 cm x 12 cm) individually wrapped sterile unmedicated wound dressings;
- Two large (approximately 18 cm x 18 cm) sterile individually wrapped unmedicated wound dressings;
- One pair of disposable gloves.

**You must not keep tablets, medicines or ointments in the First Aid Box.**

2. The above is a suggested contents list only; equivalent but different items will be considered acceptable.

## Leaflet 27

### A Guide for Emergency First Aid for Untrained People

#### 1. Introduction

1.1 This Annex to Leaflet 27 contains advice on basic first aid for anyone who is untrained (i.e. the “*good Samaritan*”) to use in an emergency. It is not a substitute for effective training. First aid is a skill requiring training and practice. *You should not attempt to give more than this basic first aid if you have not been trained.*

1.2 When giving first aid, it is vital that you assess the situation, and that you:

- Take care not to become a casualty yourself
- Look for anything that may be of danger (e.g. live electricity, gas)
- While administering first aid use protective clothing and equipment where necessary
- Deal with unconscious casualties first
- Send for help immediately, don't delay; then follow the advice given below.

#### 2. What to do in an emergency

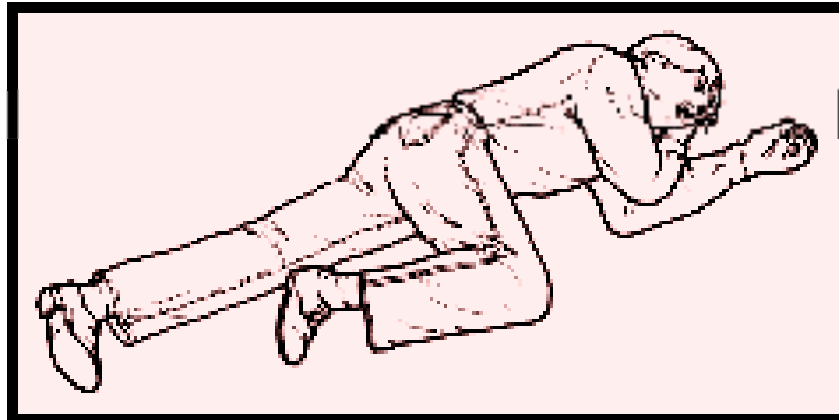
2.1 Check whether the casualty is conscious by gently shaking and asking loudly if they are alright. If the casualty is unconscious or unresponsive:

- **SHOUT FOR HELP** (or preferably send someone to get help)
- If the casualty has stopped breathing, open the airway (normally by tilting the head backwards – see diagram). If there is still no breathing and you are competent to give chest compressions, do so (30 compressions followed by 2 rescue breaths then a further 30 compressions).



## 2.2 Unconsciousness

2.2.1 In most workplaces, expert help should be available fairly quickly. But if you have an unconscious casualty, it is vital that his or her airway is kept clear. If you cannot keep the airway open as described above, you may need to turn the casualty into the recovery position (see diagram). The priority is to establish an open airway.



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## 2.3 Wounds and bleeding

2.3.1 Open wounds should be covered - after washing your hands if possible. Apply a dressing from the First Aid Box over the wound and press firmly on top of it with your hands or fingers. The pad should be tied firmly in place. Raise and support the injured part (unless it appears broken). If bleeding continues, another dressing should be applied on top. Do not remove the original dressing. Seek appropriate help.

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## 2.4 Minor injuries

2.4.1 Minor injuries - of the sort which the injured person would treat themselves at home - can be treated from the contents of the First Aid Box. The casualty should wash his or her hands and apply a dressing to protect the wound and prevent infection. In the workplace, special metallic and/or coloured or waterproof dressings may be supplied according to the circumstances. Wounds should be kept dry and clean.

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## 2.5 Suspected broken bones

2.5.1 If a broken bone is suspected, obtain expert help. Do not move casualties unless they are in a position which exposes them to immediate danger.

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## 2.6 Burns

2.6.1 Burns can be serious. If in doubt seek medical help. Cool the part of the body affected with cold water until the pain is relieved. Thorough cooling may take 10 minutes or more, but this must not delay taking the casualty to hospital.

Certain chemicals may irritate or damage the skin - some seriously. Treat in the same way as for other burns. It is important that irrigation continues, even on the way to the hospital if necessary (a minimum of 20 minutes is recommended for chemical burns). Remove any contaminated clothing which is not stuck to the skin. Make sure that you avoid contaminating yourself with the chemical.

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## **2.7 Eye injuries**

2.7.1 All eye injuries are potentially serious. The casualty will be experiencing intense pain in the affected eye, with spasm of the eye lids. Before attempting to treat, wash your hands.

- If there is something in the eye, irrigate the eye with clean, cool water or sterile fluid from a sealed container, to remove loose material. Do not attempt to remove anything that is embedded.
  - If chemicals are involved, flush the open eye with water or sterile fluid for at least 10-15 minutes. Apply an eye pad and send the casualty to hospital.
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## **2.8 Special hazards**

2.8.1 Electrical and gassing accidents can occur in the workplace. You must assess the danger to yourself and not attempt assistance until you are sure it is safe to do so. Call for help (or preferably send someone to get help). If the casualty has stopped breathing and you are competent to give artificial ventilation and cardiac resuscitation, do so.

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## **2.9 Illness**

2.9.1 Many everyday ailments can arise at work. Giving medicines is not within the scope of first aid at work. Application of common sense and reassurance to the casualty is the most valuable help that you can give. If in any doubt about the seriousness of the condition, expert help should be sought. If the casualty has his or her own pain relief tablets, they may take these as appropriate. People assisting should not offer medication of their own or belonging to others. Be vigilant for bracelets or necklaces which may indicate a possible reason for illness.

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