First Aid Policy and Procedure

Summary

This policy is designed to promote the health, safety and welfare of people who use our services, staff and visitors, through the provision of suitable first-aid equipment and trained first-aid personnel in compliance with the requirements of the Health and Safety (First-Aid) Regulations 1981.

This policy applies to all children, adults who use services, staff, agency workers, volunteers, contractors and visitors across all organisational services and locations.

CareTech also complies with updated Health and Safety Executive L74 document, *First Aid at Work: Guidance on Regulations* (2024), taking account of employees' mental health in its first-aid needs assessment.

CareTech utilises mental health first aid to promote wellbeing as an early intervention and understands mental health first aid to encompass the ability to recognise those who require mental health support and the confidence to offer appropriate assistance when needed.

Aims of the Policy

The aim of this policy is therefore to ensure that:

- a suitable and sufficient first-aid risk assessment is carried out, including mental health, and made subject to regular review
- a suitable number of staff are nominated and appropriately trained as qualified first aiders in accordance with the findings of the risk assessment
- qualified first aiders are supported by a number of appointed persons if required
- suitably stocked and marked first-aid kits are made available at appropriate locations throughout the workplace
- all staff are fully informed with regard to first-aid arrangements
- written records are maintained of any accidents, reportable injuries, diseases or dangerous occurrences that require a first-aid response
- first-aid arrangements take account of the needs of children and adults who use services, including known health conditions, allergies, disabilities, healthcare plans and emergency treatment requirements.

Risk Assessment

CareTech will conduct a risk assessment of all workplace activities, facilities and hazards in order to determine first-aid risks and needs. The assessment will be

regularly updated and reviewed, particularly where there is any change in working arrangements or where new risks may be identified.

The assessment will pay particular attention to:

- any use of machinery, tools or equipment
- any use of medical sharps
- the storage or use of potentially hazardous substances
- the potential for workplace violence or aggression
- lone working risks
- existing levels of first-aid support
- the time taken to summon emergency medical assistance should it be needed
- the health, age, vulnerability and support needs of children and adults who use services.

The risk assessment will be based on guidance contained in L74 *First Aid at Work*, published by the Health and Safety Executive.

From the risk assessment, a judgement will be made as to how many trained and qualified first aiders will be required to provide an effective and safe response to the potential risk of accidents and injuries during working hours.

A judgement will also be made as to how many fixed and portable first-aid kits should be available and where they are to be located or allocated.

In determining the level of provision required, the organisation will take into consideration:

- provision required during holidays
- adequacy of the provision to account for predicted staff absences
- provision of first aid for off-site activities and lone workers
- provision for shift workers and night staff

Specific consideration will be given to staff or people who have special health needs or disabilities.

Specific consideration will be given to children and adults who use services and who have disabilities, allergies, medical conditions, healthcare plans or emergency treatment requirements.

Safeguarding / Child Protection

Where the administration of first aid identifies injuries, illnesses, marks, behaviours or disclosures that give rise to safeguarding / child protection concerns, staff must act in accordance with the organisation's safeguarding procedures. The provision of first aid does not replace safeguarding responsibilities and any concerns must be appropriately reported, recorded and escalated without delay.

Qualified First Aiders

All qualified first aiders will be expected to hold a current certificate of competence that demonstrates they have successfully attended and completed appropriate training.

Such certificates are usually valid for three years and then need to be refreshed.

Recognised best practice is for first aiders to attend annual updates between three-yearly refresher courses.

The organisation will:

- support new first aider candidates to identify, arrange and attend appropriate initial certification courses
- support qualified first aiders to find and attend suitable three-yearly refresher training courses and appropriate annual updates

Where identified through service need, regulatory requirements or risk assessment, appropriate staff will undertake Paediatric First Aid or Emergency Paediatric First Aid training to ensure suitable first-aid provision for children who use services.

Refresher training and retesting of competence should be arranged at least three months before certificates expire.

Appointed Persons

An appropriate number of appointed persons will be identified to support the qualified first aiders.

Responsibilities will include:

- looking after the first-aid equipment, restocking first-aid containers when required and replacing out-of-date materials
- calling for an ambulance or other professional medical help when needed

Appointed persons will be given suitable training as required.

They will not be called upon to perform any hands-on first aid duties except in unforeseen circumstances, such as where a first aider is absent due to illness.

Management

Managers will be responsible for overseeing first-aid arrangements.

The manager will be expected to:

- undertake the regular risk assessments and review them as appropriate
- keep an up-to-date list of all qualified first aiders, including training dates and refresher requirements
- identify additional first aider volunteers where numbers are predicted to fall below the level required to cover all shifts and working patterns
- help organise suitable training
- monitor the appropriate recording of accidents and near misses requiring first aid and review the effectiveness of first-aid responses
- order first-aid equipment and supplies as required
- ensure that full-time, part-time and temporary staff are familiar with first-aid arrangements
- ensure first-aid arrangements reflect the assessed needs of children and adults who use services.
- ensure appropriate notification arrangements are in place for parents, carers, legal representatives, placing authorities, social workers and other relevant professionals where a child or adult receives treatment beyond routine first aid, in accordance with organisational procedures.

First-aid Materials, Equipment and Facilities

An appropriate number of first-aid kits will be made available at various points around the service.

These will be of the appropriate size and type and will be stocked with suitable materials and equipment in accordance with the risk assessment and British Standard BS8599.

First-aid containers will:

- be marked with a white cross on a green background
- be located in suitable and accessible places

Portable first-aid kits will be available for escort duties and organised trips outside the service.

Suitable first-aid equipment must accompany children and adults who use services during outings, activities, transport arrangements, holidays and overnight stays where required by risk assessment.

All service vehicles will have a first-aid travel kit on board.

The service will equip and maintain a dedicated medical/first-aid room where appropriate.

Only specified first-aid supplies will be kept. Creams, lotions and medicines should not be kept in first-aid kits.

First Aid for Children and Adults

First aid provided to children and adults who use services must be appropriate to their age, needs, communication requirements and presenting condition. Staff must take account of any healthcare plans, risk assessments, allergies, medical conditions and emergency treatment protocols when responding.

Where treatment beyond basic first aid is required, emergency medical assistance must be sought without delay.

First-aid arrangements do not replace individual healthcare plans, medication support arrangements or emergency medical protocols.

Information and Notices

First-aid notices giving the location of first-aid containers and the names of certificated first aiders will be prominently displayed around the service.

This includes:

- main entrance
- staff room
- communal areas
- main corridors

The service will make every effort to ensure that first-aid notices are clear and easily understood by all.

Information on first-aid provision will be included within staff handbooks and induction packs.

Recording Accidents, Incidents, Injuries and Mental Health Support

All accidents and injuries will be recorded in written or electronic form and managed in accordance with accident reporting procedures.

The record of any first-aid treatment given by first aiders and other appointed persons will include:

- the date, time and place of the incident
- the name of the injured or ill person
- details of the injury or illness and what first aid was given
- the name and signature of the first aider or person dealing with the incident

Records relating to mental health support will be proportionate, respect confidentiality and be limited to information necessary to safeguard individuals or manage workplace risks.

Accident reports, including those where first-aid assistance was provided, will be regularly reviewed and lessons learned identified regarding the adequacy and effectiveness of the organisation's first-aid arrangements.

Appendix 1 - First Aid Assessment of Need Review

No brand-new statutory Acts for workplace first aid changed the law in the 12 months leading to August 2026. However, BS 8599-1:2019+A1:2026 came into force on 30 April 2026, introducing stricter risk-based benchmarks for equipment, and the Health and Safety Executive updated its advisory stance on defibrillators and mental health integration.

Key Guidance and Standard Shifts (2025-2026)

- The "Two-Minute" AED Expectation: The April 2026 amendment to BS 8599-1 outlines that any site with five or more people should ideally have an Automated External Defibrillator retrievable within two minutes. While not strictly a legal mandate, it shifts the definition of "adequate" provision in high-vulnerability settings like care homes. The organisation will therefore consider the availability, accessibility and suitability of Automated External Defibrillators (AEDs) as part of its first-aid needs assessment. Particular consideration should be given to residential services, schools, colleges, offices and services supporting vulnerable children or adults.
- **Written First Aid Needs Assessments:** Increased emphasis is placed on formally documenting and justifying first-aid and equipment choices based upon identified risks and the needs of children, adults and staff.
- **Mental Health Integration**: HSE guidance continues to stress the inclusion of psychosocial risks and mental health support capabilities within workplace first-aid needs assessments.
- **Resuscitation Guidelines:** Updated Resuscitation Council UK standards emphasise early intervention and practical scenario-based training for first aiders.

Linked Policies

Safeguarding Adults

Safeguarding Children

Health and Safety Manual

Confidentiality Policy

Duty of Candour Policy

Complaints and Compliments Policy

Accident Policy

SUI Procedure and SOP

Next Review – November 2027

Review Date – November 2026

Review Date – August 2026

Review Date – August 2025