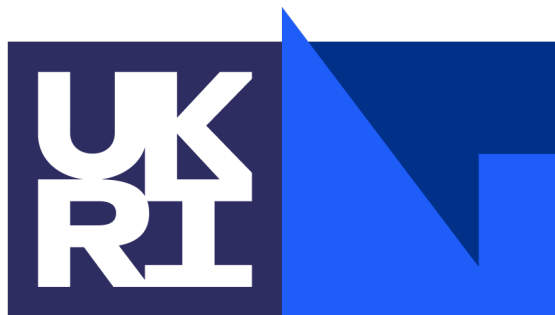




Science and
Technology
Facilities Council

MANAGEMENT AND PROVISION OF FIRST AID

STFC Safety Code No 36

Rev. 1.17, Issued November 2024

Revisions

1	Initial launch	September 2009
1.1	Revision to remove references to oxygen cylinders	February 2011
1.2	Amendment to Appendix 1 – First Aid bag contents	August 2011
1.3	Amendment to Appendix 1 – Contents of FA Room	December 2011
1.4	Minor change to 4.3.8	April 2012
1.5	Amendments to audit checklist	May 2013
1.6	Minor change to 3.3	January 2014
1.7	Document Retention Policy Added	August 2014
1.8	Updated to address audit findings: removing HR from code as OH contract now with SHE Group; refined process for first aider appointment; disposal of records etc.	May 2017
1.9	Addition of new Appendix on treatment of cold burns and frostbite	October 2017
1.10	Addition of new Appendix on the treatment for HF exposure	December 2017
1.11	Minor changes related to the launch of Evotix Assure	October 2018
1.12	Minor changes related to new contract for OH and new standards for first aid box contents in BS 8599-1:2019	September 2020
1.13	Minor addition to training requirements	March 2022
1.14	Addition of Process Map for first aid incidents	April 2022
1.15	Update to First aid report form – Appendix 2	August 2022
1.16	Added Appendix 10	November 2023
1.17	Update to Appendix 8	November 2024

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Management and provision of First Aid

1. Purpose

STFC has a duty to provide adequate and appropriate equipment, facilities and personnel to ensure staff receive immediate attention if they are injured or taken ill at work, irrespective of whether the injury or illness was caused by the work they were undertaking.

First Aid can save lives, for example in the event of heart attack, and can prevent minor injuries becoming major ones.

STFC will undertake to ensure compliance with the relevant legislation with regard to provision of First Aid to all employees and to ensure best practice by extending the arrangements as far as is reasonably practicable to others who may also be affected by our activities while on STFC sites.

The Health and Safety (First Aid) Regulations, 1981, sets out the responsibilities of the STFC to:

- Carry out an assessment of First Aid needs appropriate to the circumstances of each workplace;
- Provide adequate numbers of qualified First Aiders throughout the organisation;
- Maintain levels of competence of First Aiders;
- Provide adequate equipment and consumables for First Aid treatment;
- Provide adequate First Aid rooms or other suitable areas for First Aid treatment; and
- Record First Aid treatment.

This code outlines the STFC policy with respect to First Aid management and the provision of First Aiders to deal with injuries and ill health occurring at work.

2. Scope

This code applies to STFC sites and STFC staff, visitors, tenants, and facility users working at STFC sites and where STFC staff work at non STFC sites. STFC indemnifies the activities of authorised first aiders on all sites.

Where a tenant company has in the order of 10 or more employees, they must ensure that suitable and sufficient numbers of qualified first aiders are trained and available to support their operations on site, unless there are alternative equivalent local arrangements in place within the host building.

The code applies in instances where the STFC takes responsibility for organising events, conferences, and open days on STFC sites or elsewhere involving the public, schools etc.

This code addresses the need to ensure that contractors working at STFC sites provide suitable access for their staff to First Aid unless a documented contractual agreement is established for the STFC to provide this facility.

3. Definitions

3.1. Occupational Health teams

Occupational Health (OH) service provision is available to all STFC staff but may vary in the manner it is delivered depending on location, from full time on site provision through to contracted off site services made available to staff through local SHE or HR teams.

Where on site OH teams are not present refer to local SHE teams for responsibilities assigned to OH in this code.

3.2. First Aid

Is the immediate assistance or treatment given to someone injured or suddenly taken ill before the arrival of an ambulance, doctor or other appropriately qualified person.

3.3 First Aider

Is a trained person who holds a valid full certificate of competence in "First Aid at Work", issued by an organisation whose training competencies meet the requirements of the Health and Safety (First Aid) Regulations, 1981.

4. Responsibilities

4.1. Directors shall:

- 4.1.1 Ensure sufficient First Aiders are nominated from their Departments, as advised by SHE Group, supported by local Occupational Health.
- 4.1.2 Ensure that once selected, First Aiders are given sufficient time to undertake mandatory training in respect of maintaining their competence and the duties detailed in this code.

4.2. SHE Group shall:

- 4.2.1. Review the nominations for the post of First Aider and provide an authorisation letter when selected.
- 4.2.2. Undertake a first aid needs assessment for each site which includes: the number of First Aiders required and location of First Aiders appropriate to areas, Departments, Sites etc. based upon to the number of staff, range and type of SHE hazards, geographic distribution of staff, holidays, the impact of working practices such as shift systems, and the existence of restricted locations such as radiation classified areas. The First Aid Needs Assessment should be recorded in Evotix Assure and reviewed 2 yearly as per SHE Code 6, Risk Management.
- 4.2.3. Provide advice and information to first aiders, including lessons learned from relevant first aid incidents, ensuring that a programme of regular exercises of the medical emergency response systems involving first aiders is undertaken, and as appropriate provide counselling to those involved in traumatic first aid incidents.
- 4.2.4. Undertake regular and routine reviews of the first aid management system reporting as required, including to site safety committees.

4.3. Under the direction of SHE Group, Occupational Health teams shall:

- 4.3.1. Manage and administer the training and appointment of nominated First Aiders including but not limited to:
- Establishing the initial and on-going refresher training for nominated aiders such that first aiders have valid “First Aid at Work Certificates of Competence” at all times, maintaining records of their training see Appendix 7;
 - On successful completion of new first aider training ensure that they are provided with a letter of appointment, see appendix 4 for template letter of appointment;
 - First aider appointment and their letters of appointment should be recorded in the SHE Directory; and
 - On receipt of signed letters of appointment by new first aiders inform HR to manage the payment of a First Aid allowance.
- 4.3.2. Where Automated External Defibrillators are employed, ensure that they are located at strategic points on sites and as appropriate assigned to a defined First Aider for their maintenance to ensure they are maintained appropriately in full working order.
- 4.3.3. Ensure that sufficient First Aid boxes are located and suitably signed at strategic points on STFC sites and assigned to a defined First Aider for their maintenance reminding First Aiders to review their contents against Appendix 1 annually.
- 4.3.4. Where appropriate, establish specified First Aid Treatment Room(s) for the delivery of First Aid treatment, ensuring their location is indicated by suitable signage and that they are regularly inspected to ensure they are suitably stocked, see Appendix 1.
- 4.3.5. Where dedicated vehicles are established for the transport of injured parties, ensure that the First Aid equipment within them is maintained by a named First Aider, see Appendix 1.
- 4.3.6. Ensure an adequate supply of First Aid consumables is available to First Aiders to replenish First Aid bags and boxes etc.

4.4. First Aiders shall:

- 4.4.1. Attend all First Aid training courses and appropriate refresher training administered by their Occupational Health, and ensure they understand their responsibilities detailed in this code.
- 4.4.2. Ensure their First Aid Bag is regularly checked and that contents are replenished as required following use. Appendix 1 details the recommended contents of such bags.
- 4.4.3. Regularly check First Aid boxes assigned to them in their work area, ensuring they are replenished and do not contain out of date materials or medicines such as aspirin. Appendix 1 details the recommended contents of such boxes.
- 4.4.4. Familiarise themselves with:
- The location of Automated External Defibrillators;
 - The location of local First Aid treatment rooms and First Aid boxes;
 - The hazards local to their areas and therein the likely injuries that will require treatment;

- The emergency response systems operated on the site (see process map);
 - The first aid pages on the SHE website; and
 - Appendix 8 – Treatment of cryogenic cold burns and frostbite.
- 4.4.5. Immediately attend and deliver First Aid when notified, safeguarding their health and safety (see Reference 5.2) and as appropriate advise the attendance of local ambulance services or transport to hospital, see Appendix 3. Two first aiders should respond to all first aid incidents in case one person is needed to make calls/direct and ambulance etc. This allows one first aider to always be focussed on the casualty.
- 4.4.6. Following the application of First Aid, request that the injured party reports the incident On Evotix Assure, see STFC SHE Code 5 Reporting and Investigation of SHE incidents, and completes a First Aid Treatment Record pro forma, see Appendix 2, and return to local Occupational Health team.
- 4.4.7. Where issued with mobile phones, pagers or other devices to aid their response to First Aid requests, ensure that the device is switched on, working appropriately and charged during working hours.

4.5. Contract Supervising Officers shall:

- 4.5.1. Where contractors work on their behalf, ensure that the contractors have access to First Aid treatment, see STFC SHE Code 15 Management of Contractors, Appendix 4. Where a contractor works at an STFC site from a vehicle it should contain a First Aid box.

4.6. Managers shall:

- 4.6.1. Ensure that:
- the names (if possible, photos), contacts details and locations of STFC First Aiders;
 - the location of First Aid boxes/equipment local to their Department; and
 - the First Aid arrangements,

are communicated to their staff, visitors, facility users, and as appropriate contractors, on arrival to STFC site.

- 4.6.2. Ensure that STFC staff working at non-STFC sites have access to suitable First Aid in the event of an incident, at least equivalent to that provided at STFC sites.
- 4.6.3. Ensure that staff working with hydrofluoric acid have been suitably trained and specifically are made aware of Appendix 9.

5. References

- 5.1 Health and Safety (First Aid) Regulations, 1981, and its Approved Code of Practice and Guidance L74.
- 5.2 Blood borne viruses in the workplace, HSE publication INDG342.
- 5.3 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR),1995.

Appendix 1. Contents of First Aid bags, Boxes, Treatment Rooms and STFC vehicles used to transport injured persons

Supplies of First Aid consumables to replace those used will be made available through Occupational Health teams,

First Aid Bags (as carried by First Aiders) and Boxes should as a minimum contain the following items as appropriate within their expiry dates:

Item	Wall-mounted medium first aid box contents	First aider's grab bag contents or small first aid kit on SHE noticeboard
Contents list	1	1
First Aid Guidance leaflet	1	1
Large individually wrapped sterile wound dressing	3	2
Medium individually wrapped sterile wound dressing	4	2
Individually wrapped triangular bandage	3	2
Conforming bandage	2	1
Sterile finger dressing	3	2
Sterile eye pad dressing	3	2
Individually wrapped sterile plasters/dressings (assorted sizes)	60	40
Pair of disposable gloves	9	6
Microporous tape	2	1
Tuf cut scissors	1	1
Sterile cleansing wipes	30	20
Burn dressing	2	1
Cold treatment pack	1	1
Resuscitation device (Face Mask/Revive aid)	1	1
Foil emergency blanket	2	1
Disposable self-seal clinical waste bag (Note: all clinical waste should be disposed of through recognised and approved routes, in general via Occupational Health teams)	1	1

<i>Optional (Only where there is no running water present or required by local risk assessment) Sterile normal saline (0.9%) in a sealed, disposable container (optional where)</i>	<i>250ml</i>	<i>250ml</i>
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STFC owned vehicles used solely to transport people shall contain a First Aid box. Travel kits are available at Security for staff who hire vehicles, and these contain a small first aid kit.

First Aid Treatment Rooms shall contain the following items:

- A sink with hot and cold water;
- Soap and paper towels;
- First Aid Box (see above);
- A suitable couch, blanket (single use) and pillow with disposable paper cover;
- Disposable instant cold treatment packs;
- Separate foot operated disposal containers for domestic and clinical wastes;
- A telephone or other communication equipment; and
- First Aid Treatment Record pro formas and pen to record incidents where First Aid has been administered.

Appendix 2. First Aid Treatment Record pro forma



STFC FIRST AIDER TREATMENT RECORD

Name of First Aider:	Time <u>and</u> date of incident/injury:
Name of person treated: Dept if staff:	Arrival time of First Aider at incident:
Location of incident/injury:	Treated person's contact number:
Injury work related? YES/NO If 'Yes', reported on Evotix Assure YES/NO	Defibrillator used? YES/NO

Brief description of person/incident treated:

Actions, including treatment, undertaken by First Aider:

Outcome (e.g. return to work, sent home, sent to hospital etc):

Injured Person:

Signature: Date:

First Aider:

Signature: Date:

All treatment forms to be returned to:

RAL – Occ Health Dept, R12 or ohc@stfc.ac.uk

DL/ROE – Laura Davies, B16, SHE Group, laura.davies@stfc.ac.uk

Appendix 3. Guidance for accompanying Persons to Hospital

The following provides guidance on what to do should a casualty require or seek Hospital treatment as a result of an injury or sudden bout of illness occurring while on an STFC site.

Each instance should be judged individually and dependent on the circumstances.

No member of staff other than a First Aider or Occupational Health should recommend that a casualty should go to hospital unless the situation appears life threatening and an Ambulance is required urgently, for example in the case of loss of consciousness or severe loss of blood.

Should an injury/incident not be serious enough to require an Ambulance but requires medical assessment, then the journey to a local Hospital or their General Practice Health Centre should be made by car. Where STFC vehicles exist and an STFC driver is available these should be used in preference to using a taxi. STFC staff owned cars should not be used.

A First Aider should accompany the casualty in the vehicle. Upon arrival at the hospital or Health Centre the accompanying First Aider should stay with the casualty until informed by hospital staff that they can leave.

Organisation of transport to return the First Aider and as appropriate the casualty to the workplace, or as appropriate home, is the responsibility of the injured person's line management.

Individuals with actual or suspected head or spine injuries, or any known medical condition that could deteriorate during transport, should **not** be transported to hospital by car and an ambulance should be called.

When a casualty is requested to attend Hospital or their Health Centre their colleagues and HR should be informed of these arrangements by the attending First Aider or injured persons line management. As appropriate the injured person's next of kin should be informed by HR.

Appendix 4. STFC First Aider letter of appointment

Dear <appointee>

FIRST AIDER APPOINTMENT

I am writing to invite you to accept the position of STFC First Aider and would like to invite you to join the <Site Name> First Aid Team.

Prior to agreeing to undertake this role you must read and understand STFC's SHE Code No 36: Management and Provision of First Aid, in addition please read the terms of reference below before signing and dating this document.

For staff, payment of the First Aid Allowance will be triggered when HR receive a copy of this signed authorisation letter and your First Aid at Work certificate. These documents will be sent to HR by OH and the allowance will commence on the date of your training certificate. This allowance is currently 1% of Band C MPP annual rate and will be paid monthly.

You are respectfully reminded that failure to comply with the terms set out in the STFC's Safety Code No 36 'Management and Provision of First Aid' could result in the withdrawal of this allowance.

You may be responsible for at least one first aid box on site. The location of these will be notified to you separately.

STFC indemnifies first aiders who are authorised by SHE Group against liability when acting in the role of first aider on any of our sites.

Your appointment will continue until further notice.

Finally, I would like to take this opportunity to thank you on behalf of STFC for agreeing to provide this extremely valuable role.

Please return a signed copy of this letter to me indicating your acceptance of the appointment. If there are any aspects of the role which you would like to discuss before doing so, please contact me.

Yours sincerely

Graeme Finlan
Head of Safety, Health and Environment

Enc: Terms of Reference Form

<Site Name> FIRST AID TEAM

Terms of Reference

As a qualified First Aider on the [Site Name], you will be responsible for complying both with legal requirements (Health and Safety (First Aid) Regulations 1981) and STFC 'Policy and Procedures' as set out in the STFC Safety Code No 36 'Management and Provision of First Aid'.

SHE Group will pay for all First Aid training, but this does not include expenses incurred during training off site, e.g. meals and car hire. Training should be attended either in the workplace or within the same distance as your daily commute.

As a First Aider you are required to provide at least one month's notice of your intention to leave the First Aid Team.

Should you fail to attend training courses or fail to respond to 'med-aid' alerts without apparent reason, cause or justification then your authorisation may be withdrawn.

Should any of the following happen then you must notify Occupational Health without delay:

- Prolonged absence from site (i.e. anything over 4 weeks);
- Any illness that impacts on your ability to be a First Aider;
- Any change to your physical health that impacts on your ability to be a First Aider, e.g. unable to kneel or run.

SHE Group will continue to review the numbers and locations of First Aiders on our sites to ensure a balanced coverage and may withdraw individual appointments as required.

I have read and agree to abide by the terms of reference above.

Signature

Print name

Date

Appendix 5. Training

Role	Initial Training	Refresher Training	Frequency	Comments
First Aiders	First Aid at work (FAW) Training (3 days)	Ditto	3 yearly	2 day assessed re-certification every 3 years.
	First Aid at work (FAW) Refresher Training – ‘ Basic skills update’ (½ day)	Ditto	Once in the 3 year gap between re-qualification training. Ideally 18 months from last training.	Except where 3 day re-certification training and assessment required.
	Defibrillator Training	Ditto		
	BiteSize training for SHE Code 36: First aid management	N/A	On commencement of role as first aider	BiteSize training in Totara
	Radiation training	Ditto	3 yearly	For First Aiders likely to treat individuals in classified radiation areas by RPA (2hours).
HF Users	HF First Aid (½ Day)	Ditto	3 Years	For staff working with HF

Appendix 6. Audit Checklist

Ref	Section	Item	Rating	Comments
1	4.6.1	Up to date names and locations of First Aiders regularly communicated to staff?		
2	4.2.2 App 3	All First Aiders have a signed letter of appointment outlining their responsibilities?		
3	4.3.1	Sufficient First Aiders appointed for the area, based on First Aid Needs Assessment?		
4	4.4.1 4.3.2 App 4	All First Aiders have attended training and are up to date with regard to refresher training?		
5	4.3.3	Records of Automatic External Defibrillators have been maintained and up to date?		
6	4.3.5 App 1	First Aid treatment rooms and vehicle first aid boxes, where available, contain up to date first aid equipment/consumables?		
7	4.3.8	Regular exercise programme to assess first aider response established and being delivered?		
8	4.4.2	First Aider bags and fixed boxes contain up to date first aid equipment/consumables?		
9	4.4.6	All applications of First Aid reported to SHE Group.		
10	4.5.1	Contractors have agreed First Aid provision?		

Appendix 7. Document Retention Policy

Records Established	Minimum retention period	Responsible record keeper	location of records	Comments/Justification
Records of First Aid treatment	Current + 5 years	Occupational Health Providers	Local Record Systems	Hard copy records to be destroyed by STFC or OH team using a cross cut shredder and disposed through normal recycled waste streams
Appointments:				
First Aider	Most Recent	Occupational Health Providers	SHE Directory	Appointment Letter Once a person is no longer a First Aider this record will be destroyed or deleted.

Appendix 8. Treatment of cryogenic cold burns, frostbite and asphyxia

Cryogenic Gases

Working with Cryogenic gases, e.g. liquid nitrogen is a hazardous activity, which can cause asphyxiation and cold burns. The table below details how this can happen and what the typical symptoms of exposure would be:

Potential outcome	How?	Symptoms?
Asphyxiation	The cryogenic gas displaces oxygen in the atmosphere making it difficult to breathe. The gases have no odour and so cannot be detected by smell.	The physical effects displayed could include increased pulse rate, impaired judgement, headaches or feeling faint. Severity and speed of onset will depend on oxygen levels. Acute asphyxia (oxygen levels below 10% (normally 20%)) can cause immediate loss of consciousness and prove fatal without prompt treatment.
Cold burns/frostbite to the skin	Exposing skin to low temperatures can produce effects similar to a burn. Severity will vary depending on temperature and duration of exposure.	Exposed skin may stick to any very cold uninsulated vessel or pipe which it has come into contact with. This is caused by the moisture in the skin freezing on contact. Any attempt to pull the skin away is likely to result in severe tissue damage. The person may not experience any localised pain but instead are simply aware that they are unable to remove themselves from the item. Prolonged exposure can cause frostbite.
Cold effects on the lungs and eyes	Prolonged inhalation or exposure of the eyes to cold vapours or cryogenic gases can cause burns to the tissue in the lungs and eyes.	Exposure to low concentrations may cause shortness of breath and coughing. Exposure to high concentrations would cause difficulty in breathing and could prove potentially fatal. Any splashes to the eyes will cause irritation and potentially a burning sensation.

First-aid treatment

Asphyxiation

No person should put himself or herself at risk by entering an oxygen deficient area to rescue an unconscious person. Breathing apparatus will be required as the person can become unconscious after only one breath in a severely hypoxic environment. Training must be provided for use of breathing apparatus. Any casualties recovered should be removed immediately to a normal atmosphere. If they are not breathing, perform cardiopulmonary resuscitation (CPR) with no breaths (may be dangerous for first aider to administer mouth-to-mouth resuscitation) and call 999 for immediate assistance.

Cold burns/frostbite

Flush the affected areas of skin with copious quantities of tepid water, but do not apply any form of direct heat, e.g. hot water, room heaters, etc. If the skin is stuck to a very cold object, then pour tepid water onto the area until the skin is released, if safe to do so, i.e. no live electrics close by.

Move the casualty to a warm place (about 22°C; 295 K). If medical attention is not immediately available, arrange for the casualty to be transported to hospital without delay. Treatment for shock may be necessary.

While waiting for transport:

- (a) Loosen any restrictive clothing.
- (b) Continue to flush the affected areas of skin with copious quantities of tepid water.
- (c) Protect frozen skin with bulky, dry, sterile dressings. Do not apply too tightly so as to cause restriction of blood circulation.
- (d) Keep the patient warm and at rest.
- (e) Ensure ambulance crew or hospital is advised of details of accident and first aid treatment already administered.
- (f) Smoking and alcoholic beverages reduce the blood supply to the affected part and should be avoided. In addition, no pain relief medication should be administered.

Cold effects on the lungs and eyes

For lung exposure, remove the person to an area with fresh air and allow them to rest in a comfortable position. Contact 999 or if stable, transport to A&E as there may be delayed symptoms. If breathing stops, perform CPR with no breaths (may be dangerous for first aider to administer mouth-to-mouth resuscitation) and call 999.

For splashes to the eyes, flushing with tepid water for at least 15 minutes. Do not rub the eyes. The person affected will require to be checked by a medical professional in A&E.

Cryogenics should never be ingested as cryogenic liquid can cause burns to internal tissues. However, if this were to happen accidentally then 999 should be called.

Appendix 9. Treatment of hydrofluoric acid (HF) exposure and burns

Hydrofluoric (HF) acid burns require immediate and specialized first aid and medical treatment. Symptoms may be delayed up to 24 hours depending on the concentration of HF.

STFC staff working with HF or likely to be exposed to HF should:

1. Have had prior training as per Appendix 7
2. Have been given printed copies of the following two documents:
 - a. Emergency treatment of hydrofluoric acid burns and injury prior to transfer to hospital: HSE/CIA
 - b. Safety data sheet for HF
3. If staff are working with aqueous HF they should also be given a tube of calcium gluconate gel (as per SC37 – COSHH, Appendix 2(D)).

While they are actively working with HF or are likely to be exposed to HF, staff are encouraged to keep these items in a safe but readily accessible place at home and make the location known to a friend/partner or other responsible adult.

In the event of delayed symptoms occurring while at home, these documents should be taken with the member of staff in the ambulance to hospital and given to A&E staff immediately.

Appendix 10. Treatment for electrocution and electric shocks

Electricity is a pervasive hazard found extensively in our workplace, which can cause serious injuries and fires. Electrical incidents are generally due to damaged insulation; broken/faulty switches; defective appliances; or handling electrical items with wet hands.

Injuries arising from an electric shock include burns and/or cardiac arrest (heart attack). However, even minor electric shocks can cause a heart arrhythmia which may not be immediately obvious. Treatment for electric burns should only be performed by STFC's general First Aiders or specialist Electrical first Aiders (trained electrical staff). Staff and others who witness these types of events should, as usual, report the incident immediately to Site Security teams to initiate the immediate dispatch of general first aiders with defibrillators.

Treatment by STFC authorised First Aiders or Electrical First Aiders:

1. Assess the situation. Call 999 if incident appears to be life threatening (liaise with Security).
2. Do not touch the casualty if they are still in contact with the electrical source as you are at risk of electrocution yourself. Turn off the source of electricity to break the contact between the electrical supply and the casualty.
3. Alternatively, move the casualty away from the source. You may be able to stand on some dry insulating material (such as a plastic mat or wooden box) and use an insulating broom handle or wooden pole to push the casualty, so they are no longer in contact with the source.
4. If it's not possible to break contact using a wooden object, loop some rope around the underneath of the casualty's arms or ankles and pull them away from the electrical source.
5. Do not touch the casualty.
6. Once you are certain the contact has been broken between the casualty and the electrical source, perform a primary survey and treat any injuries/apply defibrillator.
7. For minor electric shocks, the casualty may appear to be fine but even minor shocks can cause arrhythmia. Therefore, they should attend A&E, accompanied by a First Aider.