

# First Aid Policy

## INTRODUCTION:

This policy sets out the objectives of Bradford Watts Ltd. in the important area of provision of First Aid in the workplace. The policy has been prepared in accordance with the requirements of the Health and Safety (First Aid) Regulations 1981 (Third Edition 2024), Health and Safety at Work, Act 1974 and the Management of Health and Safety at Work Regulations 1999. etc. The Health and Safety (First Aid) Regulations 1981 (Third Edition) set out the essential aspects of First Aid that need to be addressed and require employers to ensure that there is adequate first aid provision for employees who are injured or become ill at work. The minimum first aid provision on any work site is:

- A suitably stocked first aid box.
- An appointed person(s) to take charge of first aid. It is important to remember that accidents can happen at any time. First aid provision needs to be available at all times when people are at work.

## PURPOSE:

The purpose of this Policy is to set the arrangements for First Aid provision and that Bradford Watts Ltd. is committed to provide sufficient numbers of “first aid” personnel to be able to deal with accidents, injuries and illness occurring in the workplace. Different work activities involve different hazards and therefore different first aid provision may be required. Under the Health and Safety (First Aid) Regulations 1981, provision of first aid cover within the workplace applies to treatment of all staff and the level of cover should be based on risk assessment.

## DEFINITIONS:

**First Aider** – An employee who has been trained to competently administer first aid at work and holds a current ‘First Aid at Work’ certificate and appointed by the company.

**Occupational Health Adviser/Nurse** – Able to give first aid and take charge of first aid provision on sites.

## REFERENCES:

The Health and Safety at Work etc. Act 1974  
 Management of Health and Safety at Work Regulations 1999  
 (MHSAW) The Health and Safety (First Aid) Regulations 1981

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RESPONSIBILITIES OF FIRST AIDER:

- To preserve life until medical help arrives
- To limit the effects of the injury or illness
- To evacuate the casualty safely
- To promote recovery
- To get the casualty medical help if required

PROVISION OF FIRST AID:

Site risk assessment process:

It is not possible to give hard and fast rules about the numbers of First Aiders required on each site or situation. This will depend on the circumstances and situation of the workplace and the hazards and risks present. However, the Health and Safety Executive has given some general guidelines (Appendix 1) to be followed bearing in mind the checklist to be used in Appendix 2. It should be noted that the minimum requirement is for an emergency first aider to be present when there are workers on site.

Communication:

All arrangements for First Aid must be brought to the attention of all employees. For visitors and the self-employed it is important that they are aware of local arrangements. Checks should be made to ensure liability insurance cover would apply. In the event of an incident requiring First Aid, procedures should be in place to ensure immediate notification and release of a First Aider. On larger sites it may be necessary to have a 'duty' first aider to avoid confusion when calling for First Aid personnel.

Choice of First Aiders:

There are some basic qualities which will be needed:

- Calm in a crisis
- Trusted by their co-workers.
- Able to pass an examination – practical and written.
- Physically able to give CPR.
- Able to leave their work at short notice.
- Have an interest in health and safety.

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### First Aid boxes:

Containers for First Aid equipment can be boxes, bags or cupboards and should be made of material able to protect the contents from damp and dust. Containers should be marked with a white cross on a green background. There should be at least one box per site.

The contents of the First Aid containers are covered by the First Aid Regulations and the type of dressings etc should be determined by risk assessment and agreed with Occupational Health or Health and Safety. The contents of the container should be regularly checked and replenished, usually by First Aid personnel.

Blue metal detectable plasters should be checked to ensure that they are detectable, and records kept supporting this (required for audit purposes).

Those who work off site or travel on behalf of the company should be given a personal first aid kit.

### First Aid Room:

The need for a First Aid room will be assessed from the risk assessment process and will not be required on all sites. Appendix 5 sets out the requirements for a first aid room.

### First Aid Training:

All First Aiders must attend an HSE approved training course and hold a current certificate for First Aid at Work from the training organisation.

New guidance from the HSE suggests that First Aiders and Emergency First Aiders should undertake annual refresher training over half a day during any 3year period to keep skills up to date.

First Aid training records and lists of First Aiders will be kept in a readily accessible format for audit and inspection purposes.

### First Aid Treatments:

All First Aid staff should only give treatments for which they have been trained. The procedures for giving First Aid are set out in the First Aid Manual of St John Ambulance, St Andrew's Ambulance Association and the British Red Cross Handbook (ISBN 10 0751337048) or a manual as provided by HSE recognised trainer.

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Protection for First Aiders:

All First Aid staff who regularly treat cuts and come into contact with blood should ensure that they follow safe handling procedures to protect themselves against blood borne viruses such as Hepatitis B and HIV. In case of contamination or body fluid spills follow the procedures outlined in Appendix 6.

Eyewash bottles and Equipment:

This equipment should be considered as First Aid equipment and maintained as such.

Monitoring the Policy:

Health and Safety and/or Occupational Health and Wellbeing will audit 5% of all entries in the Accident book that require treatment.

Records:

All accidents at work must be recorded in the Accident Book. The First Aider will make records of all treatment given at the time of the incident.

Reporting:

First Aid staff will report to Occupational Health and Safety regarding First Aid matters but to their manager/supervisor for all other duties.

Review of The Policy/Procedure:

This procedure will be reviewed annually or if changing legislation indicates and communicated to all Health and Safety personnel.

First Aid Precautions:

Contamination can occur when body fluids gain entry through the skin or mucous membranes such as the eyes or mouth. It is always safest to assume that all body fluids carry some infection and take adequate precautions to prevent contamination.

Types of Infection:

There are mainly three types of common infections (although there are others):

- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Human Immunodeficiency Disease (HIV)

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### Prevention of incidents:

- Waterproof dressings should be used to dress cuts and grazes as these may be potential routes of infection.
- When dealing with any blood or bodily fluids protective clothing should always be worn
- Wash your SHEQ after dealing with any incident involving blood or body fluids.
- Ensure all contaminated/protective equipment is disposed of in clinical waste bins.

### Protective clothing:

Gloves	Whilst still penetrable, gloves reduce the risk of transmission of infection. Wearing an outer and an inner glove reduces this risk even further.
Apron	Will protect the individual from splashes and spills from cleaning and dripping wounds.

## MANAGEMENT OF BLOOD AND BODY FLUID EXPOSURE INCIDENTS:

### First aid treatment:

- If the mouth or eyes are involved, they should be washed thoroughly with water.
- If skin is punctured, free bleeding should be gently encouraged, and the wound should be washed with soap and water but not scrubbed or sucked.

All exposure incidents should be reported promptly to Occupational Health. This is important for three reasons.

- To ensure appropriate management to reduce the risk of blood-borne virus transmission.
- To document the incident and the circumstances of it.

The management of an incident will be as determined by the local Occupational Health Adviser but referral to A&E may be indicated.

Exposures to hepatitis B or C or HIV are reportable to the Health and Safety Executive, under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995(RIDDOR) as a dangerous occurrence.

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What to Do in An Emergency:

Priorities:

Your priorities are to:

- Assess the situation – do not put yourself in danger.
- Make the area safe.
- Assess all casualties and attend first to any **unconscious** casualties.
- Send for help – do not delay.

Check for a response:

Gently shake the casualty's shoulders and ask loudly, 'Are you all right?' If there is no response, your priorities are to:

- Shout for help.
- Open the airway.
- Check for normal breathing.
- Take appropriate action.

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