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## HEALTH AND SAFETY COMMISSION

### Evaluation of the Health and Safety (First-Aid) Regulations 1981 Publication of Discussion Document

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#### Issue

1. Publication of a Discussion Document (DD) on the Health and Safety (First Aid) Regulations 1981. The draft DD was approved by OHAC at its meeting on 17 July 2003. The draft DD is Appendix 1 to this paper.

#### Timing

2. Routine. We hope to publish the DD on 1 September 2003.

#### Recommendation

3. The Commission is asked to:

- note that the Occupational Health Advisory Committee (OHAC) have discussed and approved the draft Discussion Document; and
- agree the publication of the DD.

#### Background

4. Regulations covering the provision of first-aid in the workplace were introduced by the Health and Safety (First-Aid) Regulations 1981. These place a general duty on employers to provide, or ensure that there is provided, adequate equipment, facilities and personnel to render first-aid to their employees if they are injured or become ill at work. First-aid

covers the initial treatment of any injury or illness suffered at work, although the cause does not have to be work-related.

5. The supporting Approved Code of Practice (ACoP) and Guidance has been revised twice: in April 1990 and in March 1997. No new regulatory requirements were introduced.

6. At the March 1999 meeting of OHAC, members were asked to approve proposals for a full evaluation of FAW. Members agreed that the review should particularly focus on a review and evaluation of the Regulations and an assessment of the usefulness of first aid in the workplace. HSE took note that OHAC was concerned that the research should look widely at the effectiveness of first-aid provision.

7. The first stage of the work was a research project to review and evaluate the Regulations. This work was carried out by Casella and completed in September 2002. The research report was published in December 2002 and is also available for free downloading from the HSE Website: <http://www.hse.gov.uk/research/rhtml/index.htm>. A copy of the executive summary to the report is attached at Appendix 2.

8. We felt it important that OHAC members had the opportunity to appraise the early stages of development and OHAC were asked, in a paper to their November 2002 meeting, to comment on an outline for this DD.

## **Argument**

9. HSE is now taking forward the second stage of the work evaluating the effectiveness of the Regulations. HSE decided that this was best achieved by presenting options for change in a DD. The draft DD and a covering paper were presented and approved by OHAC at its 17<sup>th</sup> July 2003 meeting. The DD will be published, if the Commission agrees, in September.

10. The discussion document builds on the results of the research but we have gone further and used evidence and information HSE has received from other sources. Generally, the DD explores the benefits of putting resources into first-aid at work and whether there are more effective and efficient ways of achieving the same or better results. A key consideration is whether the current legislation is the most appropriate and cost effective way of delivering first-aid provision to employees. Another is the continuing concerns that employers are still experiencing challenges in meeting their duties under the Regulations – evidenced by a continuing high level of enquiries to the HSE Infoline and hits on our website topic page.

11. While HSE does not envisage a need for major changes to the Regulations we have identified areas which could benefit from a reappraisal of current practice and the DD specifically seeks views on:

- (i) application of FAW to members of the public
- (ii) the content and structure of first-aid training; and the issue of training standards. We want a system that can ensure that the training first aiders receive is successful in preparing them for the situations they might encounter in the workplace.
- (iii) whether the administration of the training approvals system by HSE can be performed adequately by other parties without loss of quality or consistency

- (iv) the provision of first-aid equipment, medications and related medical issues.

12. Although we do not believe there is any particular ministerial interest in this topic, issues relating to the provision of first aid to members of the public on retail premises were raised earlier this year during a discussion in the Lords about an oral PQ. The debate covered a number of matters across the various responsibilities for first aid training and provision that could or should be available in public places. In responding to the questions, Baroness Hollis explained that a wide range of views would be sought in the DD.

13. Following the analysis of the responses, which will be carried out Nov 03 to Jan 04, HSE will decide if it is appropriate to propose changes to the Regulations or the accompanying ACoP and guidance. Any such proposals would be published in a Consultative Document in Late 2004.

### **Consultation**

14. In addition to internal consultation we have sought comments on the draft DD from appropriate OGD's (DTI, DH, DWP, DfES, MHRA) and the Scottish and Welsh devolved bodies.

### **Presentation**

15. The publication of the Discussion Document will be accompanied by a press release and journal articles as appropriate. First aid legislation applies to every employer in Great Britain so wide availability is desirable. As well as hard copy, the DD will be available on the HSE Website and the questionnaire may be returned to HSE by e-mail. HSE will target certain sectors where high interest would be anticipated eg the retail sector, first aid training industry and equipment suppliers and representatives of small businesses.

### **Costs and Benefits**

16. Any proposals to change regulations will be set out in a Consultation Document, accompanied by a Regulatory Impact Appraisal (see para 12).

### **Financial/Resource Implications for HSE**

17. The costs of this publication and analysis of the DD have been factored into resource plans for 2003/04.

### **Environmental Implications**

18. N/A

### **Other Implications**

19. N/A

## **Action**

20. The Commission is asked to:

- (i) note the agreement of OHAC to publication;
- (ii) agree publication of the draft discussion document.

## **APPENDIX 2**

### **EXECUTIVE SUMMARY**

The Health & Safety (First Aid) Regulations 1981 (FAW) came into force on 1<sup>st</sup> July 1982, and have been in operation now for 20 years. During this period the FAW regulations have served UK industry well through the establishment of first aid resources in the workplace (first aid equipment and first aid trained personnel), with the aim of preserving life and minimising the impact of injury and illness sustained at work. When the regulations were introduced in the early 1980's, the UK still maintained a manufacturing based economy, this however has changed significantly over the period, with a reduction in the contribution of manufacturing and a big increase in the contribution

of service and other industries. In addition there has been a trend away from large corporate employers towards small & medium enterprises and to self employment.

In parallel with these changes, the nature of workplace safety regulation has also developed considerably, with the introduction of regulations designed to encourage good safety management through the assessment and control of workplace risks. Such changes combined with an improvement in emergency response times by the ambulance service may encourage many to believe that the need to legislate for first aid in the workplace is less relevant in 2002 as it was in 1982. This report therefore was commissioned to explore how first aid (as specified by FAW) is viewed by typical UK employers and employees and what issues affect the implementation and maintenance of the FAW regulations in 2002 and beyond. The results of the survey undertaken have subsequently been synthesised to draw conclusions and recommendations on the future direction of the first aid regulations and its associated guidance.

The key project activities and findings are summarised as below:-

### **Survey**

- Survey questionnaires were designed to acquire basic data from two specific groups,
  - i) Employers & employer organisations
  - ii) The first aid industry and others with an interest in the development of first aid regulation or 'interested parties'.

Questionnaires were piloted before general release and subsequently sent out in hard copy and a small proportion in electronic format to in excess of 2761 companies and organisations, selected to be representative of the full range of UK industry and commerce and indeed of 'interested parties'.

- Following telephone follow up, the survey yielded a total of 730 responses for evaluation. 30 direct interviews were then conducted, with selected organisations to establish in detail views & experiences with respect to FAW implementation & maintenance.

### **Results**

A significant quantity of data and views was returned from the questionnaires and these have been assembled into statistical figures for presentation and evaluation. Since a proportion of the data acquired represents the expression of opinions and views, these could not be evaluated statistically, and hence these were collected and representative views then put forward for further consideration. Selected survey data is further summarised below for information.

#### **Employers Survey Results**

- 29% of survey contacts did not think that FAW applied to their company or organisation. Almost all the companies who did not think the regulations applied to them were very small companies with less than 5 employees.
- 78% said that they had referred to the ACOP when assessing first aid requirements for their companies and 82% thought that HSE guidance generally was adequate.
- Most companies indicated that they did undertake formal assessments (69%) of their first aid requirements and that these assessments were done in conjunction with those for other H&S Regulations (57%).
- 67% said they did consider the public and non- employees when assessing first aid requirements. In this context it is most likely to be contractors being considered.

- 45% of companies have records indicating that first aiders have administered first aid during the previous 12 months and 71% in the last 3 years. A significant number of companies had also recorded some cases of first aid treatment to non-employees.
- 79% of companies considered that first aid provision in the workplace was very beneficial or beneficial. Only 12% thought it was of minor or no benefit.
- In contrast to the notion of benefit only 48% of employers thought that first aid had had any noticeable impact on reducing the effects of injury & illness at work.
- Cost of first aid provision in the workplace was not generally (70%) reported to be a concern, though 'lost time' was the cost issue most commonly indicated as a concern.
- Most first aiders receive training at the recommended interval of every 3 years, some have more frequent training; 13% have it every 2 years and 18% have it annually.
- Most companies (58%) rely entirely on the statutory first aid courses to train first aiders and 83% think that HSE approval of first aid training providers is important.

### **Interested Party Survey Results**

- 67% of interested parties believe that current guidance is adequate or very clear.
- 68% of respondents believed that employers awareness of FAW was minor or poor.
- 77% believed that there was fair or significant confusion regarding the role and responsibilities of an appointed person, although 84% believed this was a valid role.
- 58% (in contrast to the employers) believed that employers did not undertake formal assessments of their first aid needs.
- 67% of interested parties believed that first aid did have a noticeable effect in reducing the effects of injury & illness suffered at work, though 29% indicated it did not.
- 74% indicated that cost was likely to be a concern to employers of which 'lost time' and training costs were of greatest concern.
- 51% believed that the current first aid training regime did not satisfy the objectives of FAW in reducing the impact of injury & illness at work and 67% believed that an alternative training regime should be considered.
- 96% of respondents indicated that appointed persons should receive some form of formal first aid training.

HSE Infoline provided some valuable data for evaluation as part of this study, in the form of statistical information relating to both the quantity of calls on the subject of first aid and on the general category of first aid calls received. Additional information too was yielded from a survey of a proportion of the first aid callers to Infoline regarding their reasons for calling Infoline on first aid and other first aid issues. A major finding was that callers to Infoline were by-passing printed guidance in favour of receiving direct telephone advice.

A total of 30 interviews were conducted with a range of information regarding employers and others experiences of FAW, their views on its costs and benefits and views on how the regulations may usefully be developed or amended in the future.

### **Conclusions**

- First aid is widely regarded as a very sensible provision for employers and others to make because it is well understood throughout society that despite the best safety management, accidents resulting in injury can and do happen. If and when accidents do happen it is a universal wish that assistance be provided in a timely and effective fashion by those around (colleagues).
- First aid is regarded as 'good health and safety practice' and for this reason first aid has achieved significant penetration into UK workplaces. The provision of some first aid

resources in workplaces however does not mean that all employers are compliant with FAW. Whilst there is significant compliance, many employers achieve only partial compliance.

- There is a potential benefit to be gained from closer integration of first aid at work with other safety management arrangements. In practice however, any such integration (in the short term) would risk a reduction in the visibility and focus of the current regulations, resulting in a potential decline in first aid provision.
- The wide appreciation of the value of first aid stimulates a lot of enquires to HSE Infoline regarding how to achieve compliance. The high level of enquiries also serves to demonstrate that guidance on achieving compliance is often by-passed in favour of receiving direct authoritative advice.
- Amongst very small companies (less than 5 employees) there is a perception that FAW as well as other health & safety regulations are not applicable, by virtue of their small size.
- The perceived cost of establishing a first aider in small & medium companies is a particular issue of concern. This is less associated with the cash cost of training than with the difficulty of releasing valuable staff for training. This is particularly evident where the apparent risk of injury in the workplace is low.
- Set against the concerns regarding the costs of releasing employees for first aid training, is the acknowledgement by first aiders and many of their employers that training is too infrequent to maintain their skills at an effective level (they suffer from 'skill fade').
- Amongst many ordinary employers concerned to comply with health & safety regulations including FAW, there is a view that current guidance does not make their responsibilities clear enough and this is particularly true of the 'assessment procedure', which is not currently well appreciated by many organisations, despite the guidance that is available on the subject, including the current FAW Advisory Code of Practice(ACoP).
- The specific requirements of the FAW regulations are currently not well appreciated by many employers who do not have specific health & safety training.
- The role of appointed person is not currently well understood by many employers to the extent that some employers regard appointed persons as first aiders. Where the role is understood, however, it is considered a valid role.
- Given the change in UK industry towards service industries with a lower risk base, the proportionality of first aid resource in workplaces is an issue, with the current FAW regime not being considered as offering first aid solutions which are necessarily proportional to risks.

## Recommendations

A summary of some of the most significant recommendations are presented below.

- In the 'short term' the FAW regulations should **not** be integrated with other health & safety regulations, since this would risk reducing the visibility & focus of the current regulations, resulting in a potential decline in provision.
- In the longer term integration of the first aid regulations with other regulations relating to health & safety management is a logical and appropriate goal, for which preparations should be made.
- Current guidance, specifically the ACoP, requires amendment and revision to facilitate greater understanding by potential users of the requirements of the regulations. This includes both the content and the language of the guidance.

- With respect to content, the issues most urgently requiring revision are associated with the process of assessment and the subsequent identification of first aid resources that are appropriate to make, proportional to assessed risk.
- To achieve greater proportionality to the risk status assessed, a new level or levels of first aider is required, trained to a more basic level than the current full first aider. This may be achieved through the introduction of a new intermediate category of first aider or the upgrading of the present 'appointed person' to include first aid competencies.
- Training for any new more basic first aid level or indeed for appointed persons should be provided by HSE approved trainers.
- The issue of 'skill fade' amongst first aiders should be tackled by increasing the number of days training that first aiders are required to attend. The frequency and duration of any such additional training should be the subject of review, although any increase should seek not to raise the cost burden on employers significantly. In this context it should be considered in parallel with the introduction of any new level of first aider.
- The role and responsibilities of the 'appointed person' requires review, since these are not currently very well understood by employers.
- The contents of first aid kits should be reviewed and upgraded in the light of new products and priorities associated with effective first aid provision. Guidance should encourage employers to stock first aid kit contents appropriate for their needs, rather than just the minimum required.
- Guidance should include an explicit statement regarding the application of the regulations to small companies including very small companies with less than 5 employees.

There is potential value in the high level of enquiries to HSE regarding first aid, since this reflects (at least in part) a concern amongst employers & employees to make efforts to comply with the regulations. It would be valuable therefore to review the reasons for the relatively poor level of enquiries regarding other (more complex) health & safety regulations.