Annex to Paper HSC/03/73

APPENDIX 1

FIRST-AID AT WORK

A REVIEW AND EVALUATION OF THE EFFECTIVENESS OF THE HEALTH AND SAFETY (FIRST-AID) REGULATIONS 1981

CHAPTER 1: INTRODUCTION

1. It is the policy of the Health and Safety Commission (HSC) and Executive (HSE) that all health and safety legislation is reviewed and evaluated to ensure it continues to meet the purpose for which it was enacted.

2. This Discussion Document seeks your views on the future shape of legislation on first-aid in the workplace. It describes:

   - current legislation and how HSE administers it;
   - the findings of recent research into the current legislation;
   - opportunities and challenges to change in the regime; and
   - invites your comments.

3. To inform this review, HSE commissioned research to look at the effectiveness of the Regulations and the current regulatory regime. The research has illuminated many areas and raised questions that we seek to explore further through this Discussion Document. The research report, prepared by Casella Winton, was published in January 2003 and is a priced publication available from HSE Books. It can also be downloaded free of charge from HSE's website at: http://www.hse.gov.uk/research/rrhtm/index.htm.

4. This is the first full review of The Health and Safety (First-Aid) Regulations 1981 (**FAW**)[1]. A review is timely because in the years since FAW came into force there have been many changes in workplaces and the type and patterns of work that people do. This period has also seen a substantial increase in the number of small businesses. Health and safety regulation is also being modernised and we believe it appropriate to consider whether FAW is still effective in its current form in meeting the first-aid needs of modern businesses.

5. We are also aware of a blurring in the perception of the limits of application of FAW. The Regulations are solely about the duties of employers to make first-aid provision for their employees. Nevertheless, with the expanding number of "public areas" such as shopping centres, entertainment and sporting venues and transport interchanges, there is confusion about whether there is or should be any legal responsibility to provide first-aid to the public.

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[1] ***FAW will be used throughout this document in place of "The Health and Safety (First-Aid) Regulations 1981"***

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6. We asked the researchers to focus on the impact of the many changes within the workplace, in medical knowledge related to first-aid, in patterns of first-aid training and the confusion over the boundaries of “first-aid at work”. Their findings have in many cases supported the status quo, but we also explore in this document other options for maintaining and developing the most appropriate first-aid at work arrangements.

7. The market for first-aid training has also changed in response to employer demands. This is evident in the substantial increase in the availability of commercial training courses in first-aid. On the medical side, many new items of technical medical equipment, such as portable, easy to use defibrillators, have been developed and promoted for use in a first-aid situation, raising questions about the skill levels expected from first-aiders.

8. Our review is wide ranging. It focuses on the issues raised in the research and explores the effectiveness of existing regulations and the need for any changes to the current regime.

9. HSC/E welcomes your comments on the questions highlighted in this document. You may respond to all the questions or only those in which you have a particular interest. It would help us analyse the results of this exercise if you could use the questionnaire at Annex 1.

10. You may, if you wish, complete and return the questionnaire electronically by visiting the HSE website: **http://www.hse.gov.uk/first-aid/program.htm**.

11. HSC/E will consider the options in the light of the outcome of this Review. If any changes to the Regulations or AcoP are proposed, a separate consultation exercise will follow.

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CHAPTER 2: THE CURRENT LEGISLATIVE FRAMEWORK – WHAT ARE THE ISSUES?

Background

12. The Health and Safety (First-Aid) Regulations 1981 (FAW) came into operation on 1 July 1982. They 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. Employers are required to inform their employees of first-aid arrangements, and duties are also placed on the self-employed to make provision for their own first-aid.

13. An Approved Code of Practice (ACoP) and Guidance support the Regulations. This was revised in 1990 and again in 1997 to simplify the structure, clarify the requirements and to give employers more flexibility to make their own assessment of first-aid needs and provision. There is also separate guidance for first-aid training organisations.

14. HSE publishes a wide range of information on first-aid at work including advice to employers on making adequate first-aid provision in their workplace. A comprehensive topic page including useful "frequently asked questions" can be found on the HSE Website at: http://www.hse.gov.uk/firstaid/index.htm. Current HSE publications on first-aid at work and other sources of information are listed in Annex 4.

First-aid for workers on offshore installations

15. Specific regulations apply to workers on offshore installations including requirements for first-aid provision. The Offshore Installations and Pipeline Works (First-aid) Regulations (OFAR) (and also requirements in the Diving at Work Regulations 1997) go beyond the scope of FAW and are not the subject of this review. The impact on OFAR of any proposals to change FAW will be considered as appropriate.

Purpose and scope of FAW

16. The purposes of FAW are the preservation of life, minimising the consequences of injury or illness and the treatment of minor injuries. First aid is not about providing medical facilities, services or treatment, or the administration of medicines. The objective is to ensure employers have made the appropriate arrangements for workers who are injured or taken ill at work to receive immediate attention and that an ambulance is called in serious cases. This is a welfare provision that has obvious benefits and continues to have the full support of employers and employees. Specifically:

- FAW requires an employer to assess first-aid needs in his workplace and make provision as identified. This includes arranging for first-aider training and providing first-aid kits and first-aid rooms where appropriate;
- A first-aider must have a qualification from a training establishment whose courses are approved by HSE.
- The function of the first-aider is to take emergency action to preserve life and minimise the consequences of injury or illness until medical attention is

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available. The first-aider will also deal with many more minor incidents requiring no professional medical attention.

- Where the employer's assessment of needs concludes that a first-aider is not required, then the minimum first-aid requirement in that workplace is someone appointed to take charge of the first-aid box and equipment, and to be responsible for calling the emergency services if required. This "appointed person" should not be expected to perform the duties of a first-aider. HSE recommends they are trained in basic first-aid skills but this is not currently a legal requirement.

- The definition of first-aid at work does not include giving tablets or medicines to to treat illness (eg aspirin for headaches). However, FAW does not prevent staff that have been specially trained to take action beyond the initial management of an injury or illness at work from doing so.

Research Project

17. Research to review the effectiveness of FAW was commissioned by HSE in 2001. The report was published by HSE in January 2003 (available to download free on HSE's website http://www.hse.gov.uk/firstaid/index.htm).

18. The researchers were asked to consider four broad themes about where and how the regulations applied:

   - whether the current legislative arrangements are the most appropriate and cost-effective way of delivering the objectives of first-aid at work;
   - establishing an understanding of the interaction between FAW and other requirements to make first-aid provision, e.g. for members of the public, non-employees on work premises or students, and the implications for adequate provision for those who are not workers;
   - the challenges employers face in providing first-aid provision in the workplace and in particular how employers implement them in the context of other health and safety management regulations; and
   - whether HSE approval of training providers is still appropriate.

19. The research also focused on a number of specific objectives for detailed study. The full list of the aims and objectives can be found at Annex 2.

20. This discussion document describes the research findings and the issues raised as follows:

   - Chapter 3 examines the legislative issues relating to FAW, in particular:
     - effectiveness of the regulatory structure;
     - clarity of the regulations and HSE guidance;
     - implementation costs;
     - application of FAW to members of the public; and
     - insurance issues.

   - Chapter 4 looks at the content of first-aid training, specifically:
     - the content and structure of first-aid training; and

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    - the issue of training standards.

- Chapter 5 describes the first-aid training approvals process and options for change.

- Chapter 6 considers the provision of first-aid equipment, medications and related medical issues.

21. The research findings on these issues are reported under the headings above with relevant commentary. To focus consideration of the issues raised, we are asking for your views on a number of specific questions throughout the text. These are presented as a questionnaire at the end of the document in Annex 1. If you would prefer to respond electronically, this Discussion Document and the questionnaire can also be found on HSE's website at: www.hse.gov.uk/firstaid/program.htm.

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CHAPTER 3: LEGISLATIVE ISSUES

The Regulatory Structure

22. Historically, the thrust of health and safety regulation has changed since FAW came into force in 1982 moving from a prescriptive regime to one based on the employer carrying out workplace risk assessments. For example, duties under health and safety legislation now generally require a risk assessment to remove, reduce or control risks to prevent accident or injury. Moreover, Regulation has been clarified by brigading a number of different health and safety issues together as "Management" issues. The Management of Health and Safety at work Regulations 1999 have such a focus, as do the Workplace (Health, Safety and Welfare) Regulations 1992 which legislate on the provision of healthy and safe environment and facilities in the workplace.

23. A key message that came through strongly from the research was the positive attitude of employers that they should make first-aid provision for their employees. It could be argued that most employers would take such action regardless of whether or not they had a legal obligation to do so but another positive response noted was that first-aid is good "health and safety practice". It would appear first aid is considered in these terms although acknowledged to be a welfare rather than a health and safety issue. Equally, employees and their representative bodies expect employers to make this provision.

24. HSE asked the researchers to consider whether there would be benefits from a change in the regulatory structure, in particular if FAW were to cease to be "stand-alone" regulations and be integrated with other regulations covering the management of workplace health and safety (as those described above). This might encourage employers to identify first aid as an integral part of their health and safety management regime.

The research was inconclusive on this point and the results gave no persuasive argument that a change to the regulations would be helpful to employers in assessing first-aid provision or how they used it. The perception is that the benefits from integration are limited although some survey respondents did support the integration of FAW with other management regulations – the benefit that first-aid provision would be considered as part of a package of duties. The disadvantage of integration is that first-aid duties would form a small part of wider regulation and might dilute the focus of need for first-aid provision. Also management regulation is based on the assessment of risk - first-aid provision is the identification of needs. There is a potential for confusion.

Questions:

Q1. Should FAW be incorporated into other health and safety management regulations?
Q2. What benefit, if any, would this be to employers in assessing and making their first-aid provision?

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Effectiveness of the Regulations and Guidance

25. The objectives of FAW are to ensure employers have made the appropriate arrangements for workers who are injured or taken ill at work to receive immediate attention and that an ambulance is called in serious cases. HSE asked the researchers to consider whether the current arrangements are the most appropriate and cost-effective way of delivering these objectives.

26. Overall there was general agreement that FAW has been and is effective. There is no evidence to suggest problems in the current regime that could be a detriment to employees if injured or taken ill at work. It is also fair to say that there is no hard evidence on the benefits to workers who have used the services of a first-aider as the effectiveness of the intervention by a first-aider is rarely recorded. In general, records are only kept of serious accidents or illness and give just the medical outcome.

The researchers found that first-aid itself is widely regarded as a sensible provision for employers as it is understood that accidents can happen despite the best safety management. First-aid is considered to be good “health and safety” practice and has achieved significant penetration into UK workplaces, even though not all employers comply with the duties. The research report finds FAW to be fundamentally effective, but implementation by employers could be improved. The stated objectives of the regulations – to ensure that facilities are there for swift action in an emergency – are still very valid.

27. The researchers were asked to identify areas of further advice and guidance needed by all those involved in first-aid at work.

The research reports some confusion. In particular, some employers:

- thought that current HSE guidance does not make their responsibilities clear enough;
- are confused about how to do needs assessments for first-aid;
- do not find the current HSE advice on appropriate numbers of first-aiders helpful;
- want HSE to revise its advice on the content of first-aid kits;
- are confused over the status of appointed persons; and
- believe that FAW does not apply where there are less than 5 employees.

28. These factors could all have an impact on how effectively these regulations are put into practice by employers. Moreover, it is clear that there is confusion among a number of employers, particularly in small companies, about meeting their duties to make first-aid provision. A solution to this could be to make HSE guidance more informative and helpful.

Questions:

Q3. Does FAW make clear the roles and duties of employers, first-aiders and appointed persons?

Q4. What additional guidance should HSE give on making first-aid needs assessments?

Q5. What other areas of first-aid at work does HSE need to clarify or provide new guidance?

Implementation Costs of the Regulations

29. Employers incur costs in meeting their duties to protect the health and safety of their employees. This also applies to welfare provisions including first-aid at work. The research survey highlighted the perceived benefits, in particular by employees, of first-aid provision in the workplace. Respondents generally thought that the costs of first-aid provision were reasonable compared to the potential costs incurred for other activities in the workplace or in work-time which do not give a specific benefit to people. Although in many workplaces the services of the first-aider are rarely, if ever, required, the perceived benefit they bring is still agreed.

The researchers made a cost-benefit assessment of first-aid training costs and compiled the following matrix based on the number of first-aiders and appointed persons adopted by an organisation, as follows. These figures are based on average costs of £505.5 per annum per first-aider and £128 per annum per appointed person.

No of Appointed Persons	No of First-aiders					
	0	**1**	**5**	**10**	**25**	**50**
0	£0	£505.5	£2,527	£5,055	£12,637	£25,275
1	£128	£633.5	£2,655	£5,183	£12,765	£25,403
5	£640	£1,145	£3,167	£5,695	£13,277	£25,915
10	£1,280	£1,785	£3,807	£6,335	£13,917	£26,555
25	£3,200	£3,705	£5,727	£8,255	£15,837	£28,475
50	£6,400	£6,905	£8,927	£11,455	£19,037	£31,675

30. Against the above costs, benefits may be assumed by calculating the number of hours that through intervention the first-aiders would save in terms of 'lost time' before a benefit occurs, using the same assumed hourly rate cost. Breaking down the figures establishes that in terms of cost benefit using the above figures, a first-aider would need to intervene to save an average of 1.8 days of lost time per annum due to injury or illness before a benefit can be economically demonstrated.

31. The researchers also found that small and medium sized companies had the greatest concerns about the costs of complying with FAW, although approving of the benefits. These are not just the costs of training the first-aider but that of lost time attending courses. Another issue is the comparative cost of training first-aiders as opposed to appointed persons – where there is no current requirement to train – and the balance of numbers required between them. This is a particular concern in "low risk" workplaces trying to make the cost of first-aid provision reasonable. The researchers did find confusion about the role of appointed persons and whether there is in fact a need for more appointed persons and less first-aiders. This issue is explored more fully in Chapter 4.

32. The researchers' findings led them to recommend minor modifications to FAW and the ACoP. Primarily this would be to allow employers greater flexibility in meeting the requirements in levels of first-aid personnel – by adjusting the balance of first-aiders/appointed persons – thereby allowing for greater proportionality to the risks of injury or illness in the present day workplace. These issues are discussed in more detail later in this Discussion Document.

Question

Q6. Should HSE guidance include examples of comparative costs of making first-aid provision?

Application of FAW to other than employees

33. HSE guidance strongly encourages employers to consider members of the public and others on their premises when carrying out their assessment of first-aid needs and to make appropriate provision. However, there is no requirement under FAW for employers to make any provision for members of the public or others on their premises. Indeed, there is no other legislation requiring the provision of first-aid facilities and equipment. FAW are a welfare provision for employees and are regulations made under the Health and Safety at Work etc Act 1974 (HSWA). HSWA would not be the best vehicle for requiring provision of first-aid to the public as it cannot be done under the existing structure of the Act and would require a change in the law. Such action could be taken but extending these regulations to the public cannot be considered as reasonably within the prime purpose of HSE.

34. Employers already have certain responsibilities towards the public on their premises as well as to their employees. All employers have to comply with HSWA. Specifically, Section 3 of the Act places a general duty on employers to ensure that, as far as is reasonably practicable, people not in their employment are not exposed to risks to their health and safety arising from that employer's undertaking. At sports and entertainment events the health and safety of the public is protected through a licencing regime. The organisers do not have to provide specific first-aid equipment and facilities but this is one of a number of areas where adequate provision must be demonstrated in order to obtain a licence from the local authority to hold the event.

35. The researchers were asked to explore the interaction between the requirements of FAW and other demands on the same first-aid resource, for example members of the

public or schoolchildren, and to consider the implications for adequate provision for those who are not workers.

The researchers found that 94% of their respondents thought members of the public should be considered when organisations are assessing their first-aid needs. This might imply that a similar high level of support would be found for extending the legislation to cover the public but this was not found. Some organisations felt that this would change the “goodwill” factor that exists between organisations and the public over first-aid provision. Other issues identified in the research findings were:

- First-aid is considered to be a “life-skill” carrying potential benefits beyond the workplace into the wider community.
- Many workers volunteer to be first-aiders as it would also be beneficial in their home and community activities.
- Some employers with significant public interface see a public relations benefit in public provision of first-aid. This would outweigh the additional costs involved.
- Portable defibrillators are becoming more widely available in public places and their use is the subject of trials by Dept of Health. The benefits of the equipment - for instance when used in a shopping centre where the installation costs can be shared - can be easily demonstrated, but the cost–benefit argument for its use in a general workplace may not be acceptable.
- First-aiders see themselves as having a duty to help the public.
- The legal position of a first-aider helping a member of the public is not clear.

Employers widely acknowledged the benefits of public provision of first-aid facilities. However, the general consensus was that legal extension of FAW to the public would be difficult to implement and likely to be impracticable.

36. It is easy to identify those workplaces where people other than employees are likely to be on the premises. Shops and shopping centres, places of entertainment, sports stadiums, airports and stations are obvious locations. In fact, every employer will have non-employees on their premises at some time or another.

37. Schools and educational establishments have students and other members of the public visiting their premises. Schools have a legal duty of care towards their students and the DfES publish guidance on making first-aid provision available for all on school premises. This guidance is based on the provisions of FAW.

38. But should we expect every employer to make first-aid provision for the public, especially if it is very difficult to estimate the potential numbers there will be? While large establishments can and do provide for the public it might not be reasonable to expect smaller businesses to make similar provision. The extra costs required for a shopping centre to provide first-aid facilities would be considered an integral part of the provision of services and could be shared among the retailers. It would be perceived as a “benefit” that would be expected by the customers. But an employer in a small shop with only one or two employees who had identified no need for a fully qualified first-aider for their employees might feel it a disproportionate legal and

financial burden if the numbers of people entering the shop had to be taken into account and that they were now required to make such a provision.

39. Associated with this question is the provision of further equipment under the umbrella of "first-aid". For example, an issue that has raised attention recently is whether employers should provide automated external defibrillators (AEDs) in their workplaces. If AEDs were widely available in public places, and sufficient numbers of people were trained to use them, it would greatly increase the likelihood that a person who suffered a cardiac arrest would be defibrillated within 2 minutes. The Department of Health is operating a scheme to provide AEDs in public places with a high throughput of people, such as railway stations, airports and some large shopping malls. The scheme involves training large numbers of staff at these sites in Basic Life Support (BLS) and the use of an AED.

40. However, cardiac arrest is unlikely to be caused by a factor in the workplace, but the duty to make first-aid provision for employees is not restricted to illness or injury caused by work. In certain "low risk" workplaces, such as offices, a first-aid assessment might conclude that the risk of an employee suffering a heart attack, though low in absolute terms, was actually higher than the risk of a serious workplace related injury or illness. In such circumstances the employer might conclude that the provision of an AED was justified. This would require additional training for first-aiders, as AED training is not currently included in FAW courses.

41. The risk of a person suffering a cardiac arrest on an employer's premises is, essentially, in direct proportion to the number of people passing through the premises. In industries with a major public interface (e.g. retail, services, entertainment) there will be more members of the public on the premises than employees so a person suffering a cardiac arrest is more likely to be a member of the public. If an employer in such an industry includes the public in his assessment of first-aid needs there will usually be a much stronger case for providing an AED. However the employer is only legally required to include the public in the assessment of needs where there is risk to them from the work undertaking.

Extending the Provision of First-Aid to the Public

42. The research recognised that the current voluntary system appears to be running effectively and is widely supported by employers, especially where there is a considerable public interface such as in shopping centres, stations or airports. Nevertheless, the demand for greater access to public first-aid may well increase as expectations are raised, for example, by the programme of placing automatic external defibrillators in public places is rolled out and such equipment becomes more commonplace.

43. However, FAW is a part of health and safety legislation that does not apply to other than employees and cannot be legally extended without further primary legislation. That would create additional pressures on a crowded legislative timetable. Moreover, any argument for extending the legal requirement to make provision for the public would need to identify the balance of costs and benefits over current voluntary practices. In addition, there would be a need to address a number of issues related to the practicality of extending provision; for example:

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- First aid for the public is a public health issue rather than being within the scope of first-aid at work. Any legislative action would be complex and involve a number of government departments.

- There would need to be agreement on the definition of “the public” and “public places”.

- It would be difficult to identify who would have responsibilities for providing public first-aid.

- The issue of enforcement would need to be resolved.

- There would inevitably be an increase in costs for employers and the need to make these proportional to the size of their company.

- There would be the potential for increased litigation.

Question

Q7. Should first aid for the public be provided on a voluntary basis as at present or should this be compulsory through new legislation requiring employers to make provision?

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CHAPTER 4: FIRST-AID TRAINING

The legal requirements

44. Employers have a duty under FAW to carry out an assessment of first-aid needs in their workplace, to identify what facilities, equipment and personnel are required to provide first-aid to employees who are injured or become ill at work. If first-aiders are needed appropriate training must be considered. Under current HSE requirements, to become a first-aider in the workplace, an individual must have successfully completed a 24 contact hours course in first-aid at work. In addition, refresher training (12 contact hours) must be undertaken every 3 years. Training providers offering these courses must be approved by HSE for this purpose.

45. Where the employer's assessment of first-aid needs finds that a qualified first-aider is not necessary then the minimum legal requirement is to appoint a person to take charge of the first-aid arrangements. This includes looking after the facilities and equipment and calling the emergency services when required. These "*appointed persons"* are not necessary where there is an adequate number of first-aiders.

46. It is important to remember that appointed persons are not first-aiders and they should not attempt to give first-aid for which they have not been trained. However, HSE strongly advises employers to consider the need for emergency training for appointed persons. Such courses normally last a minimum of four hours and include training in cardiopulmonary resuscitation (CPR), first-aid to an unconscious casualty and dealing with severe bleeding – procedures that are potentially life saving. Training providers offering these courses do not currently require HSE approval.

First-aid Training Arrangements

47. HSE aims to promote a regulatory regime which ensures employers are able to make the most effective first-aid provision in their workplace. This provision should be proportional to identified needs.

In analysing current practice, the research identified several areas for further consideration:

- Small companies find it difficult to release employees to attend initial 4 day first-aid at work courses
- Many training providers and first-aiders consider the current 3-year period between the initial 4-day course and subsequent refresher training is too long as skill decay may occur. This is compounded in many cases by the absence of self-learning or additional training that could help improve skill and knowledge retention.
- A number of alternative training regimes were suggested, generally centred on reducing the duration of the initial 4-day course and making refresher training more frequent.
- The role of the appointed person was considered valid, particularly for small, low risk organisations. However, in many cases there was

confusion between the role of appointed persons and that of first-aiders. Some organisations are using appointed persons as first-aiders after they have completed a one-day first-aid course.

- Some organisations have sent employees on a one-day training course in first-aid and use such personnel as "basic first-aiders". This approach may be considered more proportional to the needs of smaller organisations where only low risk activities are carried out.
- There was support for compulsory training of appointed persons, increasing the validity of the role. Ideally, this would extend HSE's approval role to cover appointed person first-aid training.

48. The issue of skill and knowledge retention has been examined in more detail by HSE in a literature review. A copy can be obtained by e-mailing: mark.woods@hse.gsi.gov.uk.

49. The key features emerging from this review were:

- The ability to perform basic life support/ first-aid may be influenced by a number of factors including the competence of instructors, training methods used, criteria applied to assess performance and motivation of study subjects.
- It cannot be assumed that dealing with actual first-aid incidents will keep all skills fresh.
- Some individuals cannot adequately perform basic life support within 2 months of training and after 3 years the results are generally very poor.
- The published literature strongly suggests that first-aiders in the workplace should undertake refresher training more frequently than every 3 years.

A new training model

50. The content of current first-aid at work courses is perhaps over-influenced by the historical predominance of heavy industry with attendant risks of major injury. Most first-aiders probably now work in service industries where any injuries are more likely to be minor, although sudden, serious illness could still occur. Some skills taught on current courses, such as stabilisation of fractures, are probably of little benefit where professional ambulance services are rapidly available.

51. Overall, it appears there is little support for maintaining the current training arrangements in their existing format. However, there is support for:

- Shorter first-aid courses
- More frequent refresher training
- More 'basic first-aiders' trained in emergency first-aid

52. We have developed the following proposal for a new pattern of first-aid training to address these concerns:

- The duty of the employer to carry out an assessment of their first-aid needs will not change.

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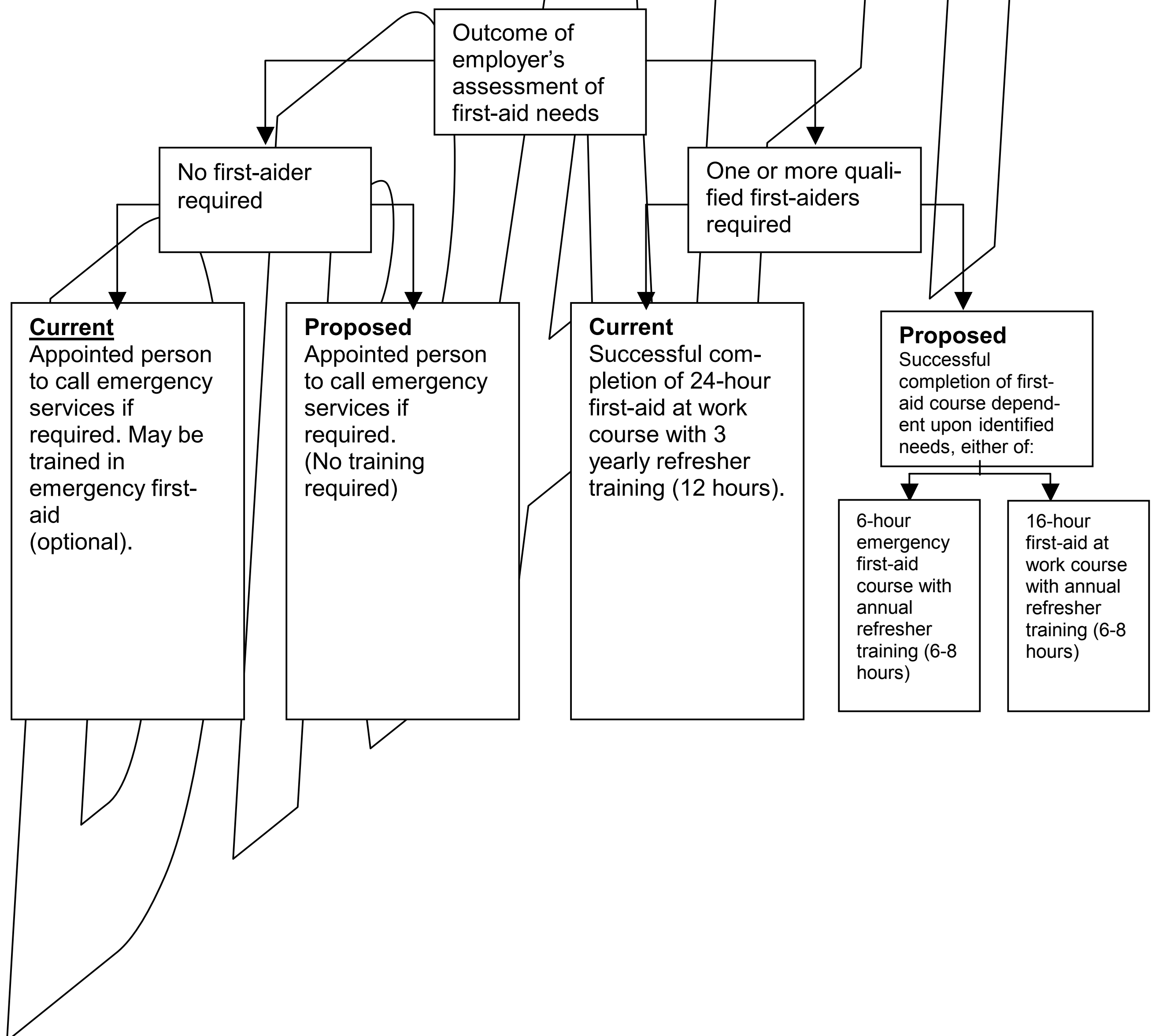
- The categories of **appointed person** and **first-aider** are retained but their roles are more clearly distinguished. The training of first-aiders will be geared more to the needs of business with two main training options available.

- The role of the appointed person will be restricted to taking charge of the first-aid arrangements, including looking after the facilities and equipment and calling the emergency services when required. Therefore, appointed persons may be appropriate in low risk industries with a small number of employees.

- Where an employer's assessment of first-aid needs that indicates one or more first-aiders should be available, it is proposed that two first-aid training options be considered – either a 6 hour emergency first-aid course, or a more detailed 16 hour course. Both would require annual refresher training.

Figure 1. Current and proposed first-aid training arrangements



Course Content

53. It is generally accepted that training should focus primarily on first-aid to be given to casualties with life threatening injuries or illness – ie, where it is critical for the survival of casualties prior to the arrival of expert medical assistance.

54. Successful completion of training in either emergency first aid or first-aid at work would lead to a qualification in first-aid. The new first-aid at work course will include emergency first-aid as a core component as well as most of the elements of the current first-aid at work course. However, compared with the current course, it will be shorter in duration and require more frequent refresher training. The new course will have a greater emphasis on first-aid to be given to casualties with life threatening injuries or illness, where it is critical for the survival of casualties prior to the availability of expert medical assistance. This, together with removal of non-essential detail, will help simplify training and make it more focused.

55. Whilst both courses would require the first aider to be competent in treating minor injuries, it is proposed that the main elements and duration of these courses would be as follows:

6 hour Emergency first-aid course

- What to do in an emergency
- Cardiopulmonary resuscitation
- First-aid for the unconscious casualty
- First-aid for the wounded or bleeding

Training would be carried out over one day (6 contact hours), including actual teaching time and final assessment time. Once qualified, the first-aider would attend an *annual* refresher course of similar duration

16 hour First-aid at work course

- Emergency first-aid (as short course)
- Provision of appropriate first-aid to a casualty who:
  - is suffering from broken bones/ spinal injuries
  - is suffering from shock
  - has been burned
  - has an eye injury
  - has been poisoned
- Recognition of common major illnesses and provision of appropriate first-aid
- Importance of personal hygiene in first-aid procedures
- Use of first-aid equipment
- Maintenance of simple factual records

56. It is envisaged that 16-hour first aid at work training could be completed over 2-3 days (16 contact hours), including both actual teaching time and final assessment time. Alternatively, the contact hours could be spread over a longer period, to be completed within 3 months. First-aiders would attend *annual* refresher training carried out over a

single day (6-8 contact hours). The refresher course would have a particular emphasis on the emergency first-aid component, but candidates could be assessed on all aspects. **Both the proposed new courses would be subject to the first aid training approvals arrangements (see Chapter 5).**

Additional training

57. There may be particular groups of first-aiders who need more specific training in certain areas and this could be delivered as additional, separate modules. For example, first-aiders in remote locations may need to learn how to stabilise broken bones in more detail and how to safely transport casualties over distance. This is not dissimilar to the approach for first-aiders who already take additional training in treating casualties with cyanide or hydrofluoric acid poisoning or in using a defibrillator. Currently, providers offering additional training courses do not have to be approved by HSE for this purpose. HSE is not seeking to change this position.

58. This model is compatible with the research findings. It increases the options employers have for providing qualified first-aiders, if required, and helps to ensure that first-aid provision is proportional to the needs of the workplace.

Alternative forms of training

59. In general, first-aid training courses are completed and assessed through face-to-face sessions between trainer and trainee (described as “contact hours”). Other forms of training, computer-based, use of videos, or distance learning may also have a place, at least in part, in first aid at work training.

Options

60. To summarise, we would welcome views on the following three options for first aid training:

Option 1 — **Retain the current system**: where no first-aider is required then an appointed person is needed to call emergency services if required and who may be trained in emergency first-aid (optional). If the need for first-aiders is identified then they must successfully complete a 24 hour first-aid at work course with 3 yearly refresher training.

Option 2 — **Change to the proposed model described above (para 51 et seq)**: where the first-aid assessment concludes that no first-aider is required, an appointed person is needed, but training is not required. Where the first-aid assessment identifies a need for first-aider(s), they must successfully complete a first-aid course. Depending on identified needs, this will be either of: 6-hour emergency first-aid course with annual refresher training; or 16-hour first-aid at work course with annual refresher training.

Option 3 — **All workplaces to have at least one qualified first-aider**, who has completed an emergency first-aid course as described above. This would then become the minimum provision, even in workplaces with low risks and small

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numbers of employees. The role of the appointed person would be redundant. This option would require a change to the current regulations.

Question

Q8. Which option do you think will help employers provide the most appropriate first-aider skills in their workplace? We would appreciate your comments on this and/or the other options.

Training standards: options

61. Training Standards was not an issue raised in our research specification but nevertheless we would like to take the opportunity to explain the current system and outline the options available.

62. HSE guidance requires that first-aid training courses are taught and assessed in accordance with currently accepted first-aid practice in the United Kingdom. At present HSE accepts the first-aid management of injuries and illness, in as far as they relate to topics to be covered in a FAW training course, as laid down:

- by the UK Resuscitation Council guidelines;
- by the European Resuscitation Council (ERC) where that agrees with the UK Resuscitation Council;
- in the current edition of the Voluntary Aid Societies – St John Ambulance, St Andrew's Ambulance Association and the British Red Cross;
- in other publications, provided they are based on sound medical, scientific research or are in line with the three above.

63. This gives special prominence to the publications of the Resuscitation Councils (RC) and the Voluntary Aid Societies (VAS). The following discussion will explain the reasons for this and clarify the position of training organisations that choose to adopt different standards.

64. The ERC is comprised of representatives from several national expert bodies on resuscitation, including the RC (UK). The ERC sets model standards generally acceptable to all the member organisations, but the detailed interpretation of these standards is a matter for the relevant national bodies. Thus the RC (UK) should be regarded as the leading source of information on resuscitation standards in the UK. The current RC (UK) and ERC guidelines on adult resuscitation are essentially identical, and the 8th edition of the VAS manual has been brought into line with those guidelines. As far as HSE is aware all the currently approved independent FAW training organisations are teaching resuscitation skills to one of these published standards.

65. On other aspects of first-aid HSE accepts the standards laid down in the VAS manual because it is widely accepted throughout the UK as an authoritative reference text on first-aid, it has been used as such in legal proceedings, and there is a system of expert review in place to ensure that it is updated in line with current medical opinion and practice. HSE does, however, recognise that independent training organisations will not necessarily want to use the VAS manual as a teaching aid, and we also recognise that the VAS manual is not the only authoritative publication on first-aid. Therefore HSE has made provision for trainers to base their standards on other

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publications as described in the guidance. HSE has accepted the listed standards for many years but as part of the review of the regulations has considered other options for ensuring they meet the requirements of employers and training providers as follows:

Option 1 The current system should continue.

Option 2 Reduce the number of standards accepted by only accepting those of the Resuscitation Council (UK) and the Voluntary Aid Societies.

Option 3 Accept a wider range of standards accepted to include, for example, those from ambulance authorities or medical Royal Colleges.

Option 4 Encourage the first-aid training industry to develop its own standard setting body for first-aid at work, perhaps as a collaborative venture between the voluntary and independent sectors.

Questions

Q9. Would there be any benefit to employers or training organisations in changing the current system of accepting training standards.

Q10. If yes, which would be your preferred option?

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CHAPTER 5: FIRST-AID TRAINING APPROVALS ARRANGEMENTS

The legal requirements

66. The research specification did not include an assessment of the current arrangements where HSE gives approval to training providers. Nevertheless this is an important issue that should be considered in parallel with the other training issues in this Discussion Document.

67. The current training arrangements require that first-aiders hold a valid certificate of competence in first-aid at work, issued by an organisation whose training and qualifications are approved by HSE. This is to meet the requirements of Regulation 3 of FAW that a person is not suitable as a first-aider unless *"he has undergone such training and has such qualifications as the Health and Safety Executive may approve for the time being….".*

68. HSE has interpreted this requirement as requiring approval of the providers of training courses in first-aid at work. This system is administered through a special unit within HSE, the First-aid Approvals and Monitoring Section (FAAMS), working with HSE's external contractor, the Training Approval Services Consortium (TASC). There are currently around 1500 approved training organisations, with new applications running at 8-12 per month. HSE has charged training providers for the administrative costs of approvals since October 2000.

69. A specific consequence of this interpretation is that trained first-aiders from Northern Ireland, and from other EU states, including the Republic of Ireland, are prevented from practising in Great Britain. At present, if such trained individuals wish to become first aiders in Great Britain they are required to re-train. This can have the effect of placing a burden on both the employer and the employee.

70. The current arrangements for first aid training approvals have been in place for a number of years. Administrative approval and monitoring arrangements of training providers are in place to ensure there is consistency of standards across the country. However, HSE considers that other methods of meeting its obligations under the Regulations may be more appropriate and would like to explore these other options. Moreover, within the current approval and monitoring system the area of work that results in the largest amount of enquiries relate to qualifications and experience required to be a trainer or an assessor. The current approvals system is described in Annex 3.

Qualification Standards for Trainers and Assessors

71. The approval and monitoring of training organisations involves a check, covering the previous three years, of the qualifications of the trainers and assessors they use. The checks cover both training and assessing skills, and first aid skills and competencies. These checks are needed because of the wide variety of backgrounds of those who become first aid trainers and assessors. It is also because the range of qualifications accepted is broad. HSE would like to see the introduction of a nationally agreed qualification for both trainers and assessors, and the names of qualified people to be held on a national register. This would enable training providers to recruite trainers or

assessors from the register knowing that they fulfill the necessary qualifications and experience criteria.

Options for a first-aid training approvals system

72. Outlined below are some specific options on which HSE would like to receive your comments. In Chapter 4 you were asked to consider alternative options for approved first-aid training courses. The impact of any changes in the approvals process on first-aid courses or vice versa would of course be carefully considered as part of any change process.

73. Whichever option for a first-aid training approval system is finally agreed upon, the arrangements will need to continue to deliver the required assurance that appropriate first-aid training is being delivered. Also, if a need is identified for more detailed guidance for training providers, then HSE will consult with the first-aid training industry on how this can be met.

Option 1 HSE approves training providers

74. This option is to continue with the present system of HSE approving training providers as operated by FAAMS and including the use of an appointed external contractor who conducts monitoring visits on behalf of HSE.

75. Although this system has been in use for some years, HSE has concerns that the administration of a database of training providers is not consistent with our core business. The system is burdened with an increasing administrative workload which includes monitoring of training providers, re-issuing of certificates (where a change of name or address has occurred), updating the electronic record system and also dealing with complaints as both arbiter and enforcer. HSE does not favour this option and would like to use this opportunity to explore alternative approaches which are more in line with modern training practices.

Option 2 HSE approves structure and syllabus of training

76. We have explained that HSE has interpreted Regulation 3(2) of FAW as requiring HSE approval of the providers of training courses. It is equally valid under the regulation for HSE to approve instead the structure and syllabus of first-aid training courses rather than the training providers themselves. Proceeding with this option would therefore require the introduction of a new monitoring system to ensure that standards of training were maintained.

77. Such a monitoring system would not be administered by HSE but by an independent monitoring body which could, for instance, be appointed from within the first aid training industry itself. This option would require external accreditation of the system as a whole, conducted by the United Kingdom Accreditation Service (UKAS) or similar organization. If this option were to be pursued, employers could themselves determine whether an individual trained within the EU was adequately trained to meet the requirements of the Regulations as described by HSE.

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Option 3 No approval system. This is a longer-term option, as it would require amendment of the Regulations (FAW)

78. Under FAW employers have a duty to provide appropriate first-aid equipment and facilities to give first aid to their employees as required. It is their responsibility to ensure that their first-aiders are adequately trained. If the current approvals system was withdrawn HSE would continue to provide guidance about the requirements of FAW but would not be concerned directly with the content, quality and consistency of training courses or providers. This would be consistent with HSE practice in most other areas of health and safety; that is HSE provides guidance on how to meet duties under regulations but is not itself responsible for any approvals system helping employers to meet those duties. If this option were pursued, employers could themselves determine whether an individual trained within the EU was adequately trained to meet the requirements of the Regulations as described by HSE.

79. **If Option 3 were taken forward the proposals for training courses in Chapter 4 would not be pursued.**

80. Whichever option for the first-aid approval system is finally agreed upon, there are three features that will have to be included:
- Any new arrangements will need to continue to deliver the required assurance that appropriate first-aid training is being delivered.
- HSE will consult the first-aid training industry if a need is identified for more detailed guidance for training providers.
- There should be a nationally agreed qualification for both trainers and assessors, and details of those qualified should be held on a register.

Questions

Q11. We would welcome your views on the advantages and disadvantages of the options outlined above, in particular whether the first-aid training industry could regulate itself as outlined in option 2 and ensure training is delivered with consistency and to the required standards. We would also welcome suggestions for other options that could be considered.

Q12. Do you see a benefit in setting up a nationally agreed qualification/register for first-aid at work trainers and assessors?

Q13. If you are a training provider, do you think the guidance given by HSE needs to be expanded - particularly if HSE's involvement is reduced?

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CHAPTER 6: FIRST-AID EQUIPMENT, MEDICATIONS AND RELATED MEDICAL ISSUES

First-aid kits and other first-aid materials

81. FAW is very specific in describing the duties of employers:

    "An employer shall provide, or ensure that there are provided, such equipment and facilities as are adequate and appropriate in the circumstances for enabling first-aid to be rendered to his employees if they are injured or become ill at work".

82. The FAW Approved Code of Practice (ACoP) requires that the first-aid equipment "*shall include at least one first-aid container supplied with a sufficient quantity of first-aid materials suitable for the particular circumstances"*, and the associated guidance goes on to suggest a suitable minimum list of contents for the first-aid box. The minimum content is mostly directed towards the treatment of minor cuts, the control of bleeding from major wounds and the protection of eye injuries.

83. Unfortunately the guidance appears to cause confusion in two ways. On the one hand the suggested contents list is often interpreted as a legal requirement. This has given rise to the erroneous concept of an "HSE approved" first-aid kit, and many suppliers of first-aid equipment sell kits with this description. However, this may result in employers purchasing items which are not appropriate, either in type or in numbers, to their particular circumstances. This interpretation has sometimes been carried to the level of interpreting the suggested dimensions of dressings in the HSE guidance as an absolute legal requirement, thus discriminating against the use of similar products, which might be entirely fit for purpose.

84. On the other hand the guidance may be interpreted to mean that no items ***except*** those in the minimum list may be kept in a first-aid box. As a result employers are often reluctant to supply commonly used and quite appropriate first-aid materials, even if their first-aiders consider that they would be useful in the employer's particular circumstances.

Options

85. HSE would like to ensure that its advice is clear and unambiguous but would not wish this to result in an unnecessary extra burden on employers or first-aiders. The following are a number of options for consideration.

Option 1 Retain the present system, where the Regulation is non-prescriptive and the ACoP focuses guidance and advice on helping the employer decide on suitable contents for their own workplace circumstances.

Option 2 Retain the current Regulation and ACoP, but replace the suggested contents list in the current guidance with expanded guidance, this to include case studies and examples to assist employers to provide the most appropriate contents for their first-aid box.

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Option 3 Amend the ACoP to specify a mandatory basic contents list for first-aid boxes. This would not necessarily be appropriate to all employers' workplace requirements so there would still be a need for employers to conduct an assessment of whether additional materials were required.

Questions

Q14. Which option do you think will help employers identify the most appropriate contents for a first-aid kit in their particular workplace?

Q15. What advice do employers and others expect from HSE?

86. Whatever approach is adopted, and for very practical reasons, it might be appropriate to introduce a recommendation that employers consult with their first-aiders to review the provision of equipment from time to time. (The first-aiders know what they actually use or do not use, and what additional materials they might find helpful.)

Medicines in the Workplace

87. Many employers have suggested to HSE that first-aiders should be able to dispense common over-the-counter (OTC) medicines to employees with minor illnesses, for example paracetamol to people with headaches.

88. The use of medicines is normally considered to be outside the scope of first-aid. Current HSE guidance reflects this position and recommends that medicines should not be kept in the first-aid box. Strictly speaking, there is no legal bar to employers making medicines available to employees and many do so. This may be achieved either by direct sale to employees (e.g. from vending machines) or by placing the medicines in the care of a responsible person, who is often a first-aider. Keeping them in the first-aid box is simpler, but using another container emphasises that they are not really within the scope of first-aid treatment. HSE does have concerns about placing this responsibility onto first-aiders because it implies that they have medical diagnostic skills, which are not normally covered within first-aid courses.

89. There is also a potential for litigation against employers/first-aiders if first-aiders are asked to administer medications (even if trained).

90. While it is true that first-aiders *may* be more knowledgeable about the treatment of minor illness than most other employees, first-aid training does not extend to the *administration* of medicines.

Questions

Q16. Are there any circumstances in which first-aiders should be responsible for the distribution of over the counter medicines to employees?

Q17. If medicines were made available for supply by first-aiders, should they be kept in the first-aid box, in a separate container or somewhere else?

Annex 1

RESPONSE TO DISCUSSION DOCUMENT

1. Please provide some background information about yourself/your organisation

Name [ ] Telephone No [ ]

Address [ ] Email Address [ ]

Role: *(Please tick one box)*

Size of First Aider Membership [ ] Training Organisation [ ] Union [ ]

Health and Safety Manager [ ] Employer [ ] Trade Association [ ]

First Aid Equipment Manufacurer/Supplier [ ] Other (please specify) [ ]

Industry/Sector: (please specify) [ ]

Size of Organisation: *(please tick one box)*

1-5 [ ] 6-10 [ ] 11-25 [ ] 26-50 [ ] 51-100 [ ]

101-500 [ ] Over 500 [ ]

2. In your view how well does this document identify and address the key issues? *(Please tick one box)*

Very well [ ] Well [ ] Not well [ ] Poorly [ ]

3. Is there anything you particularly liked or dislike about this exercise? *(Please continue on a separate sheet if necessary)*

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RESPONSE TO OPTIONS AND QUESTIONS

CHAPTER 3 – LEGISLATIVE ISSUES

The Regulatory Structure

Q1 Should FAW be incorporated into other health and safety management regulations?

YES ☐ **NO** ☐

Q2 What benefit, if any, would this be to employers in assessing and making their first aid provision?

Effectiveness of the Regulations and Guidance

Q3 Does FAW make clear the roles and duties of employers, first-aiders and appointed persons?

YES ☐ **NO** ☐

Q4 What additional guidance should HSE give on making a first aid needs assessment?

Q5 What other areas of FAW does HSE need to clarify or provide guidance on?

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Implementation Costs of the Regulations

Q6 Should HSE guidance include examples of comparative costs of making first aid provision?

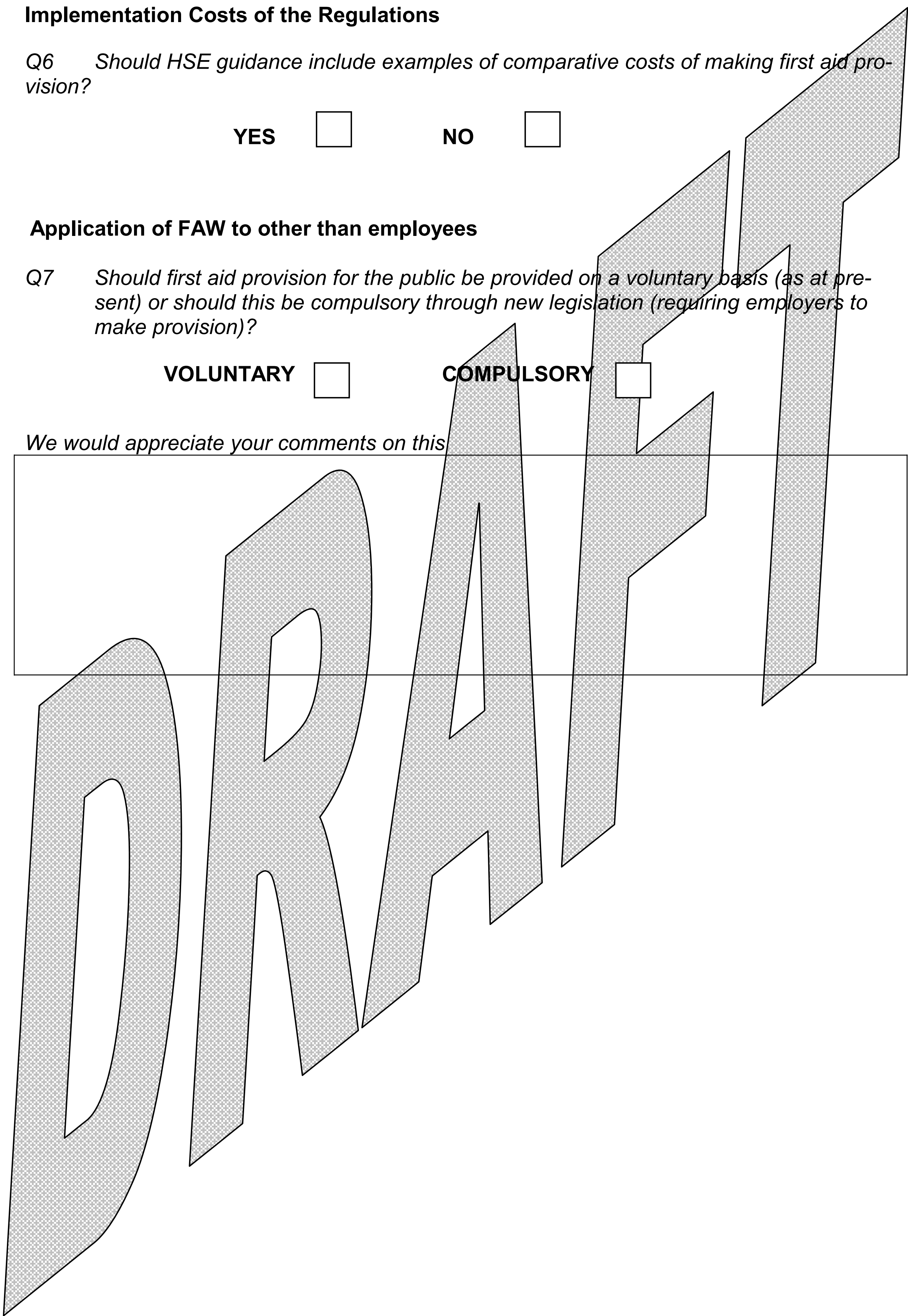
YES ☐ **NO** ☐

Application of FAW to other than employees

Q7 Should first aid provision for the public be provided on a voluntary basis (as at present) or should this be compulsory through new legislation (requiring employers to make provision)?

VOLUNTARY ☐ **COMPULSORY** ☐

We would appreciate your comments on this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CHAPTER 4 – FIRST AID TRAINING

Options for the first aid training arrangements

Q8 Which option do you think will help employers provide the most appropriate first aider skills in their workplaces? (*Please tick relevant box*)

Option 1 No change to the current arrangements. ☐

Option 2 Appointed person as basic requirement, or to meet employers identified need successful completion of either of the following new first aid courses: ☐
- A 6 hour emergency first aid course with annual refresher training; or
- A 16-hour first aid at work course with annual refresher training.

Option 3 All workplaces must have at least one first aider. ☐

We would appreciate your comments on this and/or the other options

Training Standards

Q9 Would there be any benefits to employers and training organisations in changing the current system of accepting training standards?

YES ☐ **NO** ☐

Q10 If yes, which is your preferred option? (*Please tick relevant box*)

Option 1 No change – HSE continues to accept standards set by external bodies (UK/European Resuscitation Councils, Voluntary Aid Societies and medical/scientific research). ☐

Option 2 HSE only accepts standards set by the UK Resuscitation Council and Voluntary Aid Societies ☐

Option 3 HSE should increase the list of specific standards accepted to include, for example, those from ambulance authorities or medical Royal Colleges. ☐

Option 4 First aid industy develops its own standard setting body for first aid at work. ☐

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Comments on preferred option

CHAPTER 5 – FIRST AID TRAINING APPROVALS ARRANGEMENTS

Options for a first aid training approvals system

Q11 Which is your preferred option? (*Please tick relevant box*)

Option 1 Maintain the current system of HSE approving training providers. ☐

Option 2 Approval of the content and structure of training. ☐

Option 3 No approval system. ☐

Comments on preferred option

Q12 Do you see a benefit in setting up a nationally agreed qualification/register for first aid at work trainers and assessors?

YES ☐ **NO** ☐

Q13 If you are a training provider, do you think the guidance given by HSE needs to be expanded – particularly if HSE involvement is reduced?

YES ☐ **NO** ☐

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CHAPTER 6 – FIRST AID EQUIPMENT, MEDICATIONS AND RELATED MEDICAL ISSUES

Options for first aid kits and materials

Q14 Which option do you think will help employers identify the most appropriate contents for a first aid kit in their particular workplace? (*Please tick relevant box*)

Option 1 Retain the current arrangements: HSE provides guidance and advice to help employer decide on contents of first aid kits (i.e. no prescriptive list from HSE). ☐

Option 2 As Option 1 but guidance would include supporting examples based on case studies. ☐

Option 3 HSE provides a prescriptive list of the contents of first aid kits. ☐

Q15 What advice do employers and others expect from HSE?

Medicines in the workplace

Q16 Are there any circumstances in which first aiders should be responsible for the distribution of over the counter medicines to employees?

YES ☐ **NO** ☐

Q17 If medicines were made available for supply by first aiders, where should they be kept?

First aid box ☐ **Separate Container** ☐

Other *(Please specify)*

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Thank you for completing this questionnaire.

Please send it to:

Alastair Steele
Health and Safety Executive
Better Working Environment Division
BWED 3
6 SW Rose Court
2 Southwark Bridge
London SE1 9HS

Or by e-mail to:

To reach him no later than

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Aims and Objectives of the research

The researchers were asked to consider four broad themes covering the scope of the regulations:

- whether the current arrangements are the most appropriate and cost-effective way of delivering the objectives of first-aid at work;
- the challenges employers face in providing first-aid provision in the workplace and in particular how employers implement them in the context of other health and safety mangement regulations;
- whether HSE approval of training providers is still appropriate; and
- establishing an understanding of the interaction between FAW and other requirements to make first-aid provision, eg for members of the public or schoolchildren, and the implications for adequate provision for those who are not workers.

The review also explored the experience and perceptions of workers, including appointed first-aiders.

The specific objectives of the research were:

- to assess the effectiveness of FAW in ameliorating the effects of accidents or illness at work;
- explore whether the requirements for FAW could be better integrated with other statutory health and safety management arrangements;
- explore first-aiders' and other employees' attitudes to the requirements of the FAW Regulations;
- identify areas of further advice, guidance or information required by employers/employees/appointed first-aiders;
- identify the causes of the high level of first-aid enquiries HSE receives;
- assess the first-aider training arrangements and their relationship with other health and safety training more generally;
- assess the costs and benefits of implementing FAW; and
- produce a report and recommendations to HSE.

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Annex 3

The First-aid at Work Approval System

1. Following the initial enquiry to FAAMS from a training organisation by phone or in writing FAAMS send out **Original Approval Questionnaire** with covering letter and charging guide.

2. On receipt of completed **Original Approval Questionnaire,** required documentation and cheque for the approval fee, FAAMS check samples of all documentation against the HSE criteria (this may involve the training organisation having to provide further information).

3. Once the documentation is satisfactory the **Original Approval Questionnaire** is sent to HSE's contractor (TASC) to conduct an **Original Approval Assessment** visit. This visit checks to see that all the administration documentation is in place including record keeping, QA Plan, Trainer and Assessor portfolios, Lesson Plans and Final Assessment criteria.

4. Following the visit by TASC the **Original Approval Assessment** report is sent to FAAMS for verification and if the report is satisfactory a certificate (valid for 5 years) is sent out to the training organisation. Once a training organisation is approved it is then required to notify each First-aid at Work training course to FAAMS.

5. If the report is not satisfactory a list of required improvements is sent to the training organisation. Approval is not given until the improvements have been completed.

6. TASC will make an **Original Approval Monitoring** visit, at the request of FAAMS, within 3 months of the approval. This visit will focus on the trainer, the training equipment and the training venue. A report is sent to FAAMS.

7. The training organisation is notified in writing if the **Original Approval Monitoring** visit report is satisfactory or it will receive a list of required improvements. Where improvements are required and have been satisfactorily completed HSE will notify the training organisation in writing.

8. During the course of the 5-year approval a **Post Approval Monitoring** visit will be conducted by TASC (approximately half way through the 5 year cycle). This visit will cover all the points that were checked in the **Original Approval Assessment** and **Original Approval Monitoring** visits.

9. The number of **Post Approval Monitoring** visits will depend upon the number of fixed training sites from which the training organisation operates (as per the charging guide). The majority of training organisation will only have 1 **Post Approval Monitoring** visits during the 5-year cycle however larger organisations will have a maximum of 9 **Post Approval Monitoring** visits during a 5-year cycle.

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Annex 4

HSE publications on first-aid at work

First-aid at work. The Health and Safety (First-Aid) Regulations 1981 Approved Code of Practice. L74 1997 HSE Books ISBN 0 7176 1050 0

First-aid at Work: your questions answered INDG214 1997 HSE Books ISBN 0 7176 1074 8

Basic advice on first-aid at work INDG347 2002 HSE Books ISBN 0 7176 2261 4

The training of first-aid at work – a guide for gaining and maintaining HSE approval HSG 212 2001 HSE Books ISBN 0 7176 1896 X

Health care and first-aid on offshore installations and pipeline works Approved Code of Practice and guidance. L123 2000 HSE Books ISBN 0 7176 1851 X

There is also a comprehensive, dedicated PAGE on the HSE Website:
http://www.hse.gov.uk/firstaid/index.htm

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