



## DURSLEY TABERNACLE URC

# First Aid Policy

2019-22

<b>VERSION</b>	Final
<b>RATIFIED BY</b>	Elders
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<b>NAME OF ORIGINATOR / AUTHOR</b>	Mr Steven Hubbard
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<b>AUDIENCE</b>	All Church Members, Employee, Elders, Trustees, Leaders or Volunteer as well as Partner Organisation and appropriate Contractors.

# First Aid Policy

## 2019-22

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Version	Date	Reason for Change

## Policy Statement

To ensure there is adequate first aid provision for employees who may be ill or injured at work or in the event that an emergency situation should arise.

A suitable person will be appointed to take responsibility for first aid provision and maintenance of first aid box under the Health and Safety (First Aid) Regulations 1981. A suitable person is someone who has undergone training and achieved a standard that is approved by the Health and Safety Executive.

Sufficient numbers of first aiders to deal with accidents and injuries occurring at work will be trained.

## 1 RESPONSIBILITIES

Overall Responsibility for Health and Safety in the Church rests with the Minister and Eldership/Trustees of the church who will ensure that arrangements are in place to satisfy health and safety regulations and appropriate Codes of Practice in line with Charity Commission Guidelines. The Church has given specific responsibilities in the fulfilment of its health and safety obligations to its nominated Health and Safety Officer.

The Eldership will ensure that a suitably experienced Health and Safety Office holder is in post, ensure that adequate funds and resources are made available for carrying out this Policy and that the eldership receive suitable reports on health and safety matters.

**The Eldership** is responsible for appointing a suitable person(s) for first aid provision and maintenance of the first aid box(s) and is also responsible for ensuring that adequate numbers of staff are trained.

**The person responsible for first aid** has the responsibility to administer basic First Aid to any injured person and to ensure that the First Aid Box is properly stocked.

**All Staff** have the responsibility to summon the designated First Aider to treat an injured person.

## 2 PROCEDURE

The site administrator as a trained first aider to confirm at least quarterly that the first aid box contains all appropriate items in accordance with the first aid box contents list.

3.2 Where a First Aid emergency has occurred and any items from the first aid box have been used, those items will be replaced as soon as possible thereafter.

3.3 Location of First Aid boxes:

Room	Location
Sanctuary	On the wall opposite the pulpit and adjacent to the sound desk
Kitchenette	On shelf above the fridge
Upper Hall	Located by the entrance to the Chapel area
Parsonage Offices	Located in rear hall by the meeting room
Upper Hall Kitchen	On the wall to the left of the door
Community Room Kitchen	On kitchen work top
Youth Centre	Wall mounted in kitchen

A list of current first aiders is maintained in appendix A

The accident books are sited in the following locations:

Room	Location
Sanctuary	On the wall opposite the pulpit and adjacent to sound desk
Kitchenette	On shelf above the fridge
Upper Hall	Located by the entrance to the Chapel area
Parsonage Offices	Located in rear hall by the meeting room
Upper Hall Kitchen	On the wall to the left of the door
Community Room Kitchen	On kitchen work top
Youth Centre	Wall mounted in kitchen

The location of the first aid boxes and accident logs will be clearly indicated on notices strategically located throughout the care centre. First aid signs will comply with BS5378 and Health and Safety (Safety Signs and Signals Regulation 1996).

### 3 What to do in an emergency

No attempt should be made to give more than basic first aid if a person dealing with the emergency has not been trained in first aid procedures.

In an emergency situation there are three essential steps that must be taken:

- a) Look for danger and take care not to become a casualty yourself.
- b) Remove the danger. Move the casualty only if absolutely necessary.
- c) Assess the Casualty. Check for consciousness, open the airway, check breathing, and check pulse.

Then take appropriate action as indicated below.

#### 3.1 First Aid for Unconsciousness

In most workplaces expert help should be available fairly quickly, but if you have an unconscious casualty it is vital that his or her airway is kept clear. If you cannot keep the airway open as described above, you may need to turn the casualty into the recovery position. The priority is an open airway.

#### 3.2 First Aid for Wounds and Bleeding

Open wounds should be covered - using latex gloves or after washing your hands if possible. Apply a dressing from the first aid box over the wound and press on top of it with your hands or fingers. If bleeding continues another dressing should be applied on top. Do not remove the original dressing. Elevate the injured limb where possible. Seek appropriate help.

#### 3.3 First Aid for Minor Injuries

Minor injuries of the sort which the injured person would treat themselves at home; can be treated from the contents of the first aid box. The casualty should wash his or her hands and apply a dressing to protect infection. At a workplace special metallic and / or coloured or waterproof dressings may be supplied according to the circumstances. Wounds should be kept dry and clean.

#### 3.4 First Aid for Suspected Broken Bones

If a broken bone is suspected seek medical help. Do not move casualties unless they are in a position which exposes them to immediate danger.

#### 3.5 First Aid for Burns

Burns can be serious - if in doubt seek medical help. Cool the part of the body affected with cold water until the pain is relieved. Thorough cooling may take 10 minutes or more, but this must not delay taking the

casualty to hospital. Certain chemicals may irritate or damage the skin – some seriously. Treat in the same way as for other burns. It is important that irrigation continues, even on the way to the hospital if necessary. Remove any contaminated clothing, which is not stuck to the skin. Make sure that you avoid contaminating yourself with the chemicals.

### **3.6 First Aid for Eye Injuries**

All eye injuries are potentially serious. The casualty will be experiencing intense pain in the affected eye, with spasm of the eye lids. Before attempting to treat, wash your hands. If there is something in the eye, irrigate the eye with clean, cool water or sterile fluid from a sealed container, to remove loose material. Do not attempt to remove anything that is embedded. If chemicals are involved, flush the open eye with water or sterile fluid for at least 10-15 minutes. Apply an eye pad and send the casualty to hospital.

### **3.7 First Aid for Electrical and Gassing Accidents.**

Electrical and gassing accidents can occur in the workplace. You must assess the danger in the workplace. You must assess the danger to yourself and not attempt assistance until you are sure it is safe to do so. If the casualty has stopped breathing and you are competent to give artificial ventilation and cardiac resuscitation, do so. Otherwise send for help without delay.

### **3.8 First Aid for illness**

Many everyday ailments can arise at work. Giving medicines is not within the scope of first aid at work. Application of common sense and reassurance to the casualty is the most valuable help that you can give. If in any doubt about the seriousness of the condition, expert help should be sought. If the casualty has his or her own pain relief medication, they may take these as appropriate. People assisting should not offer medication of their own or belonging to others.

### **3.9 Completion of First Aid Assistance**

First aid is completed when the casualty is transferred to an ambulance, to a doctor, taken to hospital or when no further treatment is required.

## **4 Record Keeping**

All accidents and incidents are entered in the accident book, and for all accidents, resulting in hospital visit our insurers shall be advised. The Site Administrator is responsible for overseeing and checking the Accident Books and First Aid Kits.

If the church or church hall is let to outside organisations, they are told in writing that in the event of an accident, details must be entered in the relevant accident book. Separate. The Health and Safety Officer shall regularly review all accident records.

RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. These accidents will be reported by the responsible person.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) there is a statutory requirement to report certain types of accident, dangerous occurrences and disease to the enforcing authorities. Fatal accidents, major injuries and injuries which involve the injured person being absent from work for more than seven days must be reported to the enforcing authorities via the HSE website or by telephone on 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

Diseases and certain dangerous occurrences must also be reported, as defined by the regulations. There are four main requirements for reporting, as follows:

- Serious injuries or dangerous occurrences (as defined by the regulations) must be reported immediately to the Health and Safety Officer, who will inform the HSE within ten days of the event;

- Accidents involving the injured person losing more than seven consecutive days work (excluding the day of the accident but including any days which would not have been working days) but which do not fall into the above category, must be reported within fifteen days on form F2508;
- Reportable diseases, as defined by the regulations, must be reported to Health and Safety Officer, who will inform the HSE on form F2508A. This is required of employees of the church if they receive a written diagnosis of the disease made by a doctor and the person concerned is involved with a work activity as specified in the regulations. Reportable diseases include certain poisonings, infections such as legionellosis and hepatitis, and other conditions such as certain musculo-skeletal disorders.
- Occurrence of a flammable gas incident, or reporting of a dangerous gas fitting should be reported to the Health and Safety Officer who will inform the HSE, on a form F2508G1E/G2E

## 5 Suggested Number of First Aid Personnel

CATEGORY OF RISK	NUMBERS EMPLOYED AT ANY LOCATION	SUGGESTED NUMBER OF FIRST AID PERSONNEL
Lower Risk, e.g. Offices	Fewer than 50	At least 1 appointed first aider.
	50 - 100	At least 1 first aider
Medium Risk	Fewer than 50	At least 1 appointed first aider.
	50 - 100	At least 1 first aider for every 50 employed.

## 6 FIRST AID KITS

As a guide, where no special risk arises in the workplace, a minimum stock of first aid items would normally be:

FIRST AID BOXES		TRAVELLING FIRST AID BOXES	
Guidance Card	1	Guidance Card	1
Individually wrapped sterile dressing (assorted sizes) and appropriate to work, e.g. detectable for food handlers.	20	Individually wrapped sterile dressings	6
Sterile eye pads	2	Sterile eye pads	1
Individually wrapped triangular bandage	4	Individually wrapped triangular bandage	2
Safety Pins	6	Safety Pins	2
Medium sized individually wrapped un-medicated wound dressings (approx.. 12cm x 12cm)	2	Individually wrapped moist cleaning wipes	10
Large sized individually wrapped un-medicated wound dressings (approx. 12cm x 12cm)	2	Large sized individually wrapped un-medicated wound dressings (approx.. 12cm x 18cm)	1
Pair of disposable gloves	1	Pair of disposable gloves	1

## **7 REFERENCES**

Health and Safety (First Aid) Regulations 1981

Health and Safety (Safety Signs and Signals Regulations 1996)

Reporting of Injuries and Dangerous Occurrences (RIDDOR)

Accident and Incident Reporting Procedure

**APPENDIX A**

Named First Aiders:

Name	Certificate expiry date
Rod Irvine	November 2019
Emma Irvine	July 2019