



HEALTH AND SAFETY
AUTHORITY

Guidelines

on

First-Aid at

Places of Work

As required by
The Safety, Health and Welfare at Work
(General Application) Regulations 1993
(S.I. No. 44 of 1993)

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INTRODUCTION

Part IX of the Safety, Health and Welfare at Work (General Application) Regulations, 1993, concerns first-aid at work.

Employers have a duty to provide first-aid equipment at all places of work where working conditions require it. Depending on the size and/or specific hazards of the undertaking or establishment trained Occupational First-Aiders must also be provided. Apart from the limited exceptions of (a) means of transport, (b) fishing boats and (c) agricultural and forestry land situated away from the undertaking's buildings, first-aid rooms must be provided where appropriate in any place of work used for the first time after the 31st December, 1992, or any place of work which undergoes modifications, extensions and/or conversions after that date, where the size of the premises, the type of the activity being carried out and the frequency of accidents so dictate. First-aid rooms will also continue to be required on the surface at all mines.

Necessary external contacts must be made as regards first-aid and emergency medical care.

Information must be provided to employees and/or safety representatives as regards the first-aid facilities and arrangements in place.

Occupational First-Aiders are required to be trained and certified as competent at least once every three years by a recognised Occupational First-Aid Instructor. The Regulations and these Guidelines are intended to provide a framework within which every undertaking can develop effective first-aid arrangements.

For the purposes of the Regulations and these Guidelines “first-aid” means:-

- (a) in a case where a person requires treatment from a registered medical practitioner or a registered general nurse, treatment for the purpose of preserving life or minimising the consequences of injury or illness until the services of such a practitioner or such a nurse is obtained, or
- (b) in a case of a minor injury which would otherwise receive no treatment or which does not need treatment by a registered medical practitioner or registered general nurse, treatment of such an injury.

Attention is drawn to the two general types of circumstances under which first-aid as defined may need to be rendered to persons at the workplace. For example, where an employee has collapsed with a severe pain, or is bleeding severely, urgent first-aid, to preserve life, or prevent further serious injury, is required until a nurse, doctor or other person, such as a trained ambulanceman, can take over management of the situation. At the other end of the spectrum first-aid might simply mean the provision of an adhesive plaster for a minor cut to prevent infection and to aid healing.

It is stressed that the storage and/or administration of drugs and medications does not form part of first-aid provision as set out in the Regulations and guidelines. Drugs or medications should not be stored in first-aid boxes or kits and they should only be administered as prescribed by a registered medical practitioner.

In these Guidelines, unless otherwise stated the word factory means a premises to which the Safety in Industry Acts, 1955 and 1980 apply.

The text of the relevant Regulations is set out in Appendix 1 to these Guidelines and the provisions of “Existing Enactments” on first-aid which have been repealed or revoked are shown in Appendix 2.

APPLICATION

As far as first-aid facilities and equipment and Occupational First-Aiders are concerned the provisions of Part IX of the Regulations on first-aid apply to all places of work to which the Safety, Health and Welfare at Work Act, 1989 applies, and to employers and the self-employed alike. The provisions of Part IX of the Regulations relating to first-aid rooms

apply to all places of work except means of transport, fishing boats and outlying agricultural land. It should also be noted that in the case of offshore installations first-aid provision and facilities will continue to be governed by the Safety, Health and Welfare (Offshore Installations) (Operations) Regulations, 1991 (S.I. No. 16 of 1991) which are made under the Safety, Health and Welfare (Offshore Installations) Act, 1987.

The Regulations place requirements on employers in respect of their own employees while they are at work and employees in this context include persons undergoing training for employment or receiving work experience on the employer's premises. Account will also need to be taken of non-employees on the employers premises (e.g. pupils in schools, customers in shops and other places of public assembly). Where first-aid provision is made for both employees and visitors, care should be taken that the level of first-aid provision available to employees is not less than the standard required by the Regulations and these Guidelines.

CHAPTER 1:

FIRST-AID EQUIPMENT AND SUPPLIES

1.1 DIFFERENT WORK ACTIVITIES NEED DIFFERENT PROVISIONS

Different work activities involve different hazards and therefore different first-aid provision is required. Some places of work (e.g. offices, libraries etc.) have relatively low hazards whereas others (e.g. factories and construction work etc.) often have a greater degree of hazard or specific hazard involved. Requirements for first-aid provision at work will therefore depend on several factors including the size of the undertaking, the numbers employed, the hazards arising, access to medical services, dispersal of employees, employees working away from their employer's premises, workers in isolated locations etc.

The following table (and the commentary on specific points which follows it) gives a broad indication of the type of first-aid equipment and supplies which would be reasonable in different circumstances.

1.2 RECOMMENDED CONTENTS OF FIRST-AID BOXES AND KITS

TABLE 1

(1) Materials	(2) First-Aid Travel Kit Contents	(3)	(4)	(5)
		1 - 5 Persons	6 - 25 Persons	26 - 50 Persons
Adhesive Plasters	12	12	20	40
Sterile Eye Pads (Bandage attached)	-	-	2	4
Individually Wrapped Triangular Bandages	2	2	6	6
Safety Pins	2	2	6	6
Medium Individually Wrapped Sterile Unmedicated Wound Dressings (approx. 10 x 8 cms)	-	-	6	8
Large Individually Wrapped Sterile Unmedicated Wound Dressings (approx. 13 x 9 cms)	1	1	2	4
Extra Large Individually Wrapped Sterile Unmedicated Wound Dressings (approx. 28 x 17.5 cms)	-	-	3	4
Individually Wrapped Wipes	8	8	8	10
Paramedic Shears	1	1	1	1
Pairs of Latex Gloves	1	1	2	2
Additionally, where there is no clear running water, Sterile Eye Wash.	1	1	2	2

NOTES: Where more than 50 persons are employed pro rata provision should be made.

Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 300ml and should not be re-used once the sterile seal is broken. At least 900ml should be provided. **Eye bath/eye cups/refillable containers should not be used for eye irrigation.**

The previous table provides a general guide on the recommended contents of first-aid boxes and first-aid kits based on numbers employed. The appropriate number of boxes or kits required in any particular place of work will depend on the particular circumstances including the following:-

1.3 NUMBERS EMPLOYED AND SIZE OF PREMISES

Workplaces such as factories, factory farms, construction sites etc. will vary in size from a relatively compact size employing large numbers of workers to larger locations or sites employing lesser numbers of workers but perhaps operating in a greater degree of isolation.

1.4 SPECIAL HAZARDS

Where a workplace has employees exposed to any special hazards, such as:-

- (a) Risk of poisoning by toxic substances, e.g. certain cyanides or related compounds;
- (b) Risk of burns from corrosive or oxidising substances, e.g. hydrofluoric acid;
- (c) Risk of accidental exposure to hazardous substances, e.g. toxic, irritant or asphyxiant gases, requiring oxygen for resuscitation;
- (d) Other specific risks identified in the Safety Statement required by Section 12 of the Safety, Health and Welfare at Work Act, 1989;

at least one first-aid kit of the type specified in column two of Table 1 should be provided, together with any equipment or special antidotes appropriate to the risk posed by that hazard. These should be located as close as possible to the site where the hazardous process is carried on. (N.B. See also paragraph 2.4).

1.5 EMPLOYEES WORKING AWAY FROM EMPLOYER'S PREMISES

Where employees regularly work away from the employer's premises and there are no special hazards or problems of isolation, no first-aid equipment need be provided by the employer. Where such work involves the use of dangerous tools or substances (e.g. agricultural and forestry work, electricity, gas, water and telecommunications services, transport of hazardous articles and substances etc.) the travel kit specified in column 2 of Table 1 should be provided along with any special equipment or antidotes as appropriate (see paragraph 1.4 "Special Hazards"). It is not considered necessary that all employers should supply a travel kit to employees who travel in the course of their duties unless special hazards or isolation factors apply.

1.6 ISOLATED LOCATIONS

Workers may be relatively isolated even when working within a particular workplace such as a factory. This isolation may be accentuated on farms, forestry, mountainous areas etc. In such circumstances a first-aid kit (column two of Table 1) should be available even in the absence of other factors such as dangerous tools or special hazards, in those situations where the nearest appropriate medical facility is more than an hours total traveling time from the place of work.

1.7 EMPLOYEES OF MORE THAN ONE EMPLOYER WORKING TOGETHER

Where employees of more than one employer are working together, and the employers concerned wish to avoid duplication of provision, they may make an agreement whereby one of them provides the necessary first-aid equipment and facilities (e.g. on construction sites, the contractors involved might agree that all the necessary first-aid provision will be made by the contractor who has the largest number of employees on site). In the absence of such an agreement each employer will need to carry their own responsibility.

1.8 SUPERVISION OF FIRST-AID EQUIPMENT AND SUPPLIES

In workplaces where there are Occupational First-Aiders first-aid boxes and kits should be under their control. Otherwise they should be under the control of a responsible person named in the Safety Statement. The contents of the boxes and kits should be replenished as soon as possible after use in order to ensure that there is always an adequate supply of all materials. Items should not be used after the expiry date shown on packets. It is therefore essential that first-aid equipment be checked frequently, to make sure that there are sufficient quantities and that all items are usable. First-aid boxes should be made of suitable material designed to protect the contents from contamination by heat, damp or dust and should be clearly identified as first-aid containers: the marking used should be a white cross on a green background. Sterile first-aid dressings should be packaged in such a way as to allow the user to apply the dressing to a wound without touching that part which is to come into direct contact with the wound. That part of the dressing which comes into contact with the wound should be absorbent. There should be a bandage or other fixture attached to the dressings. Dressings, including adhesive ones, should be of a design and type which is appropriate for their use. Where an employee has received additional training in the treatment of specific hazards which require the use of special antidotes or special equipment, these may be stored near the hazard area or may be kept in the first-aid box. No other items should be stored in first-aid boxes or kits.

1.9 SITING OF FIRST-AID EQUIPMENT

In compact work places, where a number of employees work in close proximity, first-aid equipment should be sited at a point convenient to the majority of the workforce or where there is greatest risk of an injury occurring. Where work places have a large number of employees but are divided into a number of self-contained working areas, consideration should be given to setting up a main facility with supplementary equipment in each of these working areas. A large plant with a small number of employees dispersed over a wide area may require provision in different parts of the establishment. Soap and water and disposable drying materials should be provided for first-aid purposes. Where soap and water are not available, individually wrapped moist cleansing wipes which are not impregnated with alcohol may be used.

CHAPTER 2:

PROVISION, FUNCTIONS AND TRAINING OF OCCUPATIONAL FIRST-AIDERS

2.1 OCCUPATIONAL FIRST-AIDERS - GENERAL

The Regulations require employers and the self employed to provide, or ensure that there are provided, at each place of work under their control such number (if any) of occupational first-aiders as is necessary to render first-aid at the place of work concerned, taking account of the size or hazards (or both) of the undertaking or establishment. In this regard the Regulations define first-aid as meaning either:-

- (a) in a case where a person requires treatment from a registered medical practitioner or a registered general nurse, treatment for purpose of preserving life or minimising the consequences of injury or illness until such medical or nursing treatment is obtained,
- or
- (b) in a case of a minor injury which would otherwise receive no treatment or which does not need treatment by a registered medical practitioner or registered general nurse, treatment of such an injury.

A minor injury is any trauma which would not normally require the person treating it to have any special training. A minor injury would not involve an alteration in the casualty's vital signs (pulse, temperature, blood pressure or breathing rate). An example of a minor injury would be a clean wound less than three centimeters in length, the edges of which are opposed, and where any bleeding is easily controlled. An injury could not be considered to be a minor injury if function was in any way impaired.

2.2 CRITERIA FOR DECIDING ADEQUATE AND APPROPRIATE PROVISION OF OCCUPATIONAL FIRST-AIDERS

Having regard to the definition of first-aid in the Regulations, where an Occupational Health Service exists (i.e. where a registered medical practitioner or a registered general nurse are permanently on the premises within ten minutes call of any accident) the first-aid arrangements should be provided and co-ordinated by that service and only such Occupational First-Aiders, if any, as these occupational health staff consider necessary to assist them with emergency duties need be available while such occupational health staff are on the premises. The usual number of Occupational First-Aiders recommended in these Guidelines should otherwise be available.

As in all aspects of the preventive strategy enshrined in the Safety, Health and Welfare at Work Act, 1989, and the Regulations under that Act, the preparation and maintenance of the Safety Statement required under section 12 of the Act plays a key role in relation to first-aid provision.

It is difficult to outline precisely when, where and how many Occupational First-Aiders should be provided. The best indicators will arise in the process of identifying the hazards and assessing the risks arising in the context of the Safety Statement.

Several factors will need to be considered. these include the numbers employed, the nature of the work, the degree of hazard, the level of accidents arising, the size and location of the establishment, the distribution of employees within the workplace, whether there is shift working, the availability of an Occupational Health Service within the establishment and the distance from external medical services etc.

In each particular case a decision on whether any or how many Occupational First-Aiders may be required should be taken after an assessment of all the relevant factors and not solely, for example on the numbers of employees at work. (The principal relevant factors are dealt with in greater detail in the following paragraphs).

Even if the assessment indicates that there may be no necessity to have any Occupational First-Aiders provided at a particular establishment it may be considered prudent to encourage employees and to assist them in obtaining suitable training in basic life saving skills and the emergency treatment of injuries due to any special hazards arising. This could apply in all workplaces and in addition to the provision of Occupational First-Aiders and especially in workplaces and establishments where no special occupational hazards arise but, for example, where significant numbers of non-employees are likely to be present such as in schools, shops, places of entertainment etc.. Training in basic life saving skills might well be given by an Occupational Health Physician or an Occupational Health Nurse.

2.3 NUMBERS OF EMPLOYEES

Again it is emphasised that the number of employees is but one of the factors to be considered. As a general rule where the assessment indicates the need for Occupational First-Aider(s) the following general criteria should serve as a useful guide:

TABLE 2

Type of Workplace	Maximum No. of Employees present at any one time	No. of Occupational First-Aiders
Factory premises, construction sites,	Up to 49	One if Safety Statement risk assessment shows it necessary.
	50 - 149	Minimum One
	150 - 299	Minimum Two
	Greater than 300	One extra for every 150 employees or part thereof.
Underground Mines		One for every 10 employees or part thereof.
Other Workplaces	Up to 99	One if Safety Statement risk assessment shows it necessary.
	100 - 399	One
	400 - 699	Two
	Greater than 700	One extra for every 300 employees or part thereof.

Where the provision of Occupational First-Aiders is necessary a good guide in deciding the appropriate number is that they should be available within ten minutes of an incident occurring to render first-aid and account should be taken of this point e.g. in widely dispersed undertakings or workplaces.

Where an Occupational First-Aider is absent in temporary and exceptional circumstances the employer may designate or ensure that a person is designated, to take charge of an injured or ill person until medical assistance is obtained. Such person's functions, if they have not received training in basic life saving skills, would, primarily be to seek appropriate assistance as soon as possible and to ensure that nothing further is allowed to occur which would exacerbate the problems of the injured person. It should be noted that, in this context, foreseeable absences, such as planned annual leave, are not considered to be "temporary and exceptional circumstances".

2.4 DEGREE OF HAZARD

Where an undertaking presents specific or unusual hazards, the Occupational First-Aiders should have received additional or specialised training particular to the first-aid requirements of the employer's undertaking. Such employments would include:-

- (a) Meat factories.
- (b) Woodworking factories.
- (c) Factories where, despite maximisation of safety arrangements, experience has shown that accidents requiring first-aid tend to occur more than once a week.
- (d) Workplaces such as hospitals, where there is a significant risk of exposure to biological agents.
- (e) Workplaces involving a risk of poisoning by toxic substances, e.g. certain cyanides or related compounds.
- (f) Workplaces involving a risk of burns from corrosive or oxidising substances, e.g. hydrofluoric acid.
- (g) Workplaces where there is a risk of accidental exposure to hazardous substances, e.g. toxic, irritant, or asphyxiant gases, requiring oxygen for resuscitation.
- (h) Underground mining operations.
- (i) Workplaces where other specific requirements arise from risks identified in the safety statement required by Section 12 of the Safety, Health and Welfare at Work Act, 1989.

2.5 ACCESSIBILITY

Occupational First-Aiders should be accessible to the majority of the workforce or situated where an injury is most likely to occur. However, such centralised arrangements might not be suitable for a large plant with fewer employees dispersed over a wide area. In such conditions Occupational First-Aiders may need to be more widely dispersed.

2.6 DISTANCE FROM MEDICAL SERVICES

Where workplaces are more than an hours total travelling time from appropriate medical assistance the numbers of Occupational First-Aiders per workplace shown in Table 2 paragraph 2.3 should be doubled in each category.

2.7 PROVISION OF OCCUPATIONAL FIRST-AIDERS WHEN EMPLOYEES OF MORE THAN ONE EMPLOYER ARE WORKING TOGETHER

When employees of more than one employer are working together and the employers concerned wish to avoid duplication of provision, they may make an agreement whereby one of them provides the necessary occupational first-aid personnel.

2.8 PROVISION OF OCCUPATIONAL FIRST-AIDERS WHEN EMPLOYEES WORK AWAY FROM EMPLOYER'S PREMISES

In the case of employees who regularly work away from their employer's establishment in isolated locations or where the work involves travelling long distances in remote areas from which access to accident and emergency facilities may be difficult, a member of the working party should be an Occupational First-Aider. This would

apply particularly in circumstances where potentially dangerous articles or substances are used, e.g. forestry operations.

2.9 SELECTION OF OCCUPATIONAL FIRST-AIDERS

Many employees are glad of the opportunity to undergo first-aid training and employers should encourage those with a reasonable aptitude to do so. In selecting Occupational First-Aiders, it is important that the other tasks on which Occupational First-Aiders are employed should be such as to allow them to leave them immediately and to go rapidly to the scene of an emergency.

2.10 TRAINING AND RECOGNITION OF OCCUPATIONAL FIRST-AID INSTRUCTORS

Occupational First-Aid Instructors who carry out training, assessment or certification of Occupational First-Aiders must be recognised by a body or organisation approved by the Health and Safety Authority. In deciding on the approval of bodies to train Occupational First-Aid Instructors, the Authority will take into account the following criteria:-

- (a) Provision of a full training and development programme for Instructors, presented over at least 8 days (or 5 days for persons already holding a certificate as an Occupational First-Aider) and covering the following elements:
 - (1) The content of the Basic Training Syllabus for Occupational First-Aiders (see Appendix 3).
 - (2) Interpretation and achievement of instructional objectives.
 - (3) Demonstration of adequate planning and preparation for presentations.
 - (4) Selection and use of audio-visual aids for presentations.
 - (5) Presentation skills.
 - (6) Motivation of student participation during presentations.
 - (7) Selection and application of appropriate presentation methods for presentations.
 - (8) Demonstration of management of a group during presentations.
 - (9) Demonstration of the ability to examine candidates as Occupational First-Aiders following a training course.
- (b) Availability of appropriate facilities for carrying out such a programme.
- (c) Availability of appropriate numbers of staff with knowledge and skills to carry out such a programme.
- (d) Availability of a system of independent assessment, which may include examination and practical tests, and re-assessment by persons competent to carry out such assessment.
- (e) Maintenance of a register of Instructors recognised by them, following satisfactory assessment (or reassessment), including:-
 - dates of training, assessment and recognition,
 - dates of re-training, and re-assessment, which must take place at least once in every five years.

The independent assessment or re-assessment referred to at (d) and the maintenance of a register of Instructors referred to at (e) may be provided by a body or organisation which, in the opinion of the health and Safety Authority, is competent to carry out such assessment and maintain a register. The Authority has recognised the competence of the National Ambulance Training School in this regard.

In addition, the Authority may also recognise for this purpose, bodies or organisations which can satisfy it that it has the necessary resources, or joint resource arrangements with other such bodies or organisations, to both carry out training of Instructors and to have them independently assessed by competent persons in the organisation who are not involved in their training.

The assessment of Instructors as regards their competence to assess candidates as Occupational First-Aiders under Paragraph 2.11, may be over and above their assessment to function as Instructors for training purposes.

Bodies or organisations approved by the Authority to train Occupational First-Aid Instructors may, in promotional literature, use the formula “A body approved by the Health and Safety Authority to train and recognise Occupational First-Aid Instructors”. Recognised Instructors who train Occupational First-Aiders may use the following formula in promotional literature “Training provided by a recognised Occupational First-Aid Instructor”.

2.11 TRANSITIONAL ARRANGEMENTS FOR EXISTING OCCUPATIONAL FIRST AID INSTRUCTORS

Occupational First-Aid Instructors who were recognised by organisations approved to do so under earlier legislation may continue to act as instructors subject to entry on the register of recognised instructors and, within five years, to appropriate re-training and re-assessment. Other persons who have already had training as Occupational First-Aid Instructors may, subject to independent assessment and entry on a register, be recognised to continue to function as Instructors and subject also to appropriate re-training and re-assessment within five years. For these purposes, the national Ambulance Training School has been recognised by the Authority as a body to maintain a register of recognised Instructors.

2.12 TRAINING, ASSESSMENT AND CERTIFICATION OF OCCUPATIONAL FIRST-AIDERS

No person may be certified to be a competent Occupational First-Aider, by a recognised Occupational First-Aid Instructor, unless they

- (1) have successfully completed a training course in occupational first-aid, presented at least over three days (or 24 hours training to include 2 hours examination) and based, at least, on the Basic Training Syllabus set out in Appendix 3 and
- (2) have been assessed by another Instructor competent to carry out such assessment. Candidates who have satisfied the recognised First-Aid Instructor responsible for the assessment and examination should be given an appropriate certificate signed by, at least, both the instructor and the examiner and specifying the date of the examination and the expiry date of the certificate.

A certificate shall be valid for three years; thereafter further training, presented over at least one day, and assessment is necessary for re-certification.

2.13 OCCUPATIONAL FIRST-AIDERS IN MINING

It should be noted that under the Mines (Managers and Official) Regulations, 1970 - S.I. No. 74 of 1970 - (as amended) no person shall be qualified to be appointed or to be a deputy shift boss unless he has within the preceding three years obtained a certificate of proficiency in first-aid. In addition under the Mines (Fire and Rescue) Regulations, 1972 - S.I. No. 226 of 1972 - (as amended) similar requirements in first-aid training apply to the members of rescue teams. In both cases the minimum standard of training required will be that necessary for Occupational First-Aiders under the Regulations and these Guidelines.

2.14 TRAINING FOR OCCUPATIONAL FIRST-AIDERS IN SPECIAL HAZARDS

In many instances the training in general first-aid outlined above will suffice. However, Occupational First-Aiders will need to undergo additional specialised training if a workplace has employees exposed to any special hazards such as:-

- (a) Risk of poisoning by toxic substances, e.g. certain cyanides and related compounds;
- (b) Risk of burns from corrosive or oxidising substances, e.g. hydrofluoric acid;
- (c) Risk of accidental exposure to hazardous substances, e.g. toxic, irritant or asphyxiant gases, requiring oxygen for resuscitation;
- (d) Other specific risks identified in the Safety Statement required by Section 12 of the Safety, Health and Welfare at Work Act, 1989.

When planning to introduce any new process, the employer should consider whether additional or specific hazard training for Occupational First-Aiders will be necessary. If there is a need for Occupational First-Aiders to undergo further training and an employer has difficulty in arranging for such training to be given, advice can be obtained from a Health and Safety Inspector.

2.15 ACCESS TO SKILLED OR SPECIALIST ADVICE

In many cases, the Occupational First-Aider's skills will be used while the help of medical or nursing personnel or the ambulance service is being obtained. First-aid as defined in the Regulations also includes treatment of minor injuries which will not always need the services of medical or nursing personnel. The Occupational First-Aider may on occasion, however, need medical or nursing advice on general matters associated with these aspects of first-aid.

Employers should ensure, therefore, that Occupational First-Aiders are aware of possible sources of such advice, e.g. from Registered Medical Practitioners or Registered General Nurses. Where there is an occupational health service available, whether at the workplace or otherwise, Occupational First-Aiders should be supervised by such services.

2.16 PROTECTION FROM BLOOD BORNE INFECTIONS

Occupational First-Aiders and Recognised Occupational First-Aid Instructors must consider the possibility of having to render first-aid to persons who are carriers of Hepatitis - B or H.I.V. Techniques of first-aid which may involve contact with blood or other body fluids should be taught and carried out with this risk in mind. Such training might include the use of ventilation equipment which avoids direct mouth to mouth contact. Immunization against Hepatitis - B should be considered where regular exposure to blood is a possibility.

2.17 OTHER LEVELS OF FIRST-AID SKILL

Provided the levels of availability of Occupational First-Aiders set out in these Guidelines are adhered to, employers and the self-employed may train other staff in first-aid skills to a lesser level. Examples of these levels include basic life-saving skills and the emergency treatment of injuries due to any special hazards arising.

It should be noted that the Regulations provided that where an Occupational First-Aider is absent in temporary and exceptional circumstances another person may be designated to take charge of relevant situations. Such designated persons are not an acceptable full-time alternative to necessary Occupational First-Aiders. Foreseeable absences, such as planned annual leave, would not be considered to be “temporary and exceptional circumstances” in this respect. Designated persons ideally should have training in emergency first-aid and basic life-saving skills. Their primary functions, however, would be to take charge of the situation (e.g. to obtain medical etc. assistance) if a serious injury or illness occurs.

2.18 RECORD OF TRAINING

Written records of the dates on which Occupational First-Aiders obtained their certificates of competence (including any certificates in additional or specific hazard first-aid training and refresher training) should be kept at each workplace and should be made available on request to a Health and Safety Inspector.

2.19 RECORDING FIRST-AID TREATMENT

Records of all cases treated by Occupational First-Aiders should be made and kept in a suitable place, e.g. alongside first-aid equipment. They should always be readily available and be made available on request to a Health and Safety Inspector.

CHAPTER 3:

FIRST-AID ROOMS AND EQUIPMENT

3.1 CRITERIA FOR PROVISION

All places of work used for the first time after 31st December, 1993, and any place of work which undergoes modifications, extensions and/or conversions after that date are required to have one or more first-aid rooms if the Safety Statement - risk assessment shows it necessary and based on the following criteria:-

- (a) Size of the premises.
- (b) Type of the activity being carried out.
- (c) Frequency of accidents arising.
- (d) Existence of special hazards.
- (e) Distance from nearest appropriate medical facility.

Place of work in this context means a place intended to house workstations on the premises of the undertaking and/or establishment and any other place within the area of the undertaking and/or establishment to which employees have access in the course of their employment.

In addition to the above, first-aid rooms should also continue to be provided on the surface at all mines and at any other place of work where such facilities were provided before the commencement of the current Regulations.

First-aid rooms are not required to be provided in:-

- (a) means of transport used outside the undertaking and/or the establishment, or workplaces inside means of transport;
- (b) fishing boats; or
- (c) fields, woods and other land forming part of an agricultural or forestry undertaking but situated away from the undertaking's building.

Apart from those areas specifically excluded, employers will need to determine whether the requirements of these Regulations apply to their particular undertakings. The need for a first-aid room is not solely dependent on the number of persons employed in the undertaking but also on the degree of risk. If the location of a place of work makes access to accident and emergency facilities difficult or where there is dispersed working, the employer should decide whether a first-aid room may be needed. As a general rule any employer whose establishment presents a relatively high risk from hazards should provide a suitably equipped and staffed first-aid room. It is inevitable that any place of work which is required to have a first-aid room will also need to have at least one Occupational First-Aider. Where an Occupational Health Service exists on a premises, the surgery or office housing that service may be considered to be a first-aid room provided that the conditions set out in paragraph 3.2 are met.

3.2 MINIMUM CONDITIONS FOR FIRST-AID ROOMS

Where first-aid rooms are required, the following minimum conditions should be met:-

- (a) An Occupational First-Aider should be responsible for the upkeep of the first-aid room so as to ensure that it is kept stocked to the required standard and that it is at all times clean and ready for immediate use.
- (b) An Occupational First-Aider should be available at all times when employees are at work.

- (c) The room should be readily available at all times when employees are at work and should not be used for any purpose other than the rendering of first-aid or health screening.
- (d) The room should be positioned as near as possible to a point of access for transport to hospital, taking into account the location and layout of the workplace.
- (e) The room should be large enough to hold a couch, with space for people to work around it, and a chair.
- (f) The room's entrance should be wide enough to accommodate an ambulance trolley, stretcher, wheelchair or carrying chair.
- (g) The room should contain suitable facilities and equipment, have an impervious floor covering and should be effectively ventilated, heated, lighted and maintained. All surfaces should be easy to clean. The room should be cleaned each working day and suitable arrangements for refuse disposal should be provided.
- (h) Suitable facilities (for example one or more chairs) should be provided close to the first-aid room if employees have to wait for treatment. These should be kept clean and well maintained.
- (i) The room should be clearly identified as a first-aid room by means of a sign.
- (j) A notice should be attached to the door of the first-aid room clearly showing the names and locations of the nearest Occupational First-Aiders or other appropriate personnel.
- (k) A telephone or other suitable means of communication should be provided.

3.3 FIRST-AID ROOM FACILITIES AND EQUIPMENT

The following minimum facilities and equipment should be provided in first-aid rooms:-

- (a) Sink with running hot and cold water always available;
- (b) Drinking water (when not available on tap) and disposable drinking vessels;
- (c) Soap;
- (d) Paper towels;
- (e) Smooth topped working surfaces;
- (f) A suitable store for first-aid materials;
- (g) First-aid equipment;
- (h) Suitable refuse containers lined with a disposable plastic bag;
- (i) A couch (with a waterproof surface) and frequently cleaned pillow and blankets;
- (j) Clean protective garments for use by first-aiders;
- (k) A chair;
- (l) a first-aid treatment record book; and
- (m) a bowl.

Where special first-aid equipment is needed, this equipment may also be stored in the first-aid room. Where, for example, a place of work covers a large area or is divided into a number of separate and self-contained working areas, it may be necessary to provide suitable equipment for the transport of casualties. Where blankets are provided, they should be stored alongside the equipment and in such a way as to keep them free from dust and damp.

3.4 SITING OF NEW FIRST-AID ROOMS

When siting a new first-aid room the necessity to have toilets nearby and for the room to be on the ground floor should be considered. Corridors, lifts and doors etc., which lead to the first-aid room should allow access for an ambulance trolley stretcher, wheelchair or carrying chair. Consideration should also be given to the possibility of providing an appropriate form of emergency lighting.

CHAPTER 4:

INTERNAL AND EXTERNAL COMMUNICATIONS

4.1 COMMUNICATION LINKS WITHIN THE WORKSITE

It is essential that in the event of an accident or sudden illness, immediate contact can be made with the Occupational First-Aider on call or other appropriate personnel. Effective means of communication should therefore be provided between all work areas, the first-aid room and the Occupational First-Aider on call. In most establishments the appropriate means will be a telephone link, but where the nature of the work undertaken or the layout of an establishment (e.g. a construction site) is such that a telephone is not readily available in each work area, other means of communication will be necessary. In the absence of Occupational First-Aiders this criteria applies to responsible persons named in the Safety Statement.

4.2 CONTACTS WITH EXTERNAL SERVICES

It is important that necessary contact be maintained by an employer with the Chief Ambulance Officer of the relevant Health Board and the local emergency services, for example, where the work being undertaken is potentially hazardous or where access to treatment within the place of work is difficult, or where the workplace is isolated. Such isolation may be temporary, for example, arising from weather conditions etc.

APPENDIX 1:

Safety, Health and Welfare at Work (General Application) Regulations, 1993

PART IX: FIRST-AID

54 Interpretation for Part IX

In this Part -

“**First-Aid**” means -

- (a) in a case where a person requires treatment from a registered medical practitioner or a registered general nurse, treatment for the purpose of preserving life or minimising the consequences of injury or illness until the services of such a practitioner or such a nurse is obtained, or
- (b) in a case of a minor injury which would otherwise receive no treatment or which does not need treatment by a registered medical practitioner or registered general nurse, treatment of such an injury;

“**Occupational First-Aider**” means a person who is the holder of a certificate in first aid, issued within the immediately preceding period of three years, by a person who is recognised as an occupational first aid instructor by an approved person.

55. Application of this Part

- (1) Subject to the provisions of paragraph (2), the provisions of this Part apply to every place of work.
- (2) Regulation 57 does not apply to the following places of work -
 - (a) means of transport used outside the undertaking or a place of work inside a means of transport;
 - (b) a fishing boat;
 - (c) a field, wood or land forming part of an agricultural or forestry undertaking which is situated away from the undertaking’s buildings.

56 Duties of Employer

- (1) It shall be the duty of every employer -
 - (a) to provide, or ensure that there is provided, in every place where working conditions require it at each place of work under his control such first-aid equipment, suitably marked and easily accessible, as is adequate and appropriate in the circumstances for enabling first-aid to be rendered to persons at the place of work, and
 - (b) to provide, or ensure that there are provided, at each place of work under his control such number

of occupational first-aiders as is necessary to render first-aid at the place of work concerned, taking account of the size or hazards (or both) of the undertaking or establishment.

- (2) Where an occupational first-aider provided under paragraph (1) (b) is absent in temporary and exceptional circumstances it shall be sufficient compliance with that paragraph if the employer designates a person, or ensures that a person is designated to take charge of an injured or ill person.
- (3) Details of arrangements made for the provision of first-aid, including the names of occupational first-aiders and the location of first-aid rooms, equipment and facilities for or at the place of work shall be included in the relevant safety statement.

57. First-Aid Rooms

- (1) Notwithstanding Regulation 56, and without prejudice to existing requirements in the relevant statutory provisions as regards the provision of first-aid or ambulance rooms, in the case of any place of work used for the first time after the 31st day of December, 1992, it shall be the duty of every employer to provide one or more first-aid rooms at every such place of work under his control where the size of the undertaking, the type and scale of activity being carried out and the frequency of accidents so require.
- (2) Every first aid room provided under paragraph (1) shall be fitted with essential first-aid equipment and facilities and shall be easily accessible for stretchers.
- (3) Paragraphs (1) and (2) shall also apply to any place of work which undergoes modifications, extensions or conversions after the 31st day of December, 1992.

APPENDIX 2:

Provisions of “Existing Enactments” Repealed or Revoked.

PART I : STATUTES REPEALED

Number and Year (1)	Short Title (2)	Extent of Repeal (3)
No. 10 of 1955	Factories Act, 1955	Section 56
No. 3 of 1958	Office Premises Act, 1958	Section 22
No. 7 of 1965	Mines and Quarries Act, 1965	Section 85

PART II

STATUTORY INSTRUMENTS TO BE REVOKED

Number and Year (1)	Title (2)	Extent of Revocation (3)
S.I. No. 279 of 1960	Docks (Safety, Health and Welfare) Regulations, 1960.	Regulations 8, 9, 10, 11 and 12.
S.I. No. 74 of 1970	Mines (Managers and Officials) Regulations, 1970.	In Regulation 29(3), the words “granted by a society, body or training organisation approved by the Minister for the Purpose”.
S.I. 226 of 1972	Mines (Fire and Rescue) Regulations, 1972.	In Regulation 25(c), the words “granted within the last preceding three years by a society body or training organisation approved by the Minister for the purpose”.
		In Regulation 28(1)(e), the words “containing the items specified in the Second Schedule to these Regulations”.
		The Second Schedule.
S.I. No. 152 of 1973	Factories (Preserving of Fruit) Regulations, 1973	Regulation 7.
S.I. No. 252 of 1973	Factories (Welfare) (Use of Bichromates in Dyeing) Regulations, 1973.	Regulations 5 and 6.
S.I. No. 283 of 1973	Factories (Hides and Skins) Regulations, 1973.	Regulations 13 and 14.
		The Second Schedule.
S.I. No. 145 of 1974	Factories (Gut and Tripe Preparation) Regulations, 1974.	Regulations 9 and 10.
S.I. No. 146 of 1974	Quarries (General) Regulations, 1974.	Regulation 28.
S.I. No. 80 of 1975	Factories (Chromium Plating) Regulations, 1975.	Regulations 11 and 12.
S.I. No. 108 of 1975	Factories (Oil Cake Mills) (Welfare) Regulations, 1975.	Regulation 8.
S.I. No. 109 of 1975	Factories (Chemical Factories) Regulations, 1975.	Regulations 18, 19, 20, 21 and 22 (b).
S.I. No. 195 of 1975	First-Aid in Factories Regulations, 1975.	The whole Regulations.
S.I. No. 272 of 1975	Factories (Wool and Hair Processing) Regulations, 1975.	Regulation 30
S.I. No. 282 of 1975	The Construction (Safety, Health and Welfare) Regulations, 1975.	In Regulation 3, the definitions of “certificate in first-aid” and “training organisations”.
		Regulations 120, 121, 122, 123 and 124.
		The Third Schedule.
S.I. 322 of 1975	Shipbuilding and Ship-Repairing (Safety, Health and Welfare) Regulations, 1975.	Regulations 89 and 90.
S.I. No. 331 of 1975.	Mines (General) Regulations, 1975.	Regulation 60.
S.I. No. 313 of 1979	Dangerous Substances (Petroleum Bulk Stores) Regulations, 1979.	Regulation 79.
S.I. No. 314 of 1979	Dangerous Substances (Conveyance of Petroleum by Road) Regulations, 1979.	Regulations 10(e) and 27(d).
S.I. No. 235 of 1980	Dangerous substances (Conveyance of Scheduled Substances by Road, Trade or Business) Regulations, 1980.	Regulation 20.

APPENDIX 3:

Basic Training Syllabus for Occupational First-Aiders.

OCCUPATIONAL FIRST-AID

LESSON 1:

Assessment, Accident Scene Management.

OBJECTIVES:

Following this session the Student should be able to:-

Cognitive

- Define First-Aid.
- List the four responsibilities of the first-aider.
- Define primary survey (A.B.C - Medical and A.C.B.C. Trauma).
- List the four life threatening conditions.
- List the three factors used to make a provisional diagnosis.
- Describe the approach and action at an emergency situation.
- State the procedure for activation of emergency services (at own workplace).
- Present a report on a simulated casualty to the simulated arriving ambulance crew/doctor.
- Define terms “Medical Aid” and “First Aid”.
- Describe the need for self protection at an incident scene.
- List the three primary methods of spreading infection.
- List eight of the rules of bandaging.

Psychomotor:

- Identify the contents of a First-Aid Kit required for 1 - 10 people as recommended by the Health and Safety Authority.
- Identify on a triangular bandage the base, the apex and the ends. Demonstrate using a triangular bandage narrow fold, storage fold, arm sling and elevation sling.
- Demonstrate the tying of a reef knot.
- Demonstrate the procedure to clean a simulated minor wound.
- Apply an adhesive plaster to a simulated minor wound.

OCCUPATIONAL FIRST-AID

LESSON 2:

Circulation, Wounds and Bleeding. Assessment, Accident Scene Management.

OBJECTIVES:

Following this session the Student should be able to:-

Cognitive

List the components of the Circulatory System.

List four functions of blood.

Differentiate between the three different types of external bleeding.

State four effects of severe bleeding

List five wound types.

List five signs and or symptoms of more than 30% blood loss.

Describe the control of bleeding using Posture, Elevation, Examination and Pressure (P.E.E.P).

Demonstrate the management of a simulated foreign body on a simulated wound.

Demonstrate on a fellow student treatment for a nose bleed.

Shock

OBJECTIVES:

Following this session the Student should be able to:

Cognitive

Define Shock.

State the two primary causes of shock.

List seven signs and or symptoms of shock.

Describe the treatment for a shocked casualty.

Describe how using vital signs a deteriorating casualty may be recognised.

Psychomotor

Demonstrate the position used to treat a shocked Casualty.

OCCUPATIONAL FIRST-AID

LESSON 3:

Respiration, Asphyxia and introduction to Cardiopulmonary Resuscitation (C.P.R.)

OBJECTIVES:

Following this session the Student should be able to:-

Cognitive

- Define Respiration.
- List the component parts of the Respiratory System.
- List two functions of the respiratory system.
- List the % of Oxygen in inspired and expired air.
- Define Asphyxia.
- List eight causes of Asphyxia.
- Describe the general treatment of Asphyxia.
- Describe the ABC Drill.

Psychomotor

- Demonstrate on a Manikin the ABC Drill.
- Demonstrate on a manakin/fellow student chin lift, Head tilt action to maintain a clear Airway.
- Demonstrate on a Manikin mouth to mouth, and mouth to nose resuscitation for a period of not less than two minutes.
- Demonstrate Carotid Pulse Check on a simulated patient in the supine position.
- Demonstrate correct hand position for chest compressions while performing C.P.R. on a manakin.
- Demonstrate on a Manakin one person CPR.

OCCUPATIONAL FIRST-AID

LESSON 4:

Cardiopulmonary Resuscitation (CPR -50% of this session to include CPR student practice.

OBJECTIVES:

Following this session the Student should be able to:-

- | | |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cognitive | List the three questions asked of a choking Casualty to confirm obstruction of the airway. |
| Psychomotor | Demonstrate one person CPR for not less than four minutes on a manakin.
Demonstrate the vomit position while performing C.P.R. on a manakin.
Demonstrate the treatment for an obstructed airway using back slaps and abdominal thrusts on a simulated patient when standing and when supine. |

Heart Attacks

OBJECTIVES:

Following this session the Student should be able to:-

- | | |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cognitive | Define Cardiac Arrest.
List six contributory factors for heart disease.
List six signs and symptoms of Heart Attacks (Myocardial Infarction).
Describe the general pre-hospital treatment required for heart disorders.
List the four links in the chain of survival. |
| Psychomotor | Demonstrate the semi recumbent position using a simulated patient. |

OCCUPATIONAL FIRST-AID

LESSON 5:

Unconsciousness

OBJECTIVES:

Following this session the Student should be able to:-

Cognitive

List two functions of the Nervous System.

Define unconsciousness.

List four causes of unconsciousness.

List the four levels of responsiveness

- i. **ALERT**
- ii. **VOICE (Response to)**
- iii. **PAIN (Response to)**
- iv. **UNRESPONSIVE (unconscious)**

Differentiate between concussion and compression.

Describe management of head, eye and facial injuries.

Define fainting.

List four signs and or symptoms of a faint.

Describe the treatment of a faint.

Psychomotor.

Using a simulated casualty demonstrate the recovery position.

Using a simulated casualty demonstrate the primary survey and monitoring of vital signs.

Demonstrate the examination of a simulated unconscious casualty.

Demonstrate the treatment of a faint on a simulated casualty.

Demonstrate using items from first-aid kit, the treatment of surface injuries to the head, eye, ear and face, on a simulated casualty.

OCCUPATIONAL FIRST-AID

LESSON 6:

Fractures, sprains, strains and dislocations.

OBJECTIVES:

Following this session the Student should be able to:-

Cognitive

List four functions of the skeleton.

Define a fracture.

List three causes of a fracture.

Differentiate between the different type of fracture.

List five signs and or symptoms of a fracture.

Describe the dangers of uncontrolled movement of a fracture in a pre-hospital environment.

Define a sprain.

Define a strain.

Define dislocation.

Psychomotor

Treat a simulated fracture of the upper limb on a class member using bandages.

Treat a simulated fracture of the lower limb on a class member using bandages.

Treat a simulated soft tissues injury on a class member using
REST, ICE, COMPRESS AND ELEVATE, (R.I.C.E.) method.

OCCUPATIONAL FIRST-AID

LESSON 7:

Burns and Scalds, Chemicals/Poisons, Electric Shock.

OBJECTIVES:

Following this session the Student should be able to:-

Cognitive

- State the functions of the Skin.
- Differentiate between a burn and a scald.
- List six types of burns.
- Classify and state dangers of burns.
- Describe the three levels of burns.
- Describe the rule of Nines.
- Describe the treatment of minor burns.
- Describe the treatment of severe burns.
- Describe the treatment for a chemical burn to the body.
- Describe the treatment for a chemical burn to the eye.
- Define a poison (chemical substance).
- List four routes of entry of chemical substances into the body.
- List four dangerous substances in the workplace (of the individual).
- State the dangers of the chemical substances listed above and describe the action to be taken if a casualty is contaminated.
- Describe the treatment for ingestion of corrosive poison.
- Describe the effects of low/high voltage electric current on the body.
- Describe the management of an electrical incident involving injury.

Psychomotor

- Apply a burns dressing to a simulated casualty.
- Demonstrate the recovery position on a simulated casualty.
- Demonstrate eye irrigation on a simulated casualty.
- Apply an eye pad to a simulated patient.

OCCUPATIONAL FIRST-AID

LESSON 8:

Medical Emergencies, Crush and Spinal Injuries

OBJECTIVES:

Following this session the Student should be able to:-

Cognitive

Define diabetes.

Define Epilepsy.

Define Asthma.

Describe the management of a medical emergency.

Discuss in relation to spinal injuries, the mechanism of injury and relate it to a high index of suspicion of spinal cord injury.

Discuss the A.c.B.c (airway, cervical spine, breathing and circulation) approach to a trauma victim.

Psychomotor

Demonstrate head stabilisation on a simulated spinal injured casualty.

Demonstrate a jaw thrust on a simulated unconscious casualty.

Revise CPR skills on a manakin.

OCCUPATIONAL FIRST-AID

LESSON 9:

Casualty Transportation

OBJECTIVES:

Following this session the Student should be able to:-

Psychomotor

Demonstrate

- i. A Blanket lift.
- ii. A Chair lift
- iii. A Blanket drag
- iv. Two handed seat lift
- v. Use of portable stretchers.

Note: The principles of kinetics of lifting should not be taught on this course, but safe lifting practices must be followed during this lesson.

SKILLS REVISION

The student should follow the scenario outlined or similar skills revision (make up and casualty simulation should be considered)

Instructions to Satisfactory/	<u>Skill Sequence</u>
Student Unsatisfactory	
Severe Bleeding	Patient Position
Examination of wound	Elevation of limb
	Pad and Bandage
Time Lag	Call Ambulance
	Monitor Vital Signs
Patient goes Unconscious	Check A.B.C.
	Recovery Position
	Monitor Vital Signs.
Time Lag	
Ambulance Arrival	Report to Ambulance crew
	Brief History
	Vital Signs
	Provisional Diagnosis.