



# Assisting with First Aid Procedure

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<b>Title of Procedure</b>	Assisting with First Aid Procedure		
<b>Approved by</b>	Head of Supported Living		
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## 1 Procedure statement

- 1.1. Staff members at Bield Housing & Care play a critical role in ensuring the safety and wellbeing of all employees and visitors.
- 1.2. While not all staff are expected to provide first aid directly, they must understand and follow the outlined guidance within this procedure, ensuring first aid support is available when needed. They must not administer first aid beyond the level for which they have been trained, in accordance with HSE First Aid at Work guidance.
- 1.3. This procedure complies with relevant legislation, including **RIDDOR**, and incorporates the principles of the **Duty of Candour**, ensuring openness, honesty, and transparency when incidents result in harm.

## 2. Purpose

- 2.1. This procedure provides a framework to ensure all Bield Housing and Care staff are prepared to assist with first aid when required. It addresses:
  - **Health and Safety Compliance** by meeting requirements under the Health and Safety (First Aid) Regulations 1981, the Health and Safety at Work etc. Act 1974, and the Management of Health and Safety at Work Regulations 1999 to provide adequate first aid resources, facilities, and training.
  - **Risk Mitigation and Preparedness** through the promotion, identification, and mitigation of risks related to workplace injuries or illnesses through appropriate first aid support.
  - **Incident Reporting and Review** to ensure that all first aid incidents are reported, reviewed, and acted upon in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. This procedure also ensures alignment with the Care Inspectorate's Notification Guidance (2024) for reporting incidents involving harm or emergency medical response.
  - **Openness and Transparency** by supporting the principles of the **Duty of Candour**, ensuring that managers inform individuals and families when incidents result in unintended or unexpected harm, providing explanations, apologies, and support.

## 3. Scope

- 3.1. This procedure applies to all staff, residents, and visitors at Bield Housing & Care premises, as well as during any work-related activities outside of the premises. It includes:
  - Recognition that first aid provision must be adequate and appropriate for all work environments, including community settings, in line with the Health and Safety (First Aid) Regulations 1981



- **Residents within Bield developments**, ensuring their first aid needs are met in line with organisational responsibilities.
- **Bield at Home staff**, who may need to respond to first aid emergencies while supporting individuals in their own homes. Staff in community settings must follow the same principles of first aid provision, adapting to the specific environment and circumstances of the person's home.

## 4. Context

4.1. Bield Housing & Care is committed to:

- Supporting staff and managers to maintain safe working practices by providing clear guidance, training, and access to resources.
- Providing appropriate first aid resources and training to ensure staff understand their responsibilities, including those related to RIDDOR and the Duty of Candour.
- Ensuring compliance with Regulation 3 of the Health and Safety (First Aid) Regulations 1981, which requires employers to conduct a formal First Aid Needs Assessment.
- Prioritising the health and safety of individuals while fostering a culture of openness and learning from incidents.

## 5. Definition

5.1. This procedure references a number of terms

- **First Aid** is the immediate help provided to someone who is injured or becomes ill to keep them safe, prevent further harm, and offer reassurance until professional medical help is available.
- **Appointed Person**: An individual responsible for managing first aid arrangements where a first aider is not required, including calling emergency services and managing first aid supplies.
- **The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013** requires the reporting and recording of certain workplace incidents, including deaths, serious injuries, and dangerous occurrences, to the Health and Safety Executive (HSE).
- **The Duty of Candour** is a legal requirement that mandates care organisations to be open and honest when an incident occurs that causes harm. This includes apologising, explaining what happened, and taking steps to prevent recurrence.



## **6. Mandatory procedures**

### **First aid kits and equipment**

- 6.1. All Bield Housing & Care locations must have accessible and appropriately stocked first aid kits. First aid kits must be:
- Located in clearly marked, accessible areas such as offices, staffrooms, or communal spaces.
  - Regularly checked and restocked, considering specific environmental risks by appointed persons. For example, burn dressings should be included in kitchen areas.
  - Where available, defibrillators (AEDs) must be inspected in accordance with manufacturer guidance and organisational maintenance schedules, ensuring pads, batteries, and indicators are functioning.

### **First aid needs assessment**

- 6.2. Managers at Bield Housing & Care are responsible for conducting a first aid needs-assessment to ensure adequate provision is in place for their team(s), service users, and visitors.
- 6.3. The assessment must be documented and must be reviewed annually or sooner if there are significant changes in staffing, workplace layout, risk profile, or incident trends. This process helps identify the level and type of first aid support required and ensures compliance with legal obligations.
- 6.4. When carrying out the assessment, managers must evaluate:
- The type of work undertaken in their area, including any specific risks, such as manual handling tasks or working with vulnerable individuals.
  - Potential hazards and the likelihood of them causing harm, such as slips, trips, or incidents involving equipment.
  - The size of their workforce and how this affects the number of first aiders needed to provide sufficient cover. Work patterns, including shift rotations and out-of-hours roles, ensuring first aid support is always available.
  - Holiday schedules and other absences of appointed first aiders, ensuring contingency plans are in place to maintain cover.
  - The history of accidents or incidents within their area of responsibility, using this information to inform decisions about first aid provision.
- 6.5. Managers must also consider additional factors, including:
- The needs of staff who work remotely, travel frequently, or work alone, and ensure they are equipped with suitable first aid kits or have access to support.



- The proximity of their location to emergency medical services, particularly if their team(s) operate in remote or community settings such as Bield at Home.
- Coordination with other organisations when their team(s) operate on shared or multi-occupancy sites, ensuring clear responsibilities for first aid are agreed upon.
- First aid requirements for non-employees, including visitors and members of the public who may be on-site.
- Support for mental health needs should follow Scotland's Mental Health First Aid at Work framework (Public Health Scotland) and be proportionate to identified risks.

### **First aid training**

- 6.6. All staff must have an awareness of first aid procedures and designated first aiders must receive appropriate training.
- A list of trained first aiders and appointed persons should be displayed prominently in each location.
  - Training for nominated first aiders must cover Emergency First Aid at Work (EFAW), First Aid at Work (FAW) and Scottish Mental Health First Aid at Work (SMHFA) qualifications, ensuring that they are equipped to handle incidents such as cardiac arrests, severe bleeding or mental health concerns. This will take place every 3 years to ensure that they remain confident in their first aid skills.
  - Training for nominated first aiders must meet HSE requirements and be renewed every three years, including FAW, EFAW, and SMHFA where relevant.
  - First aiders should complete annual skills refresher training, as recommended by the HSE, to maintain competence and confidence.

### **Incident reporting**

- 6.7. All first aid incidents must be reported using the Accident & Incident Form (Form 1).
- Near-miss incidents must also be documented, as they provide valuable information which can be used to prevent future accidents.
  - For serious incidents requiring emergency services, managers must ensure compliance with RIDDOR reporting requirements. Managers must follow RIDDOR reporting timescales, including immediate reporting of deaths and specified injuries and 10-day reporting for other qualifying incidents.
  - When harm occurs, the Duty of Candour must be applied, requiring managers to communicate openly with those affected, explain what happened, apologise, and implement corrective actions. All Duty of Candour incidents will be included in the organisation's Annual Duty of Candour Report, in line with statutory requirements



## **Emergency procedures**

- 6.8. Emergency services must be contacted immediately in serious cases, such as suspected heart attacks or unconsciousness.
- 6.9. Casualties should not be moved unless they are in immediate danger, in accordance with HSE Basic Advice on First Aid at Work
- 6.10. Staff must provide emergency responders with precise details about the location and any relevant access requirements to ensure swift assistance.

## **7. Practice guidance**

### **Administering first aid**

- 7.1. Staff must assess the situation to ensure it is safe to approach before assisting.
- 7.2. All first aid must be administered in accordance with Bield's Infection Prevention and Control Procedure and relevant Public Health Scotland guidance. For example, if liquid spills create a slip hazard, staff should ensure the area is safe before providing aid. Administer appropriate first aid, such as CPR for cardiac arrest, and remain with the injured person until professional help arrives.

### **Personal safety**

- 7.3. Staff must never place themselves in danger when attempting to deliver first aid and must withdraw if personal safety cannot be maintained.
- 7.4. For instance, gloves should be worn when handling blood or bodily fluids and used materials must be disposed of following hygiene guidelines.

## **8. Monitoring and review**

- 8.1. The implementation of this procedure will be monitored through regular audits and reviews. First aid procedures and risk assessments should be standing agenda items for team meetings.
- 8.2. Following any significant incidents, managers must facilitate debriefing sessions to evaluate responses and provide staff with a supportive environment to share feedback and learn from the experience.



## 9. Source information used to support development of procedure

- First aid at work The Health and Safety (First-Aid) Regulations 1981 (L74 Third Edition)  
<https://www.hse.gov.uk/pubns/priced/l74.pdf>
- Health and Safety (First Aid) Regulations 1981  
<https://www.hse.gov.uk/firstaid/legislation.htm>
- HSE Basic Advice on First Aid at Work  
<https://www.hse.gov.uk/pubns/indg347.pdf>
- HSE First Aid at Work; Your Questions Answered  
<https://www.hse.gov.uk/pubns/indg214.pdf>
- Health and Safety at Work etc. Act 1974: Legislation.gov.uk  
<https://www.legislation.gov.uk/ukpga/1974/37/contents>
- Management of Health and Safety at Work Regulations 1999  
<https://www.legislation.gov.uk/uksi/1999/3242/contents/made>
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013:  
HSE - RIDDOR Guidance  
<https://www.hse.gov.uk/riddor/>
- Public Health Scotland; Scotland's Mental Health First Aid at Work  
<https://www.smhfa.com/>
- Duty of Candour: Scottish Government - Duty of Candour Guidance  
<https://www.gov.scot/publications/organisational-duty-candour-guidance/>





## Appendix 1 Accident and incident report

- Please use this form to report all work-related injuries, diseases, ill health and near misses.
- Complete the form immediately after the incident.
- Email the completed form to [insert email address](#) without delay. To your supported living manager
- Your line manager will complete an investigation if required to ensure that steps are put in place to minimise future risk.

### Section 1 – About the Incident

Description of incident					
When did it happen	Day		Date		Time
Where did it happen					
<b>What happened?</b> Please describe the near miss, accident, incident, dangerous occurrence including events that lead to it. Include any information about equipment, substances or materials that were involved.					
<b>Witnesses</b> Name(s) and contact details of anyone who witnessed the incident					

### Section 2 – About the person involved (if applicable)

<b>Who was involved?</b> Name, role and contact details (include staff number and function). Please include the full address of any third party, visitor or contractor if involved.  <b>If near miss reported – please go to section 3 after completing this element</b>	
<b>What type of injury, illness or disease has been sustained?</b> Please include which part or side of the body was affected	
<b>What treatment was provided?</b> Please include whether first aid and/or hospital treatment was needed	
<b>Did the injured person go straight to work afterwards?</b> If no, please give duration of absence if known	

### Section 3 – Person completing this form

Details of person completing this form (if different to those given in section 2)	
Name, role and contact details including staff number and job function. If volunteer, third party or visitor, include full address	
Date form completed	



**Section 4 – Health & Safety Report (Office use only)**

Follow up investigation required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
No. of lost workdays				

Care Inspectorate Reportable Incident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date sent to Care Inspectorate				

RIDDOR Report Required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date sent to Health & Safety Executive				

Duty of Candour Incident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Duty of Candour Register Updated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date report completed				

**RIDDOR Classification**

- The death of any person
- Specified injuries to workers
- Over-seven-day incapacitation of a worker
- Over-three-day incapacitation
- Non-fatal accidents to non-workers (e.g., members of the public)
- Occupational diseases
- Dangerous occurrences

Please tick

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Actions taken:**



**Speaking your language - we are happy to translate our policies on request.**

يمكن ترجمة سياساتنا عند الطلب  
إذا كنت بحاجة إلى مساعدة ، فيمكننا توفير مترجم

**Nasze zasady mogą być przetłumaczone na żądanie.  
Jeśli potrzebujesz pomocy, możemy zapewnić tłumacza**

**我们的政策可以应要求翻译。  
如果您需要帮助，我们可以提供翻译**

ہماری پالیسی کا درخواست پر ترجمہ کیا جاسکتا ہے۔  
اگر آپ کو مدد کی ضرورت ہو تو ہم ایک ترجمان فراہم  
کرسکتے ہیں