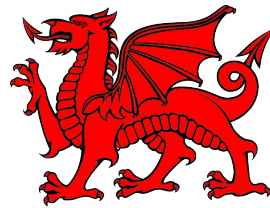


# **Red Dragon First Aid**

## **Health & Safety Policy (On Courses)**



## Introduction

- 1.1 First Aid courses are a combination of indoor theoretical and practical sessions followed by scenarios, possibly outside, where students play the role of rescuers and casualties.
- 1.2 This centre understands the key role it has for Health & Safety on all training courses. All training staff will be inducted to the Health & Safety procedures listed in this document.
- 1.3 **Red Dragon First Aid** requires trainers and assessors to observe the Health & Safety policies and risk assessments at the course venue.
- 1.4 Unfamiliar venues have potential hazards and must be risk-assessed by the trainer on the day. Appendix 1,2 & 3 are provided by this centre for the guidance of trainers.

2. This Centre requires the trainer to assess the course venue, to confirm it as a safe place of work, prior to course commencement:

2.1 Venue tick list:

- Fire escapes are clearly marked and adequately maintained and not obstructed.
- Firefighting equipment and assembly points are clearly marked and fire marshals nominated.
- Access to training rooms is clear and safe.
- Lighting, heating and ventilation is adequate
- Computers/projectors (if provided) for training have been PAT tested if more than 1 year old.
- Washing and toilet facilities are adequate and appropriate for gender mix.
- First aid and accident reporting procedures are in place.
- Any other relevant matters coming to trainer's attention.

2.3 Actions by tutor:

**Red Dragon First Aid** will support the trainer when a decision is made to cancel a course if the venue is deemed unsafe. The trainer should inform **Red Dragon First Aid's** Director **Denis Mills** as soon as is practicable in this case.

2.4 Tutor conduct:

- Wear gloves when stripping/cleaning/removing manikin lungs
- Consider students wearing gloves according to gender mix when doing secondary surveys
- Use kneeling mats to protect knees in all demonstrations on prone casualties, and set good example to students.

- Show professional judgement and courtesy and respect clients wishes when selecting or asking for volunteers as casualties from the group.
- Ensure all practical exercises are carried out in a safe manner. No demonstrations or rehearsals of CPR on LIVE casualties.
- Ensure hand cleanser is present and available in training and trainers use before each hands-on demonstration.
- Please confirm safe arrival home after course by phone, fax, text or email to allow us to comply with the essence of lone worker regulations.

## Appendix 1: Carrying out a Risk Assessment

Start with a risk assessment chart

Risk - 1 2 3  
Hazard - A B C

	A	B	C
1	Unacceptable	Urgent	Must receive attention
2	Urgent	Should receive attention	Low priority
3	Must receive attention	Low priority	Low priority

Unacceptable = Sort immediately  
Urgent = ASAP (this day)  
Must risk assess = Reduce hazard or risk within week  
Should risk assess = Reduce hazard or risk within month  
Low priority = Monitor situation

### First identify and rate the hazard according to severity and consequence

A = death, major injury, major damage or loss of property/equipment  
B = over 10 days' absence, damage to property/equipment  
C = minor injury/minor damage to property/equipment

### Then rate the risk

1 = extremely likely  
2 = frequent/often/likely  
3 = slight chance

The steps to risk assessment having drawn the chart are

- Look for/identify hazards
- Decide who could be harmed – groups, numbers, vulnerable people
- Evaluate the risk – use chart, severity, frequency, exposure, current controls
- Record and evaluate – current controls, recommendations of competent person, and the additional controls/information/training.
- Monitor – always check that everything is being complied with, new equipment, past accident, young children, new staff etc.
- Review – Go through the process again and modify.

Where there are 5 or more employees, the employer must record

(a) Significant findings (b) Groups at risk Identified by the risk assessment process.

### Hierarchy of controls

Eliminate activity  
Substitute activity  
Control at source by separation/isolation  
Follow safe working procedures  
Training supervision and instruction  
Personal protection  
Welfare/first aid/emergency procedures  
Disciplinary action

## Appendix 2: Example Risk Assessment for 'Outdoor First Aid' Scenarios

### Hazards

- Darkness
- Slips, trips, falls
- Environment – weather, hot, cold, wet
- Moving and/or lifting simulated casualties
- Cuts, grazes, stings
- Pathogens – soil, rubbish, needles, dogs

### People at risk

- Course participants
- Training staff
- The public

### Evaluate risk

Look at identified hazards sequentially

#### Darkness

It can be a hazard; it may contribute to increased risk for all other hazards listed.

Frequency, typically on courses from November to February

Current controls, casualties pre-briefed, scenario area checked in daylight by Trainer.

Work within Centre grounds so cannot get lost.

**Risk Rating C3**

#### Slips, trips and falls

Severity, major injury possible, slipping on mud, wet grass, snow, tripping over terrain. Equipment put down and lost. Stepping in to holes.

Frequency, typically every outdoor scenario on every course.

Current controls. Scenario area checked beforehand for hazards. Scenarios not to occur on steep banks, dense undergrowth, public roads. Clear casualty briefing, including boundaries and aims/objectives of exercise. Access to First Aid kit.

Every course, every time!

**Risk Rating B2**

#### Cold/wet/environment

Severity depends upon weather conditions. Extremes of temp/weather in high summer or mid winter. Hypothermia and heat exhaustion possible.

Frequency most courses.

Current controls. Ensure everyone has, waterproofs, hats, gloves, and sunscreen as appropriate. Have spare clothing available. Modify length of scenario. Warm area close by for clothes to dry. Main training area to be heated and ventilated.

**Risk Rating B3**

### **Moving/lifting casualties**

Severity, if uncoordinated, unplanned lifting is attempted, casualties and students could get hurt. Problems increase on various types of terrain.

Frequency; not often, unless group require specific training in use of stretchers and improvised carriers. Current controls. Demonstrate and practice good principles before any scenarios. Ensure no one has injury problems with, knees/back/neck. If they have, caution them on limiting their activities. Position casualties where there is reasonable access. Restrict movement to rolling, sliding or turning the casualty.

**Risk Rating B2**

### **Cuts, grazes, stings**

Severity, mainly uncomfortable unless student is anaphylactic.

Frequency, one would think quite likely, however because of thick outdoor protective clothing and the experience of course members has proven to hardly ever occur.

Current controls, scenario area swept before exercise. Real First Aid kit close by in training room. Students asked at beginning of course for pre-existing medical conditions.

**Risk Rating B3**

### **Pathogen infection**

Severity, if pathogen infection occurs it could be life threatening.

Frequency, potentially every scenario, casualties lying on ground, students kneeling every scenario.

Current controls, area swept beforehand, minimize using public parks and outdoor areas where drug users congregate, rubbish is left or there is lots of dog mess. Use the grounds of outdoor venues where course is delivered.

**Risk Rating A3**

### **Implementation of Controls**

Students to read 'please read' in front of ITC First manual.

Trainers to use pre-course check list covering hazards.

Students briefed prior to each outdoor scenario.

Tutor to maintain professional vigilance always

### **Appendix 3: Glossary**

First Aid courses are a combination of indoor theoretical and practical sessions followed by scenarios, perhaps outside, where students play the role of rescuers and casualties.

#### **Accident**

Unplanned, uncontrollable, unforeseen event/s that could result in injury, loss or damage to persons, property and equipment.

#### **Risk Assessment**

Reasonably practical steps (money, time, effort constraints) are taken to identify hazards and risks.

#### **Hazard**

Anything with potential to cause harm.

#### **Risk**

Likelihood of harm being realised or caused by hazard.

#### **Competent Person**

Someone with knowledge of work and environment, who can communicate and is aware of health and safety concerns

#### **Control measures**

Evaluations are made and measures are introduced e.g. changing the way something is done, providing a piece of equipment and training in that equipment.

#### **Areas of concern**

- Management of Health and Safety at Work Regulations.
- Workplace H, S & W – pests, toilets, temperature etc.
- Safe use of working equipment – portable appliance testing, training etc.
- Manual Handling – loads, people.
- Control of substances hazardous to health.
- First Aid Regulations
- Personal protective equipment
- Fire Regulations.
- Accidents could occur in any of the above areas.

#### **POPMAR - One way of carrying out a Risk Assessment is to follow POPMAR**

- Policy
- Organise
- Plan
- Monitor
- Audit
- Review

Produce a health and safety policy, organise risk assessments, plan training, monitor this in progress, audit what has been done and review to find any changes.