



## First Aid Code of Practice

### Reviews and Revisions

Action	Date	Reason	Reviewer	Next Review Date	Approved by
Review	26/08/2015	Changes to First Aid procedures	Lesley Salkeld		
Review	16/05/2016	To reflect new operating procedures	Leslie Salkeld		
Review	21/06/2017	Change of assistant Director H&S	John Hall	21/06/2019	Emrys Pritchard
Review	21/06/2017	The reference to BS8848:2007 'Specification for the provision of visits, fieldwork, expeditions and adventurous activities outside the UK'	John Hall	21/06/2019	Emrys Pritchard
Review	23/11/2018	Rebranding	John Hall (H&S Manager)	21/06/2019	Emrys Pritchard
Review	17/07/2019	General Review & Updates	Stuart Hewes (H&S Manager)	17/07/2021	Emrys Pritchard
Update	17/09/2019	1. Inclusion to 'Reporting Procedures on Discovering 'Sharps' 2. Post Incident Support.	Stuart Hewes (H&S Manager)	17/07/2021	Emrys Pritchard
Update	11/02/2020	Corona Guidance Update	Emrys Pritchard	17/07/2021	Emrys Pritchard



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## Introduction

The Health and Safety (First Aid) Regulations 1981 require the University to provide adequate first aid cover, depending on the nature and degree of hazard and the number of people at work.

First aid provision should be seen as part of the wider management of health and safety at work within Faculties and Services in the University. The requirements within any Faculty/Service will be determined by the hazards associated with the work and the numbers of people at risk. These will then determine the type, quantity and location of first aid facilities and personnel that will best meet the risks associated with the nature of the work.

This document is intended to assist Faculties and Services in providing and maintaining adequate First Aid provision by interpreting the salient points of the Health and Safety (First Aid) Regulations 1981. These Regulations are supported by the HSE First Aid at Work Code of Practice and Guidance, L74 (2010) the Management of Health and Safety at Work 1999 and Workplace (Health, Safety and Welfare) Regulations 1992.

The Assistant Director of Health, Safety and Sustainability undertakes a biennial risk assessment to determine the necessary provision of first aid in Faculties and Services.

In premises open to students and visitors, cover must be adequate to provide emergency first aid to all people who work at or visit the premises.

First aid information notices must be posted at suitable locations throughout the University and a means of summoning help must be available at all times when a building is open. First aid notices can be obtained via the Facilities Estates Helpdesk on Ext. 4070.

## Definitions

**First Aid** means:

- First aid is treatment for the purpose of preserving life and minimising the consequences of injury and illness, until such help is obtained.
- Treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.
- First aid covers initial treatment of any injury or ill-health suffered at work whether the cause is work related or not.

**First Aider:**

A First Aider is someone who holds a valid first aid certificate. In the workplace, this may either be the 3-day First Aid at Work qualification (suitable for all areas and required for higher hazard areas) or the 1-day Emergency First Aid at Work qualification (suitable only for lower hazard areas).



## **Application**

The University, as an employer, is required to provide adequate and appropriate facilities and equipment to enable first aid to be rendered to individuals if they become injured or ill at work. Trainees and visitors, have the same status as employees.

The Regulations do not oblige employers to provide first aid to the public, but if the public are an integral part of the environment, the HSE strongly encourages employers to include them in the overall assessment and provision. This consideration would apply to students in relation to activities under the control of the University. Consequently, Faculties should include an allowance for student occupancy which reflects the level of their work activities. Ratios are set in accordance with the guidance laid down in INDG21.

## **Responsibility for First Aid Arrangements**

The responsibility for the assessment of first aid requirements, taking into account the above, lies with the Assistant Director, Health, Safety & Sustainability. A general risk assessment of first aid needs to identify an appropriate provision of both first aid personnel and first aid equipment will be carried out periodically.

## **Third Party Contractor Responsibilities**

This Code of Practice will apply in Northumbria University properties whether managed directly or indirectly by a third party. The Responsible Person shall ensure suitable systems are in place to ensure compliance.

In the case of third party contractors, they will be directly responsible for maintaining suitable first aid provision for their employees and any sub-contracted resources they appoint to work on University premises.

In relation to residential accommodations, the Emergency Response Team will continue to support requests for first aid out of normal hours.

## **Risk Assessment and the Number of First Aiders**

The activities of the University are diverse and can be categorised as high hazard, low risk – this is because there is a great range of occupational health and safety hazards associated with the teaching, research and business activities, but without the production pressures on people and processes that are found elsewhere.

The University's risk assessment is based on working hours, including shift/weekend/night work and holiday and sickness absences together with the nature and degree of hazards associated with business activities, teaching and research activities.

The number of First Aiders and facilities available is appropriate based on the activities undertaken.



## **Assessing the number of First Aiders required**

The level of first aid provision should be determined on the basis of the likelihood, at any particular workplace, of injuries arising which will require first aid treatment. The number of first aiders needed in any Faculty/Service should therefore be determined on the basis of an overall appraisal of the Faculty/Service risks, taking into account though not exhaustive, the following factors:

- The nature of the work,
- Any specific workplace hazards,
- Any specific working arrangements,
- The number of employees (and others, if applicable) present at any one time,
- The level of first aid can vary to reflect:
  - Changes in occupancy and work activity,
  - Individuals working alone or in small groups,
  - The ability and experience of the staff,
  - The distribution of the workforce,
  - Individuals potentially at greater risk e.g. young workers, trainees and people with disabilities,
- The distance from other appropriate help or emergency services,
- The needs of travelling, remote or lone workers, especially in remote locations.
- The incident/injury history.

## **First Aiders**

All appointed First-Aiders must hold a valid certificate of competence in first aid at work issued by a competent, accredited organisation appointed by the University to deliver such training. This is to ensure that industry standards are met whilst carrying out specific activities, research or work.

First Aiders are identified by requirement of their job roles:

- Security staff and Facilities Services Assistants form the “core” first aid provision across the University.
- This is supplemented in high risk areas by Technicians within Faculties and Sports Assistants in the Sporting Facilities.

## **Requesting Assistance**

In the event of a request for first aid, Security Control should be contacted on (0191) 227 3999 for non-emergency first aid or (0191) 227 3200 in an emergency. A First Aider will be dispatched to the scene immediately to assist.

If the First Aider considers it necessary, then an ambulance should be requested by dialling 9-999 and passing the relevant information over to the Emergency Operator. The First Aider should also request that a colleague calls the Security Control on ext. 3200 to inform them that the ambulance service has been requested. Security will assist the First Aider as and where possible and will help the ambulance/paramedic service locate the casualty.



## **First Aid Cover During Out of Hours Working:**

When work/study is taking place outside normal office hours, according to Faculty/Service guidelines, first aid cover is likely to be reduced or absent. For low risk activity (computer rooms, offices, libraries), Security can be called upon to provide First Aid cover.

For higher risk activity, the Faculty/Service is responsible for ensuring the risk assessment identifies potential risks and has appropriate safety measures in place.

## **Training**

All training for First-Aiders will be provided by the University appointed first-aid training provider. The qualification, which is certificated, is renewable on a three yearly cycle. This will be co-ordinated by the Human Resources Department.

The initial training is a three day certificated qualification and this will be supplemented by an annual refresher training session.

Although the annual refresher training will be provided through E-Media, in order to help first aiders maintain their basic skills and keep up to date with any changes in first aid procedures.

The purpose of training is to equip candidates to deal effectively with injuries or illness which may occur at work.

## **First Aid Provision & Containers**

The size and number of first aid containers has been determined by the first aid needs assessment for each building. All containers must be easily accessible and available at all times. (Ideal location should be near hand washing facilities). They must comply with Safety Signs Regulations 1996 and be easily identifiable as first aid containers by having a white cross symbol on a green background displayed on the outside and should be of suitable material designed to protect the contents from damp and dust.

The contents of first aid containers must be controlled to ensure that only the items identified in Appendix 1 "Contents of First-Aid Containers and Kits" are stored.

First aid does not include giving tablets or medicines to treat illness. They are not permitted to be kept in first aid boxes. If an individual carried their own medicines as prescribed by their medical practitioner e.g. inhaler for asthma, the first aider's role is limited to helping them self-medicate to take it and contacting the emergency services as appropriate.

In addition to the above and where mains tap water is not readily available for eye irrigation, at least a litre of sterile water or sterile normal saline (0.9%) in sealed, disposable containers must be provided.

Once the seal has been broken on a container, it must not be kept for re-use. Solutions, which are marked with an expiry date, must not be used after the date indicated.

For use of specific chemicals, requirement for the provision of specialist eye wash products such



as 'Diphoterine, Cederroth' may be required as identified by risk assessment and chemical safety data.

For higher risk activity, such as laser eye, chemical burns, radiation, nanomaterial, biological, the Faculty/Service is responsible for ensuring the risk assessment identifies potential risks and has appropriate safety provision in place as necessary.

Each First Aider at each building is responsible for regularly checking and re-stocking containers and equipment as part of their duties.

## Use of Epi-Pens

Some staff and students carry their own medication that has been prescribed by their doctor for existing medical conditions. If an individual needs to take their own prescribed medication, the first-aider's role is generally limited to helping them to do so and contacting the emergency services as appropriate.

Medicines legislation restricts the administration of injectable medicines. Unless self-administered, they may only be administered by or in accordance with the instructions of a doctor (e.g. by a nurse). However, in the case of adrenaline there is an exemption to this restriction which means in an emergency, a layperson is permitted to administer it by injection for the purpose of saving life.

The use of an Epi-pen to treat anaphylactic shock falls into this category. Therefore, first-aiders may administer an Epi-pen if they are dealing with a life-threatening emergency where a casualty who has been prescribed and is in possession of an Epi-pen and the first-aider is trained to use it. All University appointed First Aiders undergo mandatory training in the use of Epi-pens.

## Automatic External Defibrillators (AEDs) Locations

The University AEDs can be located on our [Campus Maps](#) including Sport Central. All Duty Managers and Supervisors, as a minimum, are trained in the use of the equipment to ensure there is always one fully trained member of staff on duty.

There are two AED's situated at Coach Lane Campus, one at the Reception at CLC West and the other at CLC East.

Additionally, at City Campus, the Emergency Response Team in Facilities & Estates - Security section are provided with a portable AED to cover major events, conferences congregations etc. and there is an AED in the reception area at City Campus East.

## AED Access

The AEDs will be kept in carry cases, stored in wall-mounted cabinets and positioned prominently in the locations above. The AED, in its carry case, is easily removed from the cabinet by pulling the door open.



## Cardiac Arrest Emergency Procedure

The following sequence applies to the use of AEDs in a casualty who is found to be unconscious and not breathing normally;

# EMERGENCY FIRST AID ADVICE

If you find yourself in an emergency situation, try to stay calm and do what you can until emergency help arrives.

### Assess the situation

- > Is it safe to approach the casualty?
- > Don't put yourself in danger

### Stay calm

- > Try to think clearly
- > Comfort and reassure the casualty

### Give emergency help

- > Prioritise the most life threatening conditions
- > Try to treat any casualties where you find them
- > Ask bystanders to help you if they can
- > Call 999/112 for emergency help

### The Primary Survey

- > Use **DR ABC** to identify life threatening conditions
- > Remember the unresponsive casualties are at greatest risk.

### Remember

- D**anger
- R**esponse
- A**irway
- B**reathing
- C**irculation

## WHAT TO DO IF SOMEONE IS UNRESPONSIVE AND NOT BREATHING NORMALLY

### 1. Call for help

- > Tell them to call 999/112 and find an AED



### 2. Pump

- > Give 30 Chest compressions at a rate of 100-120 per minute



### 3. Breathe

- > Give two rescue breaths. If unwilling or unable, do chest pumps only



Continue to pump and give rescue breaths until help arrives.

## HOW TO USE A DEFIBRILLATOR

### 1. Switch on the defibrillator

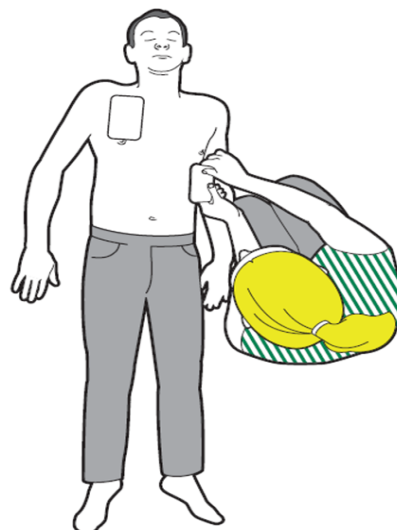
- > Remove or cut through clothing and wipe away sweat from the chest if necessary

### 2. Stick on the pads

- > Attach the pads to the casualty's chest in the positions indicated on the pads

### 3. Follow the instructions

- > Follow the voice and/or visual prompts given by the machine.







## Following an incident

If the AED is applied to a casualty at an incident, once they have left for hospital the following should apply;

- Dispose of used pads and replace with the spare set in the carry case. Place the unit back into the designated storage area.
- A University Incident Form must be completed and the Central Health and Safety Team: [CRHealthandSafety@northumbria.ac.uk](mailto:CRHealthandSafety@northumbria.ac.uk) notified at the earliest opportunity.

## Post Incident Support Counselling

Professional [support](#), including counselling via our [Employee Assistance Programme](#) is available for any member of the University who may be affected by involvement in a cardiac arrest emergency. Everything will be confidential and they can signpost other services if appropriate. Otherwise, there is Occupational Health, your GP or your line manager.

## Maintenance of AEDs

The AEDs need to be checked on a monthly basis.

This duty is assigned to the Security Team Leader. The checks are to ensure the equipment is in the correct location, is secure, that the equipment display is indicating it is ready for use and that the accessories in the case are all present and correct. A record of the checks should be recorded. Should any of the above not be in place, the person is to report the situation immediately to the Facility Manager.

The AEDs have the facility to highlight when the batteries are running low or there are other problems. This should be noted during monthly checks and arrangements made to replace the batteries as a matter of urgency.

The AEDs installed by the University are suitable for any person to use. At every stage, the equipment talks to the user, instructing them in what to do. Whilst many First Aiders will also receive additional Adult Basic Life Support training in the use of the AEDs this is not a pre-requisite and other opportunities are available to promote the wider familiarisation of members of the University in the use of AEDs.

## Specialist First Aid Requirements

If specific activities are to occur which require either the presence or availability of a first aider, then this must be planned beforehand. In particular, for work with cyanide and hydrofluoric acid, it is advised that those involved and those who may be required to offer first aid to such persons, are trained in the specific first aid procedures.



The University has a designated laboratory/facility for the use of Hydrofluoric Acid (HF) – Ellison-A408 and Cyanide- City Campus East Workshop-005b, Ellison-A606 & E001c.

## Hydrofluoric Acid

What makes hydrofluoric acid so dangerous is its combination with the Fluoride ion. It is this ion that causes destruction to skin, tissues, bone and possible death. Due to the aggressive fast nature of the acid, pain to the affected area(s) can be delayed from 1-24 hours. Contact exposure can also cause systemic toxicity by being absorbed into the blood, interfering with the body's metabolism of calcium, and can cause hypocalcaemia (low calcium levels), hyperkalaemia (high potassium levels) and/or hypomagnesaemia (low magnesium levels) this can occur when even a small amount of skin has been exposed and can lead to cardiac arrest.

As a gas, HF is an acute poison that can immediately and permanently damage lungs and the corneas of the eyes, exposure to the gas can also be fatal.

Even relatively low strength hydrofluoric acid is toxic and has the potential to cause serious tissue damage and death when contaminated individuals are not treated swiftly. C-Gel is a high performance calcium gluconate gel. C-Gel combines with and neutralises the fluoride ion present in HF acid. This helps to prevent pain and tissue damage caused by HF acid whilst a patient is in transit to hospital.

The treatment of an exposure to HF must be immediate, it is a requirement that all users of HF are trained in the use of antidotes such as Calcium Gluconate, diluting with water is not sufficient and will tend to spread the acid to other areas of the body causing more pain.

The use of HF must detail in a risk assessment that the anti-dote is made available in the room before any work commences.

## Cyanide

The treatment of Cyanide exposure must be immediate.

If breathing has ceased, apply artificial respiration. Oxygen administration is the most useful initial treatment for cyanide poisoning or using a suitable mechanical device such as bag and mask.

**Do not** use mouth to mouth resuscitation to avoid the possible risk of secondary poisoning. Protect yourself and the casualty from further exposure during decontamination and treatment. Arrange for immediate emergency medical attention and hospital transfer.

It is no longer recommended practice to administer antidotes such as 'Solutions-A & B (ferrous sulphate and sodium bicarbonate), Amyl Nitrite and Kelocyanor, (dicobalt edetate).

If identified within the risk assessment that there remains the likelihood of inhalation/exposure after adequate controls have been implemented, first aiders in these areas may require additional training in oxygen administration and use of resuscitation techniques.



## **Presence of Specific Hazard First Aiders**

If specific activities are to occur which require either the presence or availability of a first aider then this must be planned beforehand. In particular, for work with cyanide and hydrofluoric acid, it is advised that those involved and those who may be required to offer first aid to such persons, are trained in the specific first aid procedures.

Specialist first aid training is delivered to staff working with hydrofluoric acid and cyanide.

## **First Aid Provision for Travelling Abroad on University Business**

The risk assessment for the activities to be carried out abroad and the health advice given by the [Foreign & Commonwealth Office](#) will dictate the requirements for a “personal” first aid kit. The sensible action is to not over prescribe i.e. give just enough for the visit.

[HSE guidance](#) (updated October 2013) for first aid kits should be followed. The British Standard Guidance Document BS8848:2007+A1:2009 – Specification for the Provision of Visits, Fieldwork, Expeditions and Adventurous Activities Outside the UK, identifies that first aid and medical kits should be relevant to the venture and country. Medical advice should be taken when considering the contents for high risk countries – for example sterile needle kits, access to screened blood etc.

## **The Provision of First Aiders on Visits, Fieldwork, Expeditions and Adventurous Activities**

A ‘field trip’ covers any trip taken by University staff or students that is in support of the educational or research objectives of the University and which takes place in locations that are not under the direct control of the University.

The University has a responsibility to help protect the welfare of its staff and students whether they are working or studying on University premises or engaging in University field trips.

It is recommended, that at least one member of staff attending a field trip should, as a minimum standard, hold a HSE approved first aid at work certificate.

A risk assessment incorporating an examination of the need for First Aiders must be undertaken before any proposed field trip. Consideration must be given to the travel and transportation\* arrangements, type of activity being undertaken, the location, availability of hosting\*\* organisations, accommodation first aid provision and emergency arrangements, access to medical services and availability of emergency services in the immediate area.

\* Other than road traffic incident which may require emergency services to respond. Other injuries during the journey are most likely low risk and minor requiring a first aid kit.

\*\*The organisation hosting the visit should have first aid provision themselves and would be expected to respond to an incident affecting a visitor, as would occur here at Northumbria and



if accommodation e.g. hotel, is included, the provider would also be expected to have guest provision. Pre-visit liaison should confirm if able to provide first aid cover or if there is any expectation upon the University to supplement due to the nature of the activities undertaken.

If the transport provider is unable to facilitate a first aid kit, then one should be obtained for each vehicle.

## Ventures outside the United Kingdom

For each venture outside of the United Kingdom, the person appointed to organise the trip should take on the role as Venture Leader. They must ensure that the team leaders have received training in the use of the medical kits used on the venture.

The level of first aid provision provided must be proportionate to the assessed risks associated with the individual visit expedition or activity. So, for example, for visits to remote regions with limited access to medical facilities - the Venture Leader should ensure that one or more of the team has an advanced first aid qualification.

These First Aiders are appointed by each Faculty for this specific role and are not University designated First Aiders.

Prior to commencing, the Venture Leader must assess the medical hazards associated with the venture, taking into account pre-existing medical conditions and any medication being taken by participants.

The Venture Leader must also ensure that all participants are informed about vaccinations and prophylaxis necessary for the venture and advise them to seek guidance as to the health implications of travel to the intended destination, from their GP. The vaccination process is covered separately through [Human Resources](#)

You can find out which vaccinations are necessary or recommended for the areas you'll be visiting on these websites:

<https://travelhealthpro.org.uk/countries>

<https://www.fitfortravel.nhs.uk/destinations>

## Infection Control

Particular concerns have been raised about the possibility of first aiders becoming infected by a blood borne virus (including HIV, hepatitis B & C viruses) whilst performing first aid. The HSE provides this useful guide that advises on steps that can be taken to reduce infection risk. <http://www.hse.gov.uk/pubns/indg342.pdf>

The University in general does not require first aiders to be immunised against blood borne viruses. However Faculties/Services should risk assess the situation if they consider the environment to pose a particular hazard to first aiders carrying out their duties.

As a first aider you should use simple precautions to reduce the risk of infection/contamination such as cover cuts, grazes, wear suitable gloves, eye protection, use face shields during mouth to mouth, and hand hygiene.



## Appendix 1 – First Aid Contents

ITEM	FIRST AID BOXES	TRAVELLING FIRST AID KIT
Guidance Card	1	1
Individually wrapped sterile adhesive dressings (assorted sizes)	40	6
Sterile Eye Pads, (with attachments)	2	-
Triangular Bandages	2	2
Safety Pins	6	2
Wrapped Sterile Dressing – Medium	4	-
Wrapped Sterile Dressing – Large	1	1
Wrapped Sterile Dressing – Extra Large	1	1
Nitrile Gloves (pairs) – Latex Free	9	1
Moist Cleansing Non-Alcohol Wipes (Individual) (When soap & water is unavailable)	20	6
Microporous Tape	1	-
Sterile Finger Dressing	2	1
Scissors	1	1
Foil Blanket	1	1
Conforming Bandage	2	1
Resuscitation Face Shield	1	1

Disposable plastic gloves and any other protective equipment considered appropriate should be provided and stored as close as possible to the first aid materials.

It is essential that where practicable, first aid equipment and kits are stored adequately to prevent contamination and deterioration and they must be checked periodically, by the Faculty/Service First Aider with responsibility for that particular container or kit, to ensure that they remain in good condition.



All First Aid kits are monthly checked by Facilities & Estates staff.

Certain first aid kit locations require approval for safe access such as in laboratories. Facilities & Estates staff are to attain permission, prior to gaining entry into the respective Faculty/Service areas.

First aid dressings must not be used after the expiry date marked on the packaging. Any expired items are to be returned to the Central Health and Safety Team and expired items can be replaced by contacting ext. 4100.

## Appendix 2 - Expectations of Designated First Aiders

### Designated First Aiders:

- Are designated based on an identified need by the Assistant Director - Health Safety & Sustainability. They are responsible for administering first aid when called upon in all University buildings.
- Must hold a current first aid certificate and undertake any further training as required to maintain a valid first aid certificate.
- Must ensure that they are familiar with the University [incident and injuries reporting procedure](#). After attending to an injured person, designated first aiders should ensure that they complete the "Report of Accident/Dangerous Occurrence/[Incident and Injury Investigation Form Part 1](#)" form giving precise details of the nature and extent of all injuries sustained and treatment given.
- Are required to monitor their local first aid container to ensure they are adequately stocked. Supplies to stock containers may be obtained from the Central Health and Safety Team – ext. 4100.
- Are required to monitor the local first aid instructions notices to ensure that the details displayed are correct.
- Must inform Central Health and Safety Team – ext. 4100 of any changes of duties, building location or telephone number so that central records and local instruction notices can be amended.

In recognition of a designated first aider carrying out these expectations, an annual payment will be made each November for the period from 1<sup>st</sup> January to 31<sup>st</sup> December. (This payment will be pro-rata' for new first aiders who take up their responsibilities part way through the year).

Every effort will be made to arrange training which is essential for the upkeep of a first aid certificate around individuals other commitments. Should the training not be completed in time and their certificate lapses, a pro-rata' deduction to the annual payment will be made for each calendar month that they do not hold a valid certificate.

Should a first aider be absent from work for more than one calendar month, a prorated deduction to the annual payment will be made for each calendar month that they are absent.



The ongoing need for first aiders will be subject to an annual review by the Director of Health, Safety & Sustainability. Should a designated first aider move to another building or area part way through the year, they will only continue to be a designated first aider providing (i) a vacancy exists, (ii) there has been no change of duties which would render them unsuitable as a designated first aider.

## **Appendix 3 – Reporting Procedures on Discovering Sharps**

Upon discovery, or being informed of a 'sharp', all staff should follow this procedure:

1. Do **NOT** attempt to handle the 'sharp'.
2. Report the 'sharp' to your Line Manager or Supervisor giving an accurate description of the 'sharp' and its location. If you cannot contact a Line Manager immediately, then report the 'sharp' directly to Security on 3999.
3. Where possible, arrange for the 'sharp' to be guarded or isolate the area until a member of Security arrives to deal with the situation.
4. In the event you have to leave the location before Security arrives, do not attempt to conceal or cover over the 'sharp'.

## **Emergency First Aid Procedure Following a 'Needle Stick Injury'**

If you pierce or puncture your skin with a used needle, follow this first aid advice immediately:

1. Encourage the wound to bleed by gently squeezing, **DO NOT** suck the wound.
2. Hold the wound under cold running water.
3. Wash the wound using running water and plenty of soap, **DO NOT** scrub the wound whilst you are washing it.
4. Pat the wound dry and cover it with a waterproof plaster or dressing.
5. Contact your Line Manager or Supervisor immediately and complete an Accident/Incident Report.
6. You should seek medical advice from your nearest A&E within one hour of sustaining the injury.



## Appendix 4 - First Aid Guidance – Corona Virus

In light of concerns regarding the coronavirus outbreak, here at Northumbria University, we have reviewed our [First Aid Code of Practice: 'Infection Control'](#) section and first aider response practices should they in the unlikely event, have concern to potentially be at risk during treatment of a patient displaying symptomatic signs of the coronavirus e.g. coughing/sneezing.

Security staff and Facilities Services Assistants form the “core” first aid provision across the University. This is supplemented in high risk areas by Technicians within Faculties and Sports Assistants in the Sporting Facilities.

This guidance is based on Public Health England’s advice and is being provided to our first aiders, with an opportunity for them to raise any concerns or to further discuss these methods or additional best practice to ensure their health and safety.

As a first aider they are to use simple precautions to reduce the risk of infection/contamination such as cover cuts, grazes, wear suitable gloves, eye protection, use face shields during mouth to mouth, avoid inhalation/ingestion, wearing a fitted face mask, hand hygiene (use hand sanitisers), and advised to call NHS Helpline if concerned for further advice.

Standard practise is for first aiders to wear disposable gloves for all first aid responses and all items used are disposed as clinical waste.

First aiders and our support teams are to follow our ‘Bodily Fluid Clean-up Guide’, risk assessment and disinfection best practice to avoid contamination.

In the unlikely event you are treating a patient who you are concerned could be at risk and is symptomatic of flu like symptoms, from a safe distance (2 metres or further if they are coughing/sneezing) ask:

- **Have they travelled to a high risk area in the last 14 days - China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia or Macau?**
- **Have they been in close contact with someone with flu like symptoms who has?**

If the patient’s response is ‘yes’, first aiders should:

- Maintain a safe distance (2 metres).
- Reassure the patient the risk is low and it is unlikely to be of concern, however they must seek medical advice via NHS 111 before any further action is taken.
- Ask them to move to away from others (ideally an empty room where the door can be shut or stay in the room they are in if it is suitable) and if possible open the window to increase ventilation.
- Ask them to call 111 so the NHS can make a thorough assessment and give advice on required action.
- If the patient advises the NHS has asked for an ambulance, Campus Security will greet the arriving paramedics. Private or University vehicles must not be used for transport.





- Wash your hands thoroughly with soap or use hand sanitiser. Frequent thorough hand washing and/or hand sanitiser use is the most effective method of preventing ill health.
- If relevant, once paramedics have left with the patient, Campus Security will ensure that room is locked and signed to show that it is now off limits pending specialist cleaning. Any tissues or other waste materials should be left isolated in the room.

Cardiopulmonary Resuscitation (CPR):

- If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a dynamic risk assessment and adopt appropriate precautions for infection control.
- Where possible, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation - perform chest compressions only. Resuscitation Council (UK) Guidelines 2010 for Basic Life Support state that studies have shown that compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest due to lack of oxygen).
- If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.
- If you are asked for advice by concerned staff or students please direct people to the online advice:

<https://one.northumbria.ac.uk/staff/Pages/NewsArticle.aspx?articleId=1199>

Professional [support](#), including counselling via our [Employee Assistance Programme](#) is available for any member of the University who may be affected by involvement in an emergency.

If you have any further questions about this please contact the Central Health and Safety Team.

Emrys Pritchard  
Assistant Director Health, Safety and Sustainability  
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