

Table talk:

first aid



WHEN the Health and Safety (First Aid) Regulations came into force in May 1982, the first compact discs were about to be put on sale and Britain was at war with Argentina over the Falklands.

Richard Evens, director of training and marketing at St John Ambulance, says it would be surprising if nothing had happened in the intervening quarter-century that meant they could be improved. Apart from anything else, work demographics have changed a lot.

"There's less heavy industry and more offices," observes Evens. "The first-aid techniques that are taught have also developed, as have the teaching methods, and evidence has become more apparent of the benefits of regular training for life-saving skills. The HSE have looked at all that."

The biggest of this October's changes, which are intended to streamline the first-aid training requirements, involves shortening the existing main four-day course into a new first aid at work (FAW) course taught over three days.

"The syllabus of the two courses is actually very similar," Evens says. "The difference between them reflects again the way the workplace has changed. Some of the elements of physiology have been removed because there are fewer bone crush injuries, for instance, than there were."

Most of the rest remains intact, he says, and the ability to condense it comes from advances in medical techniques: "The protocols used for resuscitation have got a lot more simple and a lot easier to understand. Therefore they take a lot less time to teach." Improved teaching techniques have helped speed up things too, he says.

He admits it has been a challenge for the training organisations to condense

Louis Wustemann talks to experts from one of the first-aid charities and a leading supplier for the background to October's training regime changes

all the material into three days, but says the logic of shifting to a shorter course, boosted by annual half-day refresher sessions, was unarguable. His own organisation's research into "skills fade" suggested many people asked suddenly to deploy the vital techniques they had learnt, weren't effective if they had not used or rehearsed them.

"Especially around resuscitation the evidence is that those skills fade quite quickly and fade through the first six months after training if they aren't applied," he notes.

"It's easy to see that if you'd been trained in these techniques two or three years ago, that's quite a long time to retain the knowledge and it would be a stressful situation if you hadn't had practice in the meantime."

What's also unarguable is that the first-aid charities would have liked the HSE to have made the refresher courses compulsory, rather than just issuing the strong recommendation they ended up with.

"Our view, which we put to the HSE, is that employers should do the refresher training, and we would have been very happy for them to make it mandatory. They didn't feel they were able to do so, but they have reassured us that if the requalification on an annual basis isn't well supported, they will review that situation."

As it stands, he cautions that the strong recommendation should be enough to make employers realise that if they don't provide refresher sessions, if anything goes wrong, they might have to explain why.

Evens says that in shaping the changes, the HSE was also responding to research which showed that businesses were keen to comply with the Regulations but some found them difficult to interpret.

"One thing that was happening was that we had the four-day course and the two-day course within the Regulations, then you had a less regulated training situation with the appointed persons," he says. Though the Regs don't require appointed persons to have any training, their overall charge of first aid in the workplace meant many short courses had sprung up to give them basic instruction in emergency measures. The new one-day Emergency First Aid at Work (EFAW) course is designed to put these on a formal footing and give them a set syllabus, though they are still optional for appointed persons.

"Our interpretation of what the HSE is trying to achieve is to transfer those people who are taking one-day appointed persons courses into the EFAW qualification," says Evens. "You can see that in the syllabus, which looks very similar to the type of emergency aid courses currently being delivered."

Late breaking

If the first-aid organisations are broadly happy with the changes, there is an aspect of the timing of the HSE's communications programme they are not so pleased about. The change from three workplace risk categories to just two from October hasn't been preceded by any guidance for employers on how to assess their own

The state of aid

St John Ambulance's Richard Evens and Syonara Prendergast, new markets development manager at Williams Medical Supplies, discuss the quality of workplace first-aid provision in the run-up to the regulatory changes

Louis Wustemann: Do you see any knock-on effect of changes for employers' consciousness of first-aid issues?

Richard Evens: A consequence of regulatory change is a focus on first aid as an issue in the workplace and that can be very beneficial. The changes give people an opportunity to reappraise the situation in the workplace. We've seen a lot of activity on our website.

Syonara Prendergast: There's been a huge interest for us in products like defibrillators, which in the past were thought of as more of a medical product. There's been a huge interest in that area and first-aid kits, especially in the past four to six months.

“Early treatment of burns can reduce the need for a skin graft by up to 32%”

LW: Do you think most employers know what first-aid facilities they should provide?

SP: There's often confusion about what people have to have and how much of it. They know they have a first-aid kit and a trained first-aid-er somewhere in the building and some employers know how many first-aid-ers they need. But they don't take into account cover outside normal working hours, for instance. They might have a skeleton staff on till 10pm but they are only covering those working 9 to 5 for first aid.

RE: I think that's right. Our market research indicates there are a lot of businesses which have a basic understanding that they need some sort of first-aid cover but beyond that don't know what they need to do from the perspective of the Regulations and ethically. One of the misconceptions we find is that the employer's duties finish with being able to call the emergency services. That isn't the case. If you have a blocked airway, say you are choking on a boiled sweet, you have four minutes to live and the average response time for an ambulance attending an emergency call is eight minutes. So you need someone there to intervene. Early treatment of burns can reduce the need for a skin graft by up to 32% and it's these techniques that your first-aid-ers learn.

LW: The UK is credited as having high standards in most areas of health and safety. Is that true of first aid or are there things we could learn from other countries?

RE: There are some interesting requirements in European countries that aren't specific to the workplace. On the road, for instance, in some countries it's a requirement in the driving test to have first-aid knowledge and it's a requirement you have a first-aid kit in the car. RoSPA says that 85% of preventable deaths on the road would be prevented by someone applying basic first-aid techniques before the emergency services arrive. That's significant for society in general but also for employers who have people travelling. There's a question in the multiple-choice questionnaire that people take in the driving test here now, and we've advised the Driving Standards Agency on that. It's a positive step forward but there's a large gap between that and being formally trained in first-aid techniques.

SP: I know the government has been trying to promote awareness in this area. They've had a couple of conferences for the transport industry to try and get them up to speed on their duties and to get them to focus on their responsibilities. Because it's still quite an ignored area, whereas in everything else the UK leads in first aid as in health and safety in general.

I do think it's difficult for employers. If you have a lot of people on the road and you give them first-aid training and a kit to carry with them in the car, some incidents could be helped with that provision. But if people are driving on their own, some first aid can be very difficult to self-administer.

RE: It's true, but where you are driving with fare-paying passengers for example, you have a duty of care to those people. Secondly, people can be incredibly effective giving self-administered first aid. A lot of injuries within the context RoSPA are talking about is people bleeding to death, and where people know enough to slow that bleeding down until the emergency services arrive, that is the difference between life and death.

The other area [of better provision in some other countries] is defibrillation again.

SP: Yes, in America it's quite standard in shopping centres and airports: there are defibrillators everywhere and legal requirements for that. A lot of the ones coming out now are more idiot-friendly; they

tell you how to position the pads and coach you through CPR as you do it.

RE: The government here has put in a programme of public access to defibrillation, following experience in the US.

LW: What's the best advice you can give employers on first-aid provision?

RE: I think employers need to be sure that when they are looking at training providers they are sure their provider is training to the very latest standards and giving the best advice. Those standards do change — there's a body of medical evidence that changes — and it's important the training reflects that.

SP: You also need to keep up to speed with any changes in your organisation — in the type of workers or the type of duties they perform. You need to ensure your first-aid-ers are aware of that and up to date with any extra training they might need. It's part of your risk assessment.

RE: It's critical to make adequate provision for first-aid-ers at all times and to equip them with the resources they need. So having a properly stocked first-aid kit and ensuring it's checked and up to date...

SP: And not locked away somewhere.

RE: And that they check expiry dates on consumables in the kit.

I go to visit people and find half-used eyewashes where they've used a bit and put it back. Well, you are supposed to dispose of it; it's no use if it's been opened. It's little things like that.

LW: Is there anything beyond basic kit you think employers should stock?

SP: Yes, eyewashes for one.

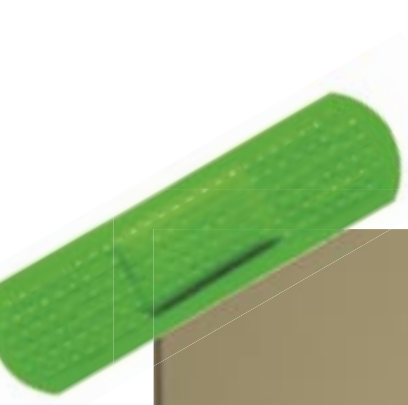
RE: We've seen some items of equipment that were once the preserve of the medical services start to come into the workplace. A good example is evacuation chairs. A decade ago few workplaces had them. People have done a risk assessment and thought, "How would we get a person down nine flights of stairs when the lift wasn't working?"

SP: And stretchers ... even wheelchairs.

RE: I think where we will end up in a decade or two's time is that these things will be more taken for granted.

LW: Could you see providing those things ever becoming a regulatory requirement?

RE: It's more likely to come as part of best practice, rather than regulation, which can be seen as a sledgehammer to crack a nut. Although with defibrillation St John Ambulance would welcome any move to include that in the basic first-aid provision.



Williams Medical Supplies

Williams Medical Supplies is the leading provider of medical supplies and services to the UK healthcare market. Established in 1986, it supplies more than 8500 GP surgeries and primary care organisations with medical equipment, pharmaceuticals and everyday consumables. As well as supplying first-aid materials to employers, the company also provides a broad range of added-value services, including health and safety consultations. www.wms.co.uk

and the three-day course is far more comprehensive," he adds. "We'd recommend every workplace has someone available who has been on the three-day course. Where you have people spread out over a large site, it's probably more effective if you have a few people trained in the three-day course and more trained in the one-day course who can give emergency help in those vital first few minutes."

Evens stresses the need for employers to continue to train staff under current regulations up to the point where the regime changes: "It would be unfortunate if there was a drop-off of trained first-aiders in the workplace as a result of people waiting for the changes in October. The HSE has said that anybody who trains up to the change, their certificate is valid for the time it says on the certificate. So if you were trained in September it would still be valid for three years."

Overall, he says, the first-aid charities believe simplifying the regulations can have a positive impact on first-aid provision in the coming years: "We hope there will be more people in the workplace with key life-saving skills and more people who have retained those skills and are able to practise them in a real-life situation. Then there will be less people who suffer in the workplace."

premises. "Our biggest surprise was that the risk assessment table wasn't released in April instead of the beginning of October," says Evens, "because it's critical to how the changes are being implemented. Nobody outside the HSE has seen what will be introduced. There was a draft table produced — which we commented on — that the HSE have taken away and said they will consider. But it's quite difficult for organisations providing the training and advice to employers because that's a role we take on."

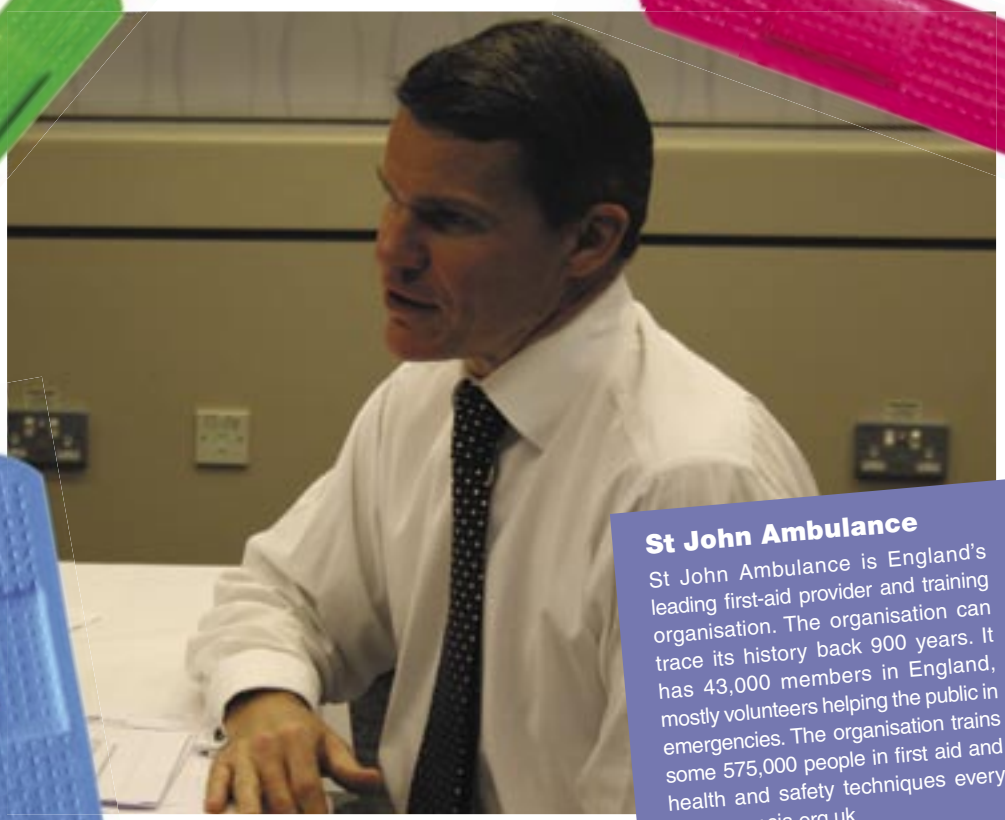
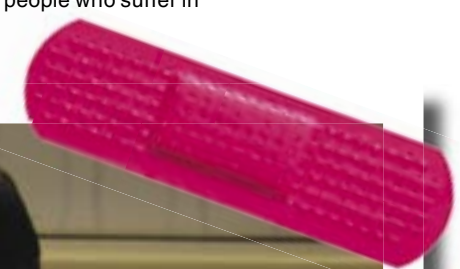
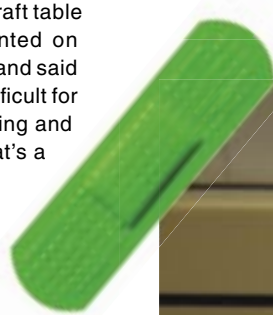
"Essentially what the HSE are doing is giving those who are providing training and advising employers no time between the announcement of the risk assessment and the implementation of the new regulations and that's quite challenging. There's a definite period of inertia while people interpret the change and put the systems in place to meet the new guidance."

He says as soon as the HSE issues the new table, St John Ambulance, St Andrew's in Scotland and the British Red Cross will all have help in interpreting it up on their websites.

Once that information is available he says working out the risk level in your workplace should be pretty simple: "I think health and safety practitioners who are experienced in generic risk assessment will understand the principles of what needs to be considered. You need to be assessing how many first-aiders you need and at what level and that will be based on first-aid hazards and risks

and on the size of the organisation, its accident record, the distribution of the workforce and the remoteness of sites from emergency services.

"The one-day course gives a basic understanding of life-saving techniques



St John Ambulance

St John Ambulance is England's leading first-aid provider and training organisation. The organisation can trace its history back 900 years. It has 43,000 members in England, mostly volunteers helping the public in emergencies. The organisation trains some 575,000 people in first aid and health and safety techniques every year. www.sja.org.uk

