

<b>Reference Number:</b> UHB 360 <b>Version Number:</b> 1	<b>Date of Next Review:</b> 18 July 2020 <b>Previous Trust/LHB Reference Number:</b> N/A
<b>FIRST AID AT WORK PROCEDURE</b>	
<b>Introduction and Aim</b>  This Procedure supports the Policy for First Aid at Work.  It is the aim of the policy and the procedure to provide, such equipment, facilities and suitable number of persons as is adequate and appropriate for rendering first aid to our staff if they are injured or become ill at work.	
<b>Objectives</b>  The Objectives of the policy and procedure are to comply with the legal duties in relation to First Aid placed on the UHB by the following:- <ul style="list-style-type: none"> <li>• Health and Safety at Work etc Act 1974</li> <li>• First Aid at Work Regulations 1981</li> <li>• Management of Health and Safety at Work Regulations 1999</li> <li>• Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Cardiff and Vale University Local Health Board</li> <li>• To ensure there is adequate first aid facilities and competent response for staff that maybe injured at work within the UHB.</li> <li>• Effectively manage first aid provision through the risk assessment process incorporated within the risk rating and risk profiling process.</li> </ul>	
<b>Scope</b>  This procedure applies to all of our staff in all locations including those with honorary contracts.	
<b>Equality and Health Impact Assessment</b>	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact.
<b>Documents to read alongside this Procedure</b>	<ul style="list-style-type: none"> <li>• Policy for First Aid at Work</li> <li>• Incident, Hazard and Near Miss Reporting Policy</li> <li>• Risk Assessment and Risk Register Procedure</li> </ul>

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	<ul style="list-style-type: none"> <li>• The Guidance of the Regulations of First Aid</li> <li>• The Health and Safety (First Aid) Regulations 1981</li> </ul>
<b>Approved by</b>	Operational Health and Safety Group

<b>Accountable Executive or Clinical Board Director</b>	Director of Corporate Governance
<b>Author(s)</b>	Head of Health and Safety

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<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	18/07/2017	01/09/2017	New Procedure in line with the Policy

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## 1. INTRODUCTION

- 1.1 The Health and Safety at Work etc Act 1974 places a duty on the employer to ensure so far as is reasonably practicable the health, safety and welfare at work of all his employees. The Health and Safety (First Aid) Regulations 1981 requires that the Health Board provide such equipment and facilities as are adequate in the circumstances for enabling first aid to be rendered to his employees if they are injured or become ill at work and ensure there is such number of suitable persons as is adequate and for rendering first aid.
- 1.2 In October 2013 the First Aid Regulations were amended, removing the requirement for the Health and Safety Executive (HSE) to approve first aid training and qualification allowing the Health Board to be more flexible in how it manages the provision for first aid at work. It still however requires adequate number of First Aiders to be trained and available.
- 1.3 The number of first aiders is determined by the hazards present in each particular ward/department/workplace. Where there is no First Aider available an 'Appointed Person' must be provided at all times when employees are at work.
- 1.4 The need for the correct response and the provision of First Aid treatment once an accident has occurred can be of vital importance and in certain circumstances can mean the prevention of further injury or even death.
- 1.5 Where first aid is administered as a result of an accident at work, Cardiff and Vale University Local Health Board (UHB) is required by virtue of the Social Security (claims and payments) Regulations 1979 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, to maintain records of the event, include details of the treatment given and those rendering assistance. The current incident reporting form meets the requirements of these statutory provisions.
- 1.6 First Aid treatment has two functions. Firstly, it provides treatment for the purpose of preserving life and minimising the consequences of injury or illness until professional help can be obtained. Secondly, it provides treatment of minor injuries which do not need the help of a Medical Practitioner or Nurse.

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- 1.7 It is an inappropriate use of resource to use the Occupational Health Department and the Accident and Emergency Unit as an initial response to first aid needs. These services should normally only be accessed as a referred on service after treatment by a first aider.
- 1.8 This procedure applies to all directly and indirectly employed staff that are engaged by the UHB. This includes trainees and students and work experience staff, but excludes contractors who are required to have their own provision in place.
- 1.9 This procedure does not relate to the provision for first aid response cover for patients and non employees, although UHB first aiders would normally respond within their skill limits to injuries to such people. In-patients would be treated by the clinical team. Cardiff and Vale University Local Health Board

## **2 DEFINITION OF TERMS**

“First-aid” means:

- (a) in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and
- (b) treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse;

## **3 PROCEDURE STATEMENT**

It is the policy of the UHB to ensure adequate provision is made to enable administration of first aid in the event of a work related accident.

This is achieved by ensuring that:-

- 3.1 There is adequate first aid provision and facilities for employees who may become ill or are injured at work.
- 3.2 There are a suitable number of adequately trained persons for the rendering of first aid to staff if they are injured or become ill.
- 3.3 Staff are informed of the arrangements for the provision of first aid, including the location of equipment, facilities and personnel.
- 3.4 A risk assessment of the hazards within the workplace is undertaken.

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3.5 Ensuring that information is communicated to all employees regarding the procedures to be followed in the event of an accident requiring first aid.

3.6 Records of the first aid administered are maintained.

#### 4 ROLES AND RESPONSIBILITIES

4.1 **Chief Executive** has overall responsibility for ensuring the arrangements are in place for the implementation of the First Aid Procedure.

4.2 **Director of Corporate Governance** has delegated responsibility at Executive Board level for the managing of health and safety and is responsible for ensuring;

4.2.1 There are sufficient resources for the implementation of this Procedure.

4.2.2 That this Procedure is appropriately disseminated throughout the Health Board.

4.2.3 The approach to first aid is both systematic and appropriate.

4.2.4 There are sufficient competent first aiders or appointed persons and trainers to support the Procedure.

4.3 **Executive Directors, Clinical Board Directors, Clinical Board Managers, Clinical Board Nurses, and Directorate Managers** have responsibility for managing the risk management process by:-

4.3.1 Ensuring that Risk Assessments have been undertaken which identify the hazards.

4.3.2 Ensuring the adequate provision of first aid equipment, facilities and First Aiders/Appointed Persons.

4.3.3 Ensuring that First Aiders/Appointed Persons are provided with appropriate training and attend regular re-qualification courses (every 3 years) and refresher courses (annually).

4.3.4 Ensuring that records of training provided to First Aiders/Appointed Persons are maintained.

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4.3.5 Ensuring that all incidents requiring first aid are reported in accordance with the UHB Incident, Hazard and Near Miss Reporting Policy.

#### 4.4 **Line/Departmental Managers**

4.4.1 The Line Manager will be responsible for ensuring that staff are informed of the arrangements made in connection with the provision of First Aid. This will include informing them of:

- Where the First Aid equipment is kept,
- What facilities there are, and
- The people appointed to provide the First Aid or take charge.

4.4.2 Ensuring that a risk assessment is conducted and subsequently safe systems of work are devised and implemented within their area.

4.4.3 Ensuring that adequate first aid boxes are provided and designated staff are appointed to control and maintain these boxes at all times.

4.4.4 Ensuring that approved notices are sited at prominent locations in their area, of:

- Location of First Boxes and
- Who are the Designated First Aiders for that location.

#### 4.5 **Learning Education and Development**

The Learning Education and Development Department shall be responsible for:

4.5.1 Monitoring the effectiveness of first aid at work training.

#### 4.6 **Health and Safety Department**

The Head of Health and Safety shall be responsible for:-

4.6.1 Providing advice and information with regard to potential hazards in the workplace.

4.6.2 Advising on methods of risk assessment.

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4.6.3 Auditing records of incidents involving first aid.

4.6.4 Monitoring and reviewing this Procedure, and advising on the UHB's position with regard to compliance with the Regulations and Approved Code of Practice.

4.6.5 Ensuring training providers are appropriately competent to deliver the required training and refresher training.

4.6.6 Co-ordinating a Training Needs Analysis of First Aid provision.

4.6.7 Maintaining a record of appointed first aiders.

#### 4.7 **Occupational Health Department**

The Occupational Health Department shall be responsible for:-

4.7.1 Ensuring the provision of counselling if required by a First Aider/ Appointed Person after responding to a major incident/accident.

#### 4.8 **Employees**

All employees will comply with the provisions of the Health and Safety (First Aid) Regulations 1981 and the Approved Code of Practice 1997, in accordance with training and advice received. Every employee has a duty to:-

4.8.1 Ensure they are aware of their department/work areas procedures in the event of an incident requiring first aid.

4.8.2 Ensure they are aware of the department's first aid facilities and co-operate with the First Aider/Appointed Person.

4.8.3 Inform their Line/Department Manager of any conditions that would personally affect their ability to be treated by a First Aider/Appointed person.

4.8.4 Ensure all incidents are reported in accordance with the UHB Incident, Hazard and Near Miss Reporting Policy.

#### 4.9 **First Aiders/Appointed Persons**

Employees who have been designated as First Aiders/Appointed Persons must ensure that:-

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- 4.9.1 They attend an approved course as directed by the UHB.
- 4.9.2 Attend requalification and refresher courses as determined by regulatory requirements.
- 4.9.3 The contents of First Aid Boxes and First Aid Rooms (where applicable) are fully stocked and replenished when stocks are used. Information can be found on the Health and Safety Intranet pages.
- 4.9.4 Records are kept of all incidents where they are required to administer first aid/respond to an emergency in accordance with the UHB Incident, Hazard and Near Miss Reporting Policy.

## **5 GENERAL ARRANGEMENTS**

### **5.1 Risk Assessments**

All workplaces will be subjected to an ongoing process of risk assessment in order to determine what first aid measures are necessary, and new or significantly changed workplaces will be assessed at the planning stages.

### **5.2 First Aider Provision**

- 5.2.1 Those persons volunteering to undertake responsibilities as defined under the Health & Safety (First Aid) Act 1981 shall be properly trained and competent to perform their duties.
- 5.2.2 The regulations recognises that a qualified medical doctor (registered with the GMC) and a registered nurse, midwife or specialist community public health nurse registered with the NMC as having suitable qualifications for them to administer first aid. However if such staff are to be utilised, it will be necessary to verify that those staff have maintained their competency for carrying out first aid. This is achieved by mutual agreement between the Line Manager and the proposed First Aider.
- 5.2.3 All other staff designated as a First Aider must have attended an approved Health and Safety Executive "First Aid at Work (FAW)" Course and attends a FAW Requalification course at appropriate intervals (currently a maximum of three years). It is highly recommended that staff attend an annual 3 hour refresher course in order to maintain their FAW skills.

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### 5.3 The Amount of First Aider Provision

5.3.1 The basic requirement for First Aider cover is that there is a designated person at all times staff are in that workplace. In low risk areas and times it may be sufficient to only have an appointed person.

5.3.2 Staff numbers should not be used as a sole basis for determining first aid needs, as even when a few people are involved at work there needs to be sufficient cover. First aid provision will be affected by:

- The geographical distribution of staff and remoteness from medical services.
- Past history and consequences of accidents.
- The nature and experience of staff.
- The particular need for/of employees potentially at greater risk, for example trainees and people with disabilities.
- The nature of any shift system in-place.
- The nature of the environment.

### 5.4 Staff Working Away From Their Main Base

Directorates will be responsible for ensuring that adequate arrangements are in place to meet the first aid needs of staff working away from their base. Where the risks to health and safety of regular travellers are comparatively low, the first aid available at their base is sufficient.

### 5.5 Shared Location

In shared or multi directorate locations, managers will be assigned responsibilities for their staff at such locations. It is however sensible for employers/managers to agree shared arrangements and staff will need to be informed. A written agreement between the UHB and other employers will be required in order to avoid misunderstanding. In these cases a full exchange of the risks and hazards involved should help to make sure that the shared provision is suitable and sufficient.

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## 5.6 Facilities and Equipment

- 5.6.1 First Aid boxes are to be suitably and sufficiently stocked at all times as indicated by the risk assessment for any particular workplace. Information on required stock and stock levels can be found on the health and safety pages of the UHB intranet site.
- 5.6.2 Every department will assess whether a first aid room(s) is necessary. This may be a designated ward or treatment room.
- 5.6.3 The First Aiders/Appointed Persons are responsible for the contents of first aid boxes and first aid rooms at all times whilst at work.
- 5.6.4 First Aid kits should be fitted to all UHB owned vehicles and staff adequately trained in its suitable use.

## 6 TRAINING

- 6.1 Training will be determined upon the level of risk that has been identified by the risk assessment. Training plans will be developed in line with annual training plans/training needs analysis in collaboration with Learning Education and Development, and monitored via the normal performance management arrangements within the Clinical Boards.
- 6.2 All Appointed First Aider training must be provided by a competent organisation that meets the specified criteria within the First Aid Regulations. Accredited first aid certificates are valid for 3 years.
- 6.3 Training for those responsible for undertaking first aid risk assessments will be undertaken as part the UHB programme of “Working Safely” courses.
- 6.4 Appointed Persons will be given basic first aid training as part of the UHBs Resuscitation and Emergency First Aid training programme.

## 7 REPORTING

All incidents, including those requiring first aid, must be reported via the e-datix electronic reporting system.

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## **8 COMMUNICATION**

- 8.1 Line Managers will be responsible for ensuring that staff are informed of the arrangements made in connection with the provision of first aid on recruitment and periodically throughout their employment.
- 8.2 Notices of the location of first aid boxes and who the designated first aider is for the area shall be posted at prominent locations throughout the area.
- 8.3 The First Aid at Work Procedure shall be available on the UHB intranet site. Paper copies of the procedure are also available from the Health and Safety Unit.
- 8.4 The requirements of the procedure shall be cascaded down to staff through the Clinical Board Health and Safety Groups.

## **9 MONITORING AND MEASURING PERFORMANCE**

- 9.1 Senior Managers, supported by Staff Health and Safety Representatives, will carry out monitoring of this procedure at annual intervals.
- 9.2 First Aid arrangements for each area will be monitored as part of the UHB's Workplace Joint Health and Safety Audit Inspection Schedule.
- 9.3 The performance outcomes will be monitored by the Operational Health and Safety Group and measured in line with the UHB Health and Safety Policy, and reviewed on a regular basis. It is essential that the management of first aid at work arrangements are discussed at local health and safety meetings.

## **10 RESOURCES**

It is unreasonable to expect a department to fund training if the cover is geographic and benefits other areas. There is an identified resource to cover the costs of generic courses.

## **11 EQUALITY & DIVERSITY STATEMENT**

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation.

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Should a member of staff or any other person require access to this procedure in another language or format (such as brail or large print) they can do so by contacting the Health, Safety and Environment Department. Cardiff and Vale UHB will do its utmost to support and develop equitable access to all policies and procedures.

The Procedure has had an equality and health impact assessment and has shown there will be no adverse effect or discrimination made to any particular or individual group.

## **12 REVIEWING THE PROCEDURE**

This procedure will be reviewed every three years or more frequently if required to ensure continued compliance with risk management guidance and health and safety legislation. It will be reviewed within the three year period if there are significant changes in legislation and/or an incident occurs that requires improvement in practices.

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## Equality & Health Impact Assessment for Policy and Procedure for First Aid at Work

Please answer all questions:-

<b>1.</b>	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Procedure for First Aid at Work
<b>2.</b>	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Executive - Director of Corporate Governance Author - Head of Health and Safety 43751
<b>3.</b>	Objectives of strategy/ policy/ plan/ procedure/ service	The Objectives of the policy and procedure is to comply with the legal duties in relation to First Aid placed on the UHB by the following:- <ul style="list-style-type: none"> <li>• Health and Safety at Work etc Act 1974</li> <li>• First Aid at Work Regulations 1981</li> <li>• Management of Health and Safety at Work Regulations 1999</li> <li>• Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Cardiff and Vale University Local Health Board</li> <li>• To ensure there is adequate first aid facilities and competent response for staff that maybe injured at work within the UHB.</li> <li>• Effectively manage first aid provision through the risk assessment process incorporated within the risk rating and risk profiling process.</li> </ul>
<b>4.</b>	Evidence and background information considered. For example <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> </ul>	

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	<ul style="list-style-type: none"> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>1</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>2</sup>.</p>	
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All of our staff in all locations including those with honorary contracts

## 6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> </ul>	No impact		

<sup>1</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

<sup>2</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<ul style="list-style-type: none"> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>			
<b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	No impact		
<b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment  <b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	No impact		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.4 People who are married or who have a civil partner.</b>	No impact		
<b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	The FAW Policy does support training to staff to deal with expectant mothers.		
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	No impact		
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	No impact		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	No impact		
<b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b>  Well-being Goal – A Wales of vibrant culture and thriving Welsh language	No impact		
<b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	No impact		
<b>6.11 People according to where they live:</b> Consider	No impact		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities			
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	No impact		

**7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<b>7.1 People being able to access the service offered:</b> Consider access	No impact		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p>for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>			
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight</p>	No impact		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
management services etc  Well-being Goal – A healthier Wales			
<b>7.3 People in terms of their income and employment status:</b> Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions  Well-being Goal – A prosperous Wales	No impact		
<b>7.4 People in terms of their use of the physical environment:</b> Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on	FAW includes community workers.		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p>the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p><b>7.5 People in terms of social and community influences on their health:</b> Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal –</p>	No impact		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
A Wales of cohesive communities			
<b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate  Well-being Goal – A globally responsible Wales	No impact		

**Please answer question 8.1 following the completion of the EHIA and complete the action plan**

<b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b>	The FAW Policy is overall natural; however it does support staff and enhances our ability to respond to pregnant staff at work and injuries.
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### **Action Plan for Mitigation / Improvement and Implementation**

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.2 What are the key actions identified as a result of completing the EHIA?</b></p>	<p>To continue to provide, such equipment, facilities and suitable number of persons as is adequate and appropriate for rendering first aid to our staff if they are injured or become ill at work.</p>			
<p><b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b></p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>N/A</p>			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposals <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>				