



HEALTH AND SAFETY
AUTHORITY

Guidelines on First Aid at Places of Work

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**As required by
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Application) Regulations 2007
(S.I. No. 299 of 2007)**

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INTRODUCTION

This guidance gives comprehensive information to employers on the requirements of Chapter 2 of Part 7 of the Safety, Health and Welfare at Work (General Application) Regulations (S.I. No. 299 of 2007) concerning first aid at work. The guidance mirrors the existing "Guide to the Safety, Health and Welfare at Work (General Application) Regulations, Chapter 2 of Part 7: First Aid". In addition it provides guidance and information on occupational first aid training and occupational first aid training provider requirements. Finally it includes the Further and Education Training Awards Council (FETAC) occupational first aid standards.

Employers have a duty to provide first-aid materials/equipment at all places of work where working conditions require it. Depending on the size and/or specific hazards of the workplace, trained occupational first aiders must also be provided. First aid rooms must be provided where appropriate in any place of work where the size of the premises, the type of the activity being carried out and the frequency of accidents so dictate. These rooms must be properly equipped with first aid equipment and facilities.

Necessary external contacts must be made as regards first-aid and emergency medical care. Information must be provided to employees and/or safety representatives as regards the first aid facilities and arrangements in place.

Occupational first aiders are required to be trained and certified as competent at least once every 2 years by a registered occupational first aid training provider. The Regulations and these guidelines are intended to provide a framework within which every workplace can develop effective first aid arrangements.

For the purposes of the Regulations and these guidelines "first aid" means:-

- (a) in a case where a person requires treatment from a registered medical practitioner or a registered general nurse, treatment for the purpose of preserving life or minimising the consequences of injury or illness until the services of a practitioner or nurse are obtained, or
- (b) in a case of a minor injury which would otherwise receive no treatment or which does not need treatment by a registered medical practitioner or registered general nurse, treatment of that minor injury.

Attention is drawn to the 2 general types of circumstances under which first aid as defined may need to be rendered to persons at the workplace. For example, where an employee has collapsed with a severe pain, or is bleeding severely, urgent first aid, to preserve life, or prevent further serious injury, is required until a nurse, doctor or other person, such as a trained emergency medical technician, can take over management of the situation. In relation to preserving life, the "Chain of Survival Concept" is recognised. This is based on 4 vital links to save a life; early access, early cardiopulmonary resuscitation (CPR), early defibrillation and early advanced care. At the other end of the spectrum first aid might simply mean the provision of an adhesive plaster for a minor cut to prevent infection and to aid healing.

An "occupational first aider" is defined in the Regulations as a person trained and qualified in occupational first aid. Such training can only be provided by organisations or individuals on the Register of Occupational First Aid Training Providers. This Register is maintained on behalf of the Health and Safety Authority by the occupational first aid assessment agent (OFAAA).

It is stressed that the storage and/or administration of drugs and medications does not generally form part of first aid provision as set out in the Regulations and guidelines. Drugs or medications should not be stored in occupational first aid boxes or kits and they should only be administered as prescribed by a registered medical practitioner. In certain circumstances first aiders can assist in the administration of aspirin if available for suspected cardiac chest pain.

There are 2 standards on occupational first aid, each leads to an award made by the Further Education and Training Awards Council (FETAC). For those wishing to become occupational first aiders, the Level 5 Occupational First Aid standard applies. It emphasises practical life saving and other skills. For those who are experienced occupational first aiders and wish to become instructors, the Level 6 Occupational First Aid Instruction standard applies. The guidance outlines the requirements for those wishing to become occupational first aiders and occupational first aid instructors.

The text of the relevant Regulations is set out in Appendix 1 to these Guidelines and the FETAC Occupational First Aid and Occupational First Aid Instruction standards are shown in Appendix 2 and 3 respectively.

APPLICATION

As far as first aid facilities and materials/equipment and occupational first aiders are concerned, the provisions of Chapter 2 of Part 7 of the Regulations on first aid apply to all places of work to which the Safety, Health and Welfare at Work Act, 2005 applies, and to employers and the self-employed alike. The provisions of Chapter 2 of Part 7 of the Regulations relating to first aid rooms apply to all places of work except means of transport, fishing boats and outlying agricultural land. It should also be noted that in the case of offshore installations, first aid provision and facilities will continue to be governed by the Safety, Health and Welfare (Offshore Installations) (Operations) Regulations, 1991 (S.I. No. 16 of 1991) which are made under the Safety, Health and Welfare (Offshore Installations) Act, 1987. There may be other situations where additional occupational first aid provisions although not specifically regulated, are required e.g. commercial diving.

The Regulations place requirements on employers in respect of their own employees while they are at work and employees in this context include persons undergoing training for employment or receiving work experience on the employer's premises. Account will also need to be taken of non-employees on the employer's premises (e.g. pupils in schools, customers in shops and other places of public assembly). Where first aid provision is made for both employees and visitors, care should be taken that the level of first aid provision available to employees is not less than the standard required by the Regulations and these guidelines.

CHAPTER 1:

FIRST AID MATERIALS/EQUIPMENT

1.1 DIFFERENT WORK ACTIVITIES NEED DIFFERENT PROVISIONS

Different work activities involve different hazards and therefore different first aid provision is required. Some places of work (e.g. offices, libraries etc.) have relatively low hazards whereas others (e.g. factories and construction work etc.) often have a greater degree of hazard or specific hazard involved. Requirements for first aid provision at work will therefore depend on several factors including the size of the workplace, the numbers employed, the hazards arising, access to medical services, dispersal of employees, employees working away from their employer's premises, workers in isolated locations etc. All of these issues will be described in the following sections.

As a minimum every workplace should have an occupational first aid box or kit. The following Table 1 (and the commentary on specific points which follows it) gives a broad indication of the type of first aid materials/equipment and supplies which would be reasonable in different circumstances.

1.2 RECOMMENDED CONTENTS OF OCCUPATIONAL FIRST AID BOXES AND KITS

Table 1: Recommended Contents of Occupational First Aid Boxes and Kits

Materials	First Aid Travel Kit Contents	First Aid Box Contents		
		1-10 persons	11-25 persons	26-50 persons* ¹
Adhesive Plasters	20	20	20	40
Sterile Eye Pads (No. 16) (bandage attached)	2	2	2	4
Individually Wrapped Triangular Bandages	2	2	6	6
Safety Pins	6	6	6	6
Individually Wrapped Sterile Unmedicated Wound Dressings Medium (No. 8) (10 x 8cms)	1	2	2	4
Individually Wrapped Sterile Unmedicated Wound Dressings Large (No. 9) (13 x 9cms)	1	2	6	8
Individually Wrapped Sterile Unmedicated Wound Dressings Extra Large (No. 3) (28 x 17.5cms)	1	2	3	4
Individually Wrapped Disinfectant Wipes	10	10	20	40
Paramedic Shears	1	1	1	1
Examination Gloves Pairs	3	5	10	10
Sterile water where there is no clear running water* ²	2x20mls	1x500mls	2x500mls	2x500mls
Pocket Face Mask	1	1	1	1
Water Based Burns Dressing Small (10x10cms)* ³	1	1	1	1
Water Based Burns Dressing Large* ³	1	1	1	1
Crepe Bandage (7cm)	1	1	2	3

Notes

*1: Where more than 50 persons are employed, pro rata provision should be made.

*2: Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 20ml and should be discarded once the seal is broken. Eye bath/eye cups/refillable containers should not be used for eye irrigation due to risk of cross infection. The container should be CE marked.

*3: Where mains tap water is not readily available for cooling burnt area.

The above Table 1 provides a general guide on the recommended contents of occupational first-aid boxes and kits based on numbers employed. Quantities indicated in Table 1 are minimum numbers and can be increased. **The requirements for sterile water and water based burns dressings as per note 2 and 3 above are only where there is not a wholesome supply of tap water available.** Also a single paramedic shears and pocket face mask is considered adequate.

Occasionally the quantities indicated in Table 1 will be insufficient and the actual amounts required should be based on a risk assessment. An obvious example is that drivers of dangerous goods vehicles would require a quantity of 2x 500mls of sterile water for eye irrigation in their travel kits due to the risk of contact with hazardous chemicals.

The appropriate number of boxes or kits required in any particular place of work will not only depend on the number of employees but also the particular circumstances including the following in paragraphs 1.3 to 1.6 below.

1.3 SPECIAL HAZARDS

Where a workplace has employees exposed to any special hazards, such as:-

- (a) Risk of poisoning by toxic substances, e.g. certain cyanides or related compounds;
- (b) Risk of burns from corrosive or oxidising substances, e.g. hydrofluoric acid;
- (c) Risk of accidental exposure to hazardous substances, e.g. toxic, irritant or asphyxiant gases, requiring oxygen for resuscitation;
- (d) Other specific risks identified in the Safety Statement required by Section 20 of the Safety, Health and Welfare at Work Act, 2005;

at least one first aid kit of the type specified in column 2 of Table 1 should be provided, together with any equipment or special antidotes appropriate to the risk posed by that hazard. These should be located as close as possible to the site where the hazardous process is carried on (see also paragraph 2.4).

1.4 EMPLOYEES WORKING AWAY FROM EMPLOYER'S PREMISES

Where employees regularly work away from the employer's premises and there are no special hazards or problems of isolation, no first aid materials/equipment need be provided by the employer. Where such work involves the use of dangerous tools or substances (e.g. agricultural and forestry work, electricity, gas, water and telecommunications services, transport of hazardous articles and substances etc.) the travel kit specified in column 2 of Table 1 should be provided along with any special materials/equipment or antidotes as appropriate (see paragraph 1.3 above). It is not considered necessary that all employers should supply a travel kit to employees who travel in the course of their duties unless special hazards or isolation factors apply.

1.5 ISOLATED LOCATIONS

Workers may be relatively isolated even when working within a particular workplace such as a factory. This isolation may be accentuated on farms, forestry, mountainous areas etc. In such circumstances a first aid travel kit (column 2 of Table 1) should be available even in the absence of other factors such as dangerous tools or special hazards and in those situations where the nearest appropriate medical facility is more than

1 hour total travelling time from the place of work.

1.6 EMPLOYEES OF MORE THAN ONE EMPLOYER WORKING TOGETHER

Where employees of more than one employer are working together, and the employers concerned wish to avoid duplication of provision, they may make an agreement whereby one of them provides the necessary first aid materials/equipment and facilities (e.g. on construction sites, the contractors involved might agree that all the necessary first aid provision will be made by the contractor who has the largest number of employees on site). In the absence of such an agreement each employer will need to carry their own responsibility.

1.7 SUPERVISION OF FIRST AID MATERIALS/ EQUIPMENT AND SUPPLIES

In workplaces where there are occupational first aiders, first aid boxes and kits should be under their control. Otherwise they should be under the control of a responsible person named in the Safety Statement. The contents of the boxes and kits should be replenished as soon as possible after use in order to ensure that there is always an adequate supply of all materials. Items should not be used after the expiry date shown. It is therefore essential that first aid materials/equipment be checked frequently, to make sure that there are sufficient quantities and that all items are usable. First aid boxes should be made of suitable material designed to protect the contents from contamination by heat, damp or dust and should be clearly identified as first aid containers: the marking used should be a white cross on a green background. Sterile first aid dressings should be packaged in such a way as to allow the user to apply the dressing to a wound without touching that part which is to come into direct contact with the wound. That part of the dressing which comes into contact with the wound should be absorbent. There should be a bandage or other fixture attached to the dressings. Dressings, including adhesive ones, should be of a design and type which is appropriate for their use. Where an employee has received additional training in the treatment of specific hazards which require the use of special antidotes or special equipment, these may be stored near the hazard area or may be kept in the first aid box. No other items should be stored in first aid boxes or kits.

1.8 SITING OF FIRST AID MATERIALS/EQUIPMENT

In compact work places, where a number of employees work in close proximity, first aid materials/equipment should be sited at a point convenient to the majority of the workforce or where there is greatest risk of an injury occurring.

Where work places have a large number of employees but are divided into a number of self-contained working areas, consideration should be given to setting up a main facility with supplementary materials/equipment in each of these working areas. A large plant with a small number of employees dispersed over a wide area may require provision in different parts of the workplace. Soap and water and disposable drying materials should be provided for first aid purposes. Where soap and water are not available, individually wrapped moist cleansing wipes may be used.

1.9 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

The provision of automated external defibrillators (AEDs) in workplaces to assist in the prevention of sudden cardiac death should be considered. As mentioned in the Introduction, early defibrillation using an AED is one of the vital links in the "Chain of Survival". Ideally, wherever there is an occupational first aider(s) in a workplace, provision of an AED should be considered. The training of other employees who are not occupational first aiders in the use of AEDs is also encouraged.

Whereas it may be practicable and desirable to have an AED in every workplace, due to cost considerations it would be unreasonable to expect all employers (especially small and medium size enterprises (SMEs)) to have

one on their premises, even if there is an occupational first aider present. These costs not only include the purchase price but also the vital cost of maintenance of the equipment and regular refresher training for those trained in how to use AEDs.

However, different employers at the same location, such as in shopping centres, small business enterprise centres etc., where relatively large numbers of employees or other persons are likely to be habitually present, might find it feasible to co-operate in the provision of shared equipment, training and assistance.

Training in AEDs is part of Unit 4: Cardiac First Response of the FETAC Level 5 Occupational First Aid Standard (see Appendix 2).

CHAPTER 2:

PROVISION, FUNCTIONS, TRAINING AND ASSESSMENT OF OCCUPATIONAL FIRST AIDERS AND INSTRUCTORS

2.1 OCCUPATIONAL FIRST AIDERS - GENERAL

The Regulations require employers and the self employed to provide, or ensure that there are provided, at each place of work under their control such number (if any) of occupational first aiders as is necessary to render first aid at the place of work concerned, taking account of the size or hazards (or both) of the workplace. In this regard the Regulations define first aid as meaning either:-

- (a) in a case where a person requires treatment from a registered medical practitioner or a registered general nurse, treatment for purpose of preserving life or minimising the consequences of injury or illness until the services of a practitioner or nurse are obtained,
- or
- (b) in a case of a minor injury which would otherwise receive no treatment or which does not need treatment by a registered medical practitioner or registered general nurse, treatment of that minor injury.

A minor injury would not involve an alteration in the casualty's vital signs (pulse, temperature, blood pressure or breathing rate). An example of a minor injury would be a small clean wound where any bleeding is easily controlled. An injury could not be considered to be a minor injury if function was in any way impaired.

2.2 CRITERIA FOR DECIDING ADEQUATE AND APPROPRIATE PROVISION OF OCCUPATIONAL FIRST AIDERS

Having regard to the definition of first aid in the Regulations, where a permanent occupational health service exists (i.e. where a registered medical practitioner or a registered general nurse are permanently on the premises within ten minutes call of any accident) the first aid arrangements should be provided and co-ordinated by that service and only such occupational first aiders, as these occupational health staff consider necessary to assist them with emergency duties need be available while such staff are on the premises. The usual number of occupational first aiders recommended in these guidelines should otherwise be available.

As in all aspects of the preventive strategy enshrined in the Safety, Health and Welfare at Work Act, 2005, and the Regulations under that Act, the preparation and maintenance of the Safety Statement required under Section 20 of the Act plays a key role in relation to first aid provision. It is difficult to outline precisely when, where and how many occupational first aiders should be provided. The best indicators will arise in the process of identifying the hazards and assessing the risks arising in the context of the Safety Statement.

Several factors will need to be considered. These include the numbers employed, the nature of the work, the degree of hazard, the level of accidents arising, the size and location of the workplace, the distribution of employees within the workplace, whether there is shift working, the availability of an occupational health service within the workplace and the distance and duration from external medical services etc.

In each particular case a decision on whether any or how many occupational first aiders may be required should be taken after an assessment of all the relevant factors and not solely, for example on the numbers of employees at work (the principal relevant factors are dealt with in greater detail in the following paragraphs).

Even if the assessment indicates that there may be no necessity to have any occupational first aiders provided at a particular workplace, it may be considered prudent to encourage employees and to assist them in obtaining suitable training in basic life saving skills and the emergency treatment of injuries due to any special hazards arising. This could apply especially in workplaces where no special occupational hazards arise but where significant numbers of non-employees are likely to be present such as in schools, crèches, shops, places of entertainment etc.

2.3 NUMBERS OF EMPLOYEES

Again it is emphasised that the number of employees is but one of the factors to be considered. As a general rule where the risk assessment indicates the need for occupational first aider(s), the following general criteria in Table 2 should serve as a useful guide:

Table 2: Recommended Number of Occupational First Aiders

Type of Workplace	Maximum No. of employees present at any one time	No. of Occupational First Aiders
Factory, construction site, surface mine and quarries	Up to 49	1 if Safety Statement Risk Assessment shows it necessary.
	50-149	Minimum 1
	150-299	Minimum 2
	More than 300	1 extra for every 150 employees or part thereof
Underground mines		1 for every 10 employees or part thereof.
Other workplaces	Up to 99	1 if Safety Statement Risk Assessment shows it necessary.
	100-399	1
	400-699	2
	More than 700	1 extra for every 300 employees or part thereof.

Where an occupational first aider is absent in temporary and exceptional circumstances, the employer may ensure that a person(s) is designated, to take charge of an injured or ill person until medical assistance is obtained. Such persons functions, if they have not received training in basic life saving skills, would, primarily be to seek appropriate assistance as soon as possible and to ensure that nothing further is allowed to occur which would exacerbate the problems of the injured person. It should be noted that, in this context, foreseeable absences, such as planned annual leave, are not considered to be “temporary and exceptional circumstances”.

2.4 DEGREE OF HAZARD

Where an undertaking presents specific or unusual hazards, the occupational first aiders should have received additional or specialised training particular to the first aid requirements of the employer’s undertaking. Such employments would include:-

- (a) Meat factories.
- (b) Woodworking factories.
- (c) Factories where, despite maximisation of safety arrangements, experience has shown that accidents requiring first aid tend to occur frequently.
- (d) Workplaces such as hospitals, where there is a significant risk of exposure to biological agents.
- (e) Workplaces involving a risk of poisoning by toxic substances, e.g. certain cyanides or related compounds.
- (f) Workplaces involving a risk of burns from corrosive or oxidising substances, e.g. hydrofluoric acid.
- (g) Workplaces where there is a risk of accidental exposure to hazardous substances, e.g. toxic, irritant, or asphyxiant gases, requiring oxygen for resuscitation.
- (h) Underground mining operations.
- (i) Workplaces where other specific requirements arise from risks identified in the Safety Statement required by Section 20 of the Safety, Health and Welfare at Work Act, 2005.

2.5 ACCESSIBILITY

Occupational first aiders should be accessible to the majority of the workforce or situated where an injury is most likely to occur. However, such centralised arrangements might not be suitable for a large plant or premises with fewer employees dispersed over a wide area. In such conditions, occupational first aiders may need to be more widely dispersed. Effective means of communicating including the use of pagers, mobile phones and radio should be considered in these situations.

2.6 DISTANCE FROM MEDICAL SERVICES

Where workplaces are more than 1 hour's total travelling time from appropriate medical assistance, the numbers of occupational first aiders per workplace shown in Table 2 should be doubled in each category.

2.7 PROVISION OF OCCUPATIONAL FIRST AIDERS WHEN EMPLOYEES OF MORE THAN ONE EMPLOYER ARE WORKING TOGETHER

When employees of more than one employer are working together and the employers concerned wish to avoid duplication of provision, they may make an agreement whereby one of them provides the necessary occupational first aiders.

2.8 PROVISION OF OCCUPATIONAL FIRST AIDERS WHEN EMPLOYEES WORK AWAY FROM EMPLOYER'S PREMISES

In the case of employees who regularly work away from their employer's fixed location in isolated locations or where the work involves travelling long distances in remote areas from which access to accident and emergency facilities may be difficult, one of the working party should be an occupational first aider. This would apply particularly in circumstances where potentially dangerous machinery and chemicals are used, e.g. forestry operations, agriculture contractors.

2.9 SELECTION OF OCCUPATIONAL FIRST AIDERS

Many employees are glad of the opportunity to undergo first aid training and employers should encourage those

with a reasonable aptitude to do so. In selecting occupational first aiders, it is important that the other work tasks on which they are employed should be such as to allow them to leave these immediately and to go rapidly to the scene of an emergency.

2.10 TRAINING FOR OCCUPATIONAL FIRST AIDERS IN SPECIAL HAZARDS

In many instances, the training in general first aid will suffice. However, occupational first aiders will need to undergo additional specialised training if a workplace has employees exposed to any special hazards such as:-

- (a) Risk of poisoning by toxic substances, e.g. certain cyanides and related compounds;
- (b) Risk of burns from corrosive or oxidising substances, e.g. hydrofluoric acid;
- (c) Risk of accidental exposure to hazardous substances, e.g. toxic, irritant or asphyxiant gases, requiring oxygen for resuscitation;
- (d) Other specific risks identified in the Safety Statement required by Section 20 of the Safety, Health and Welfare at Work Act, 2005.

When planning to introduce any new process, the employer should consider whether additional or specific hazard training for occupational first aiders will be necessary. If there is a need for occupational first aiders to undergo further training and an employer has difficulty in arranging for such training to be given, advice can be obtained from a Health and Safety Inspector.

2.11 ACCESS TO SKILLED OR SPECIALIST ADVICE

In many cases, the occupational first aider's skills will be used while the help of medical or nursing personnel or the ambulance service is being obtained. First aid as defined in the Regulations also includes treatment of minor injuries which will not always need the services of medical or nursing personnel. The occupational first aider may on occasion, however, need medical or nursing advice on general matters associated with these aspects of first aid.

Employers should ensure, therefore, that occupational first aiders are aware of possible sources of such advice, e.g. from registered medical practitioners, registered general nurses, and paramedics. Where there is an occupational health service available, whether at the workplace or otherwise, occupational first aiders should be supervised by such services.

2.12 PROTECTION FROM BLOOD BORNE INFECTIONS

Occupational first aiders and occupational first aid instructors must consider the possibility of having to render first aid to persons who are carriers of infection risks such as Hepatitis B or H.I.V. Techniques of first aid which may involve contact with blood or other body fluids should be taught and carried out with this risk in mind. Such training might include the use of ventilation equipment which avoids direct mouth to mouth contact. Immunization against Hepatitis B should be considered where regular exposure to blood is a possibility.

2.13 OTHER LEVELS OF FIRST AID SKILL

Provided the levels of availability of occupational first aiders set out in these guidelines are adhered to, employers and the self-employed may train other staff in first aid skills. Examples of these levels include basic life-saving skills including cardiopulmonary resuscitation (CPR) and the emergency treatment of injuries

due to any special hazards arising. This also includes a higher level for occupational first aiders in diving operations.

It should be noted that the Regulations provide that where an occupational first aider is absent in temporary and exceptional circumstances another person may be designated to take charge of relevant situations. Such designated persons are not an acceptable full-time alternative to necessary occupational first aiders. Foreseeable absences, such as planned annual leave, would not be considered to be “temporary and exceptional circumstances” in this respect. Designated persons ideally should have training in emergency first aid and basic life-saving skills. Their primary functions, however, would be to take charge of the situation (e.g. to obtain medical assistance etc.) if a serious injury or illness occurs.

2.14 RECORDING FIRST AID TREATMENT

Details of all cases treated by occupational first aiders should be entered as per Table 3 in a first aid treatment record book and kept in a suitable secure place, respecting their confidential nature. They should always be made available on request to a Health and Safety Inspector.

Table 3: Details of First Aid Treatment

Name of patient	Type of injury	Treatment given	Name of Occupational First Aider	Date

2.15 TRAINING, ASSESSMENT AND CERTIFICATION OF OCCUPATIONAL FIRST AIDERS

The Health and Safety Authority has appointed an occupational first aid assessment agent (OFAAA) to assess and register occupational first aid training providers (see 2.18). Employers should only use registered OFAAA training providers to deliver occupational first aid training. Details of those on the register can be found at <http://www.ofaaa.ie>.

Those wishing to become occupational first aiders must

- (1) have achieved the FETAC Level 5 Component Certificate in Occupational First Aid, having successfully completed a training course in occupational first aid, presented over at least 3 days (or 24 hours training to include 2 hours assessment) from an OFAAA registered provider (instructor).
- (2) have been assessed by another registered provider (instructor).

A certificate shall be valid for 2 years. Registered providers can issue an agreed pro forma letter from the OFAAA to successful candidates indicating they have passed the assessment, pending the receipt of the FETAC certificate.

Thereafter further training, presented over at least 1 day, and assessment is necessary for re-certification. Reassessment can be carried out by the registered provider (instructor) who provided the retraining or another registered provider (instructor). All those who pass the re-assessment will receive a certificate from the registered

provider (instructor) as FETAC does not issue certificates for refresher retraining.

Where on occasion a first aider's certificate lapses, if the refresher training is repeated within 3 months of the lapsed date, 1 day refresher training is adequate, if this period is exceeded, the full 3 day training is required.

The maximum number of persons undergoing training is 10 to an instructor. This is for a transition period of 2 years after which the ratio will be reduced. This is to ensure learners/trainees receive adequate time for practising and developing occupational first aid skills. Where there are more than 4 persons undergoing training, the instructor must have at least 1 mannequin and 1 training AED for every 4 learners/trainees for the cardiac first response (CFR) unit. This means if 10 persons are present, 3 mannequins and 3 training AEDs are required.

2.16 RECORD OF OCCUPATIONAL FIRST AID TRAINING

Written records of the dates on which occupational first aiders obtained their certificates of competence (including any certificates in additional or specific hazard first aid training and refresher training) should be kept at each workplace, and should be made available on request to a Health and Safety Inspector.

2.17 TRAINING OF OCCUPATIONAL FIRST AID INSTRUCTORS

Attendance at an occupational first aid instructor training course is recommended for those occupational first aiders who wish to become instructors. However such training is not mandatory as in some circumstances candidates may have sufficient competence and experience without the need to attend such a course.

Organisations who carry out occupational first aid instructor training, should comply with the following criteria:-

(a) Provision of a full training and development programme for instructors, presented over at least 5 days (or 2 days as a minimum for persons already holding a certificate as an occupational first aider) and including the following:

- (1) The FETAC Level 5 Occupational First Aid Standard (see Appendix 2).
- (2) The FETAC Level 6 Occupational First Aid Instruction Standard (see Appendix 3).

(b) Availability of appropriate facilities for carrying out such a programme.

(c) Availability of appropriate numbers of staff with knowledge and skills to carry out such a programme.

2.18 REGISTER OF OCCUPATIONAL FIRST AID TRAINING PROVIDERS

The occupational first aid assessment agent (OFAAA) will maintain a Register of Occupational First Aid Training Providers. Details of those on the Register and the application process by both organisations and individual instructors can be found at <http://www.ofaaa.ie> The Register will include the names, contacts, date of assessment and reassessment which must take place at least once in every 5 years, or a lesser period if deemed necessary of all organisations and instructors who have successfully met the assessment criteria.

The OFAAA will assess organisations on agreed criteria based on their policies and procedures, staff, resources and competence. Successful organisations will be entered on the Register. Over the 5 year period of an organisation's registration, the OFAAA will also assess/monitor an agreed percentage of an organisation's instructors.

Registered organisations can reassess their own instructors using the FETAC Level 6 Occupational First Aid Instruction Standard, whenever their instructors 5 year period is due. Registered organisations can also assess experienced and qualified occupational first aiders who wish to become instructors for the registered organisation

only.

The OFAAA will assess individual instructors who wish to go on the Register using the FETAC Level 6 Instruction Standard. The OFAAA will also assess instructors from registered organisations who wish to work in their own right outside of the umbrella of the organisation.

All occupational first aiders who wish to become instructors will be assessed using the criteria outlined in the FETAC Level 6 Occupational First Aid Instruction Standard. Those undergoing assessment must have already achieved at least a FETAC Level 5 Occupational First Aid Standard Merit rating. They must also have an up to date Pre Hospital Emergency Care Council (PHECC) recognised CFR instructor certificate. To become occupational first aid instructors, they must achieve at least a Merit rating using the FETAC Level 6 Occupational First Aid Instruction Standard.

In addition, all occupational first aid instructors will be required to undergo recertification every 2 years as CFR instructors with a Pre Hospital Emergency Care Council (PHECC) recognised institution in order to comply with PHECC requirements. Instructors will be required to present verification of evidence of delivery of a minimum of 4 OFA courses in the preceding 2 years in order to be recertified.

Where on occasion a first aid instructor's certificate lapses, if the refresher assessment is not repeated within 3 months of the lapsed date, the instructor's name will be removed from the OFAAA Register and the instructor is not allowed to deliver training until the refresher assessment has taken place. If the instructor is employed by a registered organisation, he/she is not allowed to deliver training until the refresher assessment has taken place.

Registered organisations and instructors who train employees to be occupational first aiders may use the following formula in promotional literature "Training provided by an OFAAA registered provider".[2.19 TRANSITIONAL ARRANGEMENTS FOR EXISTING OCCUPATIONAL FIRST AID PROVIDERS](#)

All existing occupational first aid instructors are required to achieve PHECC CFR instructor certification in order to deliver the CFR unit of the new FETAC Level 5 Occupational First Aid Standard. Once this is verified for instructors their details will be automatically entered on to the new OFAAA register. They will be assessed by the OFAAA whenever their 5 year period has elapsed. Additionally they will require recertification as CFR instructors every 2 years by a PHECC recognised institution. Approved organisations under the old system need to apply for assessment and registration by the OFAAA prior to implementation of the new system.

CHAPTER 3:

FIRST AID ROOMS, EQUIPMENT AND COMMUNICATIONS

3.1 CRITERIA FOR PROVISION

All places of work are required to have one or more first aid rooms if the Safety Statement - risk assessment shows it necessary and based on the following criteria:-

- (a) Size of the premises.
- (b) Type of the activity being carried out.
- (c) Frequency of accidents arising.
- (d) Existence of special hazards.
- (e) Distance from nearest appropriate medical facility.

Place of work in this context means a place intended to house workstations and work equipment and any other place within the work area to which employees have access in the course of their employment.

First aid rooms are not required to be provided in:-

- (a) means of transport used outside the workplace, or workplaces inside means of transport;
- (b) fishing boats; or
- (c) fields, woods and other land forming part of an agricultural or forestry undertaking but situated away from the undertaking's buildings.

Apart from those areas specifically excluded, employers will need to determine whether the requirements of these Regulations apply to their particular workplaces. The need for a first aid room is not solely dependent on the number of persons employed in the workplace but also on the degree of risk. If the location of a place of work makes access to accident and emergency facilities difficult or where there is dispersed working, the employer should decide whether a first aid room may be needed. As a general rule, any employer whose workplace presents a relatively high risk from hazards should provide a suitably equipped and staffed first aid room. It is inevitable that any place of work which is required to have a first aid room will also need to have at least one occupational first aider. Where an occupational health service exists on a premises, the surgery or office housing that service may be considered to be a first aid room provided that the conditions set out in paragraph 3.2 are met.

3.2 MINIMUM CONDITIONS FOR FIRST AID ROOMS

Where first aid rooms are required, the following minimum conditions should be met:-

- (a) An occupational first aider should be responsible for the upkeep of the first aid room so as to ensure that it is kept stocked to the required standard and that it is at all times clean and ready for immediate use.
- (b) An occupational first aider should be available at all times when employees are at work.

- (c) The room should be readily available at all times when employees are at work and should not be used for any purpose other than the rendering of first aid or health screening.
- (d) The room should be positioned as near as possible to a point of access for transport to hospital, taking into account the location and layout of the workplace.
- (e) The room should be large enough to hold a couch, with space for people to work around it, and a chair.
- (f) The room's entrance should be wide enough to accommodate an ambulance trolley, stretcher, wheelchair or carrying chair.
- (g) The room should contain suitable facilities and equipment, have an impervious floor covering and should be effectively ventilated, heated, lighted and maintained. All surfaces should be easy to clean. The room should be cleaned each working day and suitable arrangements for refuse disposal should be provided.
- (h) Suitable facilities (for example one or more chairs) should be provided close to the first aid room if employees have to wait for treatment. These should be kept clean and well maintained.
- (i) The room should be clearly identified as a first aid room by means of a sign.
- (j) A notice should be attached to the door of the first aid room clearly showing the names and locations of the nearest occupational first aiders or other appropriate personnel.
- (k) A telephone or other suitable means of communication should be provided.

3.3 FIRST AID ROOM FACILITIES AND EQUIPMENT

The following minimum facilities and equipment should be provided in first aid rooms:-

- (a) Sink with running hot and cold water always available
- (b) Drinking water and disposable drinking vessels
- (c) A suitable store for first aid equipment and materials
- (d) First aid equipment
- (e) Smooth topped working surfaces
- (f) Soap
- (g) Paper towels
- (h) Suitable refuse containers lined with a disposable plastic bag
- (i) A couch (with a waterproof surface) and frequently cleaned pillow and blankets
- (j) A chair
- (k) A bowl or basin
- (l) Clean protective garments for use by first aiders
- (m) A first aid treatment record book.

Where special first aid equipment is needed, this equipment may also be stored in the first aid room. Where, for example, a place of work covers a large area or is divided into a number of separate and self-contained working areas, it may be necessary to provide suitable equipment for the transport of casualties. Where blankets are provided, they should be stored alongside the equipment and in such a way as to keep them free from dust and damp.

3.4 SITING OF NEW FIRST AID ROOMS

When siting a new first aid room, the necessity to have toilets nearby and for the room to be on the ground floor should be considered. Corridors, lifts and doors etc., which lead to the first aid room, should allow access for an ambulance trolley stretcher, wheelchair or carrying chair. Consideration should also be given to the possibility of providing an appropriate form of emergency lighting.

3.5 COMMUNICATION LINKS WITHIN THE WORKPLACE

It is essential that in the event of an accident or sudden illness, immediate contact can be made with the occupational first aider on call or other appropriate personnel. Effective means of communication should therefore be provided between all work areas, the first aid room and the occupational first aider on call. In most workplaces, the appropriate means will be a telephone link (landline or mobile), but where the nature of the work undertaken or the layout of a workplace (e.g. a construction site) is such that a telephone is not readily available in each work area, other means of communication (e.g. radio) will be necessary. In the absence of occupational first aiders, this criteria applies to responsible persons named in the Safety Statement.

3.6 CONTACTS WITH EXTERNAL SERVICES

Every employer must have adequate plans, procedures and measures to be followed and measures to be taken in the case of an emergency as required by Section 11 of the Safety, Health and Welfare at Work Act, 2005. This includes arranging any necessary contacts with the appropriate emergency services, in particular with regard to first aid and emergency medical care. This will require designating and training employees to implement these plans, procedures and measures. It is important that necessary contact be maintained by an employer with the local Ambulance Officer and the local emergency services, for example, where the work being undertaken is potentially hazardous or where access to treatment within the place of work is difficult, or where the workplace is isolated.

APPENDIX 1:

Safety, Health and Welfare at Work (General Application) Regulations, 2007

PART 7, Chapter 2: FIRST-AID

163. Interpretation for Chapter 2

In this Chapter:

“First-Aid” means -

- (a) in a case where a person requires treatment from a registered medical practitioner or a registered general nurse, treatment for the purpose of preserving life or minimising the consequences of injury or illness until the services of a practitioner or a nurse are obtained, or
- (b) in a case of a minor injury which would otherwise receive no treatment or which does not need treatment by a registered medical practitioner or registered general nurse, treatment of that minor injury;

“Occupational First-Aider” means a person trained and qualified in occupational first aid.

164. Application of Chapter 2

- (1) Subject to the provisions of paragraph (2), this Chapter applies to every place of work.
- (2) Regulation 166 does not apply to the following places of work:
 - (a) means of transport used outside the undertaking or a place of work inside a means of transport;
 - (b) a fishing boat;
 - (c) a field, wood or land forming part of an agricultural or forestry undertaking which is situated away from the undertaking's buildings.

165. Provisions for first-aid

- (1) An employer shall -
 - (a) provide and maintain suitably marked and easily accessible first-aid equipment, as is adequate and appropriate in the circumstances for enabling first-aid to be given to persons at every place of work where working conditions require it, at a place of work under the employer's control,
 - (b) designate at each place of work under the employer's control the number of occupational first-aiders as is necessary to give first-aid at the place of work concerned,
 - (c) ensure that the number of occupational first-aiders, their training and the equipment available to them is adequate, taking account of the size or hazards, or both of each such place of work, and

- (d) ensure that
 - (i) details of arrangements made for the provision of first-aid, including the names of occupational first-aiders and the location of first-aid rooms, equipment and facilities for or at the place of work shall be included in the safety statement, and
 - (ii) the names, addresses and telephone numbers of the local emergency services are clearly displayed at each place of work..

- (2) Where an occupational first-aider provided under paragraph (1) (b) is absent in temporary and exceptional circumstances, it shall be sufficient compliance with that paragraph if the employer designates a person, or ensures that a person is designated to take charge of an injured or ill person.

166. First-Aid Rooms

An employer shall provide-

- (a) one or, as appropriate, more first-aid rooms at every place of work under the employer's control, where the size of the undertaking, the type and scale of activity being carried out and the frequency of accidents so require without prejudice to
 - (i) Regulation 165(1)(a), and
 - (ii) existing requirements in the relevant statutory provisions as regards the provision of first-aid rooms, and

- (b) ensure that every first-aid room provided under paragraph (a) is fitted with essential first-aid equipment and facilities and is easily accessible for stretchers.

Appendix 2

FETAC Occupational First- Aid Standard



Occupational First Aid

Level 5 D20188

Level 5 Module Descriptor

Summary of Contents

Introduction	Describes how the module functions as part of the national vocational certificate framework.
Module Title	Indicates the module content. This title appears on the learner's certificate
Module Code	An individual code is assigned to each module; a letter at the beginning denotes a vocational or general studies area under which the module is grouped and the first digit denotes its level within the National Framework of Qualifications.
Level	Indicates where the module is placed in the National Framework of Qualifications, from Level 1 to Level 10.
Credit Value	Denotes the amount of credit that a learner accumulates on achievement of the module.
Purpose	Describes in summary what the learner will achieve on successfully completing the module and in what learning and vocational contexts the module has been developed. Where relevant, it lists what certification will be awarded by other certification agencies.
Preferred Entry Level	Recommends the level of previous achievement or experience of the learner.
Special Requirements	Usually 'none' but in some cases detail is provided here of specific learner or course provider requirements. There may also be reference to the minimum safety or skill requirements that learners must achieve prior to assessment.
General Aims	Describe in 3-5 statements the broad skills and knowledge learners will have achieved on successful completion of the module.
Units	Structure the learning outcomes.
Specific Learning Outcomes	Describe in specific terms the knowledge and skills that learners will have achieved on successful completion of the module.
Portfolio of Assessment	Provides details on how the learning outcomes are to be assessed.
Grading	Provides details of the grading system used.
Individual Candidate Marking Sheets	List the assessment criteria for each assessment technique and the marking system.
Module Results Summary Sheet	Records the marks for each candidate in each assessment technique and in total. It is an important record for centres of their candidate's achievements.
Appendices	Can include approval forms for national governing bodies.
Glossary of Assessment Techniques	Explains the types of assessment techniques used to assess standards.
Assessment Principles	Describes the assessment principles that underpin the FETAC approach to assessment.

Introduction

A module is a statement of the standards to be achieved to gain FETAC award. Candidates are assessed to establish whether they have achieved the required standards. Credit is awarded for each module successfully completed.

The standards in a module are expressed principally in terms of specific learning outcomes, i.e. what the learner will be able to do on successful completion of the module. The other elements of the module - the purpose, general aims, assessment details and assessment criteria - combine with the learning outcomes to state the standards in a holistic way.

While the FETAC is responsible for setting the standards for certification in partnership with course providers and industry, it is the course providers who are responsible for the design of the learning programmes. The duration, content and delivery of learning programmes should be appropriate to the learners' needs and interests, and should enable the learners to reach the standard as described in the modules. Modules may be delivered alone or integrated with other modules.

The development of learners' **core skills** is a key objective of vocational education and training. The opportunity to develop these skills may arise through a single module or a range of modules. The core skills include:

- taking initiative
- taking responsibility for one's own learning and progress
- problem solving
- applying theoretical knowledge in practical contexts
- being numerate and literate
- having information and communication technology skills
- sourcing and organising information effectively
- listening effectively
- communicating orally and in writing
- working effectively in group situations
- understanding health and safety issues
- reflecting on and evaluating quality of own learning and achievement.

Course providers are encouraged to design programmes, which enable learners to develop core skills.

1	Module Title	Occupational First Aid
2	Module Code	D20188
3	Level	5
4	Credit Value	1 credit
5	Purpose	This module is a statement of the standards to be achieved to gain a FETAC credit in Occupational First Aid at Level 5. The module is designed to provide the learner with the knowledge, practical skills and understanding required to provide and coordinate first aid in the workplace in compliance with the requirements of the Safety, Health and Welfare at Work (General Application) Regulations 2007; Part 7, Chapter 2: First Aid and the associated guide to these Regulations.
6	Preferred Entry Level	FETAC Level 4, Leaving Certificate or equivalent qualifications and/or relevant life and work experiences.
7	Special Requirements	Module providers must be Occupational First Aid Providers registered with the Occupational First Aid Assessment Agent (OFAAA) on behalf of the Health and Safety Authority.
8	General Aims	<p>Learners who successfully complete this module will:</p> <p>8.1. Understand the responsibilities of the occupational first aider</p> <p>8.2. Be able to provide treatment for the purpose of preserving life or minimising the consequences of injury until discharge or the arrival of medical assistance.</p> <p>8.3. Be able to provide treatment in the workplace for an injury which does not require the attention of a medical practitioner or nurse.</p> <p>8.4. Be capable of coordinating first aid arrangements in the workplace.</p> <p>8.5. Be familiar with health and safety legislation on first aid provision in the workplace.</p>

9	Units	The specific learning outcomes are grouped into 8 units
	Unit 1	First aid in the workplace
	Unit 2	Patient assessment
	Unit 3	Respiratory emergencies
	Unit 4	Cardiac first response
	Unit 5	Wounds and bleeding
	Unit 6	Altered levels of consciousness
	Unit 7	Musculoskeletal injuries
	Unit 8	Burns and scalds, chemicals, electric shock

10 Specific Learning Outcomes

Unit 1: First aid in the workplace

The learner will be able to:

- 10.1.1 List the role and responsibilities of the Occupational First Aider (OFA)
- 10.1.2 Describe the OFA's responsibility related to personal safety
- 10.1.3 Discuss the roles and responsibilities of the OFA towards others at the scene of an incident including the patient and bystanders
- 10.1.4 Describe the importance of scene safety for the rescuers
- 10.1.5 Assess for scene safety
- 10.1.6 Apply the principles of standard infection control precautions e.g. hand washing, glove use and disposal, clinical waste disposal
- 10.1.7 Explain the importance, necessity and legality of patient confidentiality
- 10.1.8 With reference to the First Aid Regulations and Guide: define the terms first aid and occupational first aider; describe the duties of an employer, identify the contents of a first aid box for 11-25 persons and the minimum conditions and facilities of a first aid room
- 10.1.9 State the procedure for the activation of emergency services
- 10.1.10 List possible emotional reactions that an OFA may experience when faced with trauma, illness, death and dying
- 10.1.11 List the signs and symptoms of post traumatic stress
- 10.1.12 State possible steps that the OFA may take to help reduce/ alleviate stress
- 10.1.13 Describe the role of post traumatic stress management

Unit 2: Patient assessment

The learner will be able to:

- 10.2.1 Describe a primary and secondary survey
- 10.2.2 State the normal respiration rates for an adult at rest
- 10.2.3 List the methods to obtain a breathing rate
- 10.2.4 State the normal pulse rates for an adult at rest
- 10.2.5 List the methods to obtain a pulse rate
- 10.2.6 Outline the methods to assess the skin colour, temperature, condition
- 10.2.7 Differentiate between hot, cool and cold skin temperature
- 10.2.8 Differentiate between a sign and symptom
- 10.2.9 Explain the need to search for additional medical identification
- 10.2.10 Outline the reason for forming a general impression of the patient
- 10.2.11 Assess levels of consciousness including using the alert, verbal, pain, unresponsive (AVPU) scale
- 10.2.12 Assess the patient for external bleeding
- 10.2.13 Outline the airway, cervical spine, breathing and circulation (AcBC) approach to a trauma victim
- 10.2.14 Explain how the mechanism of injury may lead to a risk of spinal injury
- 10.2.15 Describe the requirements for an explicit handover between occupational first aiders and other health care practitioners including documentation as appropriate
- 10.2.16 Demonstrate a primary and secondary survey
- 10.2.17 Demonstrate assessment of breathing
- 10.2.18 Demonstrate assessment of a pulse
- 10.2.19 Demonstrate manual in-line stabilisation of the head in a suspected spinal injury

Unit 3: Respiratory emergencies

The learner will be able to:

- 10.3.1 Define respiration
- 10.3.2 List the component parts of the respiratory system
- 10.3.3 List the functions of the respiratory system
- 10.3.4 List the percentage of oxygen in inspired and expired air
- 10.3.5 State the signs and symptoms of a patient with respiratory difficulties
- 10.3.6 List the signs of adequate air exchange
- 10.3.7 List the signs of respiratory arrest
- 10.3.8 Define asthma
- 10.3.9 Define foreign body airway obstruction
- 10.3.10 Explain the functions of a barrier device
- 10.3.11 Describe the correct use of a face shield or facemask
- 10.3.12 Describe the steps in the management of a foreign body airway obstruction in the responsive and unresponsive adult (child and infant where appropriate)
- 10.3.13 Demonstrate an open airway using the head tilt technique
- 10.3.14 Demonstrate rescue breathing using mouth-to-mouth, mouth-to-mask or mouth-to-nose (infants only) techniques

- 10.3.15 Recognise the signs of choking in an adult (child and infant where appropriate) and take the appropriate steps to clear the airway obstruction
- 10.3.16 Demonstrate the relief of a foreign body airway obstruction in an unresponsive adult (child and infant where appropriate)
- 10.3.17 Demonstrate the treatment of the patient with respiratory difficulties
- 10.3.18 Demonstrate the treatment of the patient in respiratory arrest

Unit 4: Cardiac first response

The learner will be able to:

- 10.4.1 Describe the links in the chain of survival, adult (child and infant where appropriate)
- 10.4.2 Explain the importance of calling the emergency services
- 10.4.3 Retrieve an automated external defibrillator (AED)
- 10.4.4 Explain the importance of early CPR and defibrillation
- 10.4.5 Describe when to start CPR
- 10.4.6 Describe when to use an AED
- 10.4.7 List the 4 major life threatening emergencies
- 10.4.8 Define heart attack, stroke, cardiac arrest and foreign body airway obstruction
- 10.4.9 List the signs of heart attack, stroke, cardiac arrest and foreign body airway obstruction
- 10.4.10 Explain the functions of an AED
- 10.4.11 Outline the conditions in which an AED is used
- 10.4.12 List the safety precautions for use of an AED
- 10.4.13 List the special considerations for use of an AED
- 10.4.14 List the steps of one-rescuer adult CPR (child and infant where appropriate)
- 10.4.15 Describe the appropriate actions to take for each AED voice prompt
- 10.4.16 List the obvious signs of death and describe when resuscitation is not indicated
- 10.4.17 Describe the legal implication for those who attempt to provide pre-hospital emergency care
- 10.4.18 Describe the clinical indemnity issues for those who attempt to provide pre-hospital emergency care
- 10.4.19 Describe the importance of the pre-hospital emergency care continuum emphasising the integration of all pre-hospital emergency responders
- 10.4.20 List the steps to be taken prior to aspirin (Acetylsalicylic Acid) 300mg tablet administration for cardiac chest pain
- 10.4.21 Assess responsiveness
- 10.4.22 Demonstrate the techniques of airway, breathing and circulation assessment in an adult (child and infant where appropriate)
- 10.4.23 Perform one-rescuer adult CPR (child and infant where appropriate)
- 10.4.24 Demonstrate safe defibrillation with an AED (adult only) with minimal delay and interruption in CPR
- 10.4.25 Demonstrate how to troubleshoot the most common problems that might be encountered whilst using and AED
- 10.4.26 Demonstrate the recovery position
- 10.4.27 Demonstrate the steps in aspirin (Acetylsalicylic Acid) 300mg tablet administration for a patient suspected of having cardiac chest pain

Unit 5: Wounds and bleeding

The learner will be able to:

- 10.5.1 List the components of the circulatory system
- 10.5.2 List the functions of blood
- 10.5.3 Differentiate between arterial, venous and capillary bleeding
- 10.5.4 State the effects of severe bleeding
- 10.5.5 List wound types
- 10.5.6 Demonstrate the control of bleeding using posture, expose/ examination & elevation, pressure & shock (PEEPS)
- 10.5.7 Outline the management of head, eye and facial injuries
- 10.5.8 Outline the management of internal bleeding
- 10.5.9 Outline the management of crush injuries
- 10.5.10 Outline the benefit of tying a reef knot
- 10.5.11 Demonstrate the application of pre-packed sterile dressings to various body sites
- 10.5.12 Demonstrate the application of bandages to various body sites
- 10.5.13 Demonstrate using a triangular bandage the narrow fold, broad fold, arm sling and elevation sling
- 10.5.14 Demonstrate the treatment of a nose bleed
- 10.5.15 Demonstrate the procedure to clean a simulated minor wound
- 10.5.16 Demonstrate using items from first aid kit the treatment of surface injuries to the head, ear and face

Unit 6: Altered levels of consciousness

The learner will be able to:

- 10.6.1 Define shock
- 10.6.2 State the primary causes of shock
- 10.6.3 List the signs and symptoms of shock
- 10.6.4 Outline the treatment of a patient in shock
- 10.6.5 Outline how monitoring vital signs can indicate the condition of a patient
- 10.6.6 List the functions of the nervous system
- 10.6.7 Define altered level of consciousness
- 10.6.8 List the causes of altered level of consciousness
- 10.6.9 Differentiate between concussion and compression
- 10.6.10 Define fainting
- 10.6.11 List the signs and symptoms of a faint
- 10.6.12 Outline the treatment of a patient with altered level of consciousness
- 10.6.13 Define diabetes and epilepsy and outline appropriate treatment
- 10.6.14 Demonstrate the position used to treat a patient in shock
- 10.6.15 Demonstrate the recovery position
- 10.6.16 Demonstrate the treatment of the patient with altered level of consciousness

Unit 7: Musculoskeletal injuries

The learner will be able to:

- 10.7.1 List the functions of the skeleton
- 10.7.2 Define a fracture, sprain, strain and dislocation
- 10.7.3 List the causes of a fracture
- 10.7.4 Differentiate between open, closed and complicated fractures
- 10.7.5 List the signs and symptoms of a fracture
- 10.7.6 Outline the dangers of uncontrolled movement of a fracture and the conditions where a patient should/ should not be moved
- 10.7.7 Demonstrate the treatment of an upper limb fracture using bandages
- 10.7.8 Demonstrate the treatment of a shoulder dislocation
- 10.7.9 Demonstrate the treatment of a soft tissue injury using the rest, ice, compress and elevate (RICE) method
- 10.7.10 Demonstrate the treatment of a lower limb injury

Unit 8: Burns and scalds, chemicals, poison, electric shock

The learner will be able to:

- 10.8.1 State the functions of the skin
- 10.8.2 Differentiate between a burn and a scald
- 10.8.3 State the danger of burns
- 10.8.4 Outline the treatment of minor burns
- 10.8.5 Outline the treatment of major burns
- 10.8.6 Outline the treatment of a chemical burn to the body
- 10.8.7 Outline the treatment of a chemical burn to the eye
- 10.8.8 Define a poison
- 10.8.9 List four routes of entry of a chemical/ poison into the body
- 10.8.10 Differentiate between a harmful, corrosive and toxic chemical
- 10.8.11 Outline the treatment for each route of entry of a chemical/ poison
- 10.8.12 State the effects of low/high voltage electric current to the body
- 10.8.13 Outline the safe management of a patient who is in contact with a live electrical source
- 10.8.14 Outline the treatment of a patient who has been in contact with a live electrical source
- 10.8.15 Demonstrate the treatment of a minor burn including the application of a burns dressing
- 10.8.16 Demonstrate the treatment of a major burn
- 10.8.17 Demonstrate the treatment of a chemical burn
- 10.8.18 Demonstrate eye irrigation and the application of an eye pad

11 Portfolio of Assessment

Please refer to the glossary of assessment techniques and the note on assessment principles at the end of this module descriptor.

All assessment is carried out in accordance with FETAC regulations.

The OFA Instructor advises the format of assessment.

Assessment is carried out by the External OFA Assessor.

Summary	Basic Life Saving Skills	40%
	Other Occupational First Aid Skills	30%
	Short Answer Questions	30%

11.1 Basic Life Saving Skills

Candidates will be assessed in the following basic life saving skills:

- CPR/AED

11.2 Other OFA Skills

Candidates will be assessed in 2 of the following skill areas:

- Patient assessment
- Respiratory emergencies
- Wounds
- Bleeding
- Shock
- Altered levels of consciousness
- Musculoskeletal injuries
- Burns and scalds
- Electric shock

11.3 Short Answer Questions

Candidates will be assessed on their ability to recall and apply theory and understanding, requiring responses to a range of short answer questions. These questions may be answered in different media e.g. in writing or orally. 20 out of a choice of 22 questions need to be answered in a 30 minute examination.

12 FETAC Grading

Pass (P)	50 - 64%
Merit (M)	65 - 79%
Distinction (D)	80 - 100%

Individual Candidate Marking Sheet 1	Occupational First Aid Skills Code – D20188 Skills Demonstration 70%
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Candidate Name: _____ **FETAC Candidate No.:** _____

Assessment Criteria	Maximum Mark	Candidate Mark
Basic life saving skills <ul style="list-style-type: none"> • CPR/AED 	40	
2 of the following occupational first aid skills <ul style="list-style-type: none"> • Patient assessment • Respiratory emergencies • Wounds • Bleeding • Shock • Altered levels of consciousness • Musculoskeletal injuries • Burns and scalds • Electric shock 	30	
TOTAL MARKS <i>This mark should be transferred to the Module Results Summary Sheet</i>	70	

OFA Instructor Signature: _____ **Date:** _____

OFA Assessor Signature: _____ **Date:** _____

Individual Candidate Marking Sheet 2	Occupational First Aid Code - D20188 Short Answer Questions 30%
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Candidate Name: _____ FETAC Candidate No.: _____

Assessment Criteria	Maximum Mark	Candidate Mark
Short Answer Questions • 20/22 short answer questions (1.5 marks each)	30	
TOTAL MARKS <i>This mark should be transferred to the Module Results Summary Sheet</i>	30	

OFA Instructor Signature: _____ **Date:** _____

OFA Assessor Signature: _____ **Date:** _____