First Aid at Work Policy

Department / Service:	Health & Safety
Originator:	Head of Health & Safety
Accountable Director:	Chief Operating Officer
Approved by:	Health and Safety Committee
Date of Approval:	10 th February 2025
Review Date:	10 th February 2027
This is the most	
current document and	
should be used until a	
revised version is in	
place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All
Target staff categories	All

Purpose of this document:

The statutory requirements for first aid in the workplace are detailed in the Health and Safety (First Aid) Regulations 1981, interpreted by the 2013 Guidance (L24, amended 2024) issued by the HSE. This policy sets out the requirement for first-aiders in the workplace and issues to be considered when assessing provisions.

Key amendments to this Document:

Date	Amendment	By:
July 2009	2 yearly review of policy	Paul Graham
September 2011	Biennial review - no changes other than the addition of the Trust Risk Assessment as an appendix	Paul Graham
December 2013	2 yearly review of policy – minor changes to further clarify the use of doctors and nursing staff as first aiders	Paul Graham
March 2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
May 2017	Biennial review with changes to reflect the requirements of the workplace	Paul Graham
Jan 2020	Document extended for 12 months whilst in the process of appointing a new Health and Safety Manager.	Samantha Reid
February 2021	Document extended as per Trust agreement 11.02.2021	Trust agreement
March 2022	Review of policy: new author, addition of HSE / L24 reference, amended definitions in 3.1. for clarity; added reference re contents of FA boxes in high risk areas.	Julie Noble

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Trust	Policy			orcestershire te Hospitals
Jan 2025	Minor changes to job titles; information added to managers and staff duties re first aid training types and frequencies added. Information on training providers and content of the different first aid training added to section 6.3.		Julie Noble	

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1. Introduction

Worcestershire Acute Hospitals NHS Trust will carry out risk assessments to decide how many first-aiders are required in the workplace in compliance with the Regulations. Based on these assessments, first-aiders will be nominated and trained and the training updated as required. Where appropriate, equipped first-aid boxes will be provided and the location of first-aiders advertised. If the first aid injury is such that it requires an immediate emergency response then staff can contact Ext 2222 and ask for medical assistance. If such an event takes place in the grounds of the hospital then staff would need to dial 999 in order to alert the ambulance services.

2. Scope of the Policy

This policy applies to all staff working within Worcestershire Acute Hospitals NHS Trust.

3. Definitions

First-Aider: This is a member of staff who is trained to deal with first aid situations and holds a current first aid certificate. NB: A first aider can also undertake the duties of an appointed person. First aiders are deemed trained, if they hold a current Emergency First Aid at Work certificate (1 day course with certification lasting 3 years) or a First Aider at Work certificate (3 day course with certification lasting 3 years)

In addition, other members of staff can act as First Aiders provided, they can demonstrate current knowledge and skills in first aid, are trained and have experience. Due to their level of competency the following staff groups can administer first aid in the workplace without the need to hold a First Aid at Work or Emergency First Aid at Work or equivalent qualification:

- doctors registered and licensed with the General Medical Council;
- nurses registered with the Nursing and Midwifery Council;

Appointed person: If you decide you don't need a first-aider in your workplace, you should appoint someone to take charge of first-aid arrangements. The role of this appointed person includes looking after first-aid equipment and facilities and calling the emergency services when required. Appointed persons do not need first-aid training, though emergency first-aid courses are available.

4. Responsibility and Duties

4.1 Managers

Managers are responsible for conducting a risk assessment to determine the need and level of first aid cover required in their area of responsibility. Managers in operational roles (e.g. estates team), must additionally ensure they are meeting the requirements for first aid provision if documented within specific HTM, or regulation.

Where a number of managers have responsibilities for part of an area within a particular location, a joint approach may be adopted by the managers to determine the level of first aid cover required for the location. In these cases, it is recommended that posters documenting who the first aiders are for shared area is displayed. In situations where the workforce is variable day to day (e.g. hybrid working in an office where the risk of injury is low) where a first aider being on duty is not guaranteed; managers should advise staff

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that for basic minor injuries they should provide self-administered first aid (e.g. paper cut apply a band-aid); for anything more serious attend ED or call 999.

Managers should ensure staff that they have been nominated as either a *designated first aider* or an *appointed* person receives training according to the level of their responsibilities. A formal record must be kept of the names of first-aiders, the dates of training and training renewal dates. NB it is a legal requirement to ensure nominated first aiders undertake refresher training at the designated refresher periods to be able to provide continual to act as a first aider. Once training is complete, each first-aider or appointed person must have access to first aid equipment as listed in 5.2.

In work areas where one or more first aiders have been identified it would only be necessary to provide a sufficient number of boxes to meet the local requirements. First aid boxes must be ordered via the Supplies Department. It is the Managers must ensure there is suitable and sufficient first aid equipment available / accessible and ensure boxes are checked at monthly

The location and name of first-aiders and appointed persons must be communicated to those staff working in the vicinity and this may be further emphasised by the prominent display of a notice or poster in the work area.

In areas where it has been assessed that adequate cover can be provided by doctors and/or nurses it is essential that managers ensure that all staff are aware of the level and type of cover in place.

Managers must reiterate to their staff the requirement to report any injury that occurs and seek assistance without any delays. Line Managers must be vigilant and ensure they are made aware of any injury promptly so that appropriate action is taken to care for the affected person and also enable an assessment of the cause of the injury. This is to enable immediate accident preventative actions to be implemented. Managers must ensure an annual workplace risk assessment is produced which identifies hazards in their workplace and the controls in place to prevent accidents happening. This must be proactively monitored, and any new hazards must be subsequently documented, controls identified / listed and communicated to the team.

4.2 Staff Duties

Staff must accept their own personal responsibility to prevent accidents occurring in the first place (e.g. clear spills, not leave clutter which can create a trip hazard, be attentive of their surroundings, not rush)

However, staff must proactively acquaint themselves with the name and location of their nearest first-aider/appointed person or the type of general cover provided by doctors and/or nurses should an accident occur.

Staff must inform their manager of any first aid type injury sustained in the workplace as soon as this incident has occurred. This is to ensure appropriate care / treatment is given and the cause of the injury is assessed, the area immediately made safe and any further preventative measures can be put in place. Failure to report an injury means other staff members may incur a repeat injury or at worst a more severe injury. Following the verbal reporting of an accident staff must formally report the accident by completing an

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incident report (refer to the Incident Reporting Policy / Datix incident reporting system). If staff are unable to complete the accident form themselves promptly then they must inform their line manager who can record the incident on their behalf. This ensures the H&S team are alerted to the incident.

4.3 First Aiders Duties

First-aiders should present themselves for update training at the appropriate time. This being a maximum of 3 years although refreshers can be conducted annually where possible.

If a first aider is called to assist an injured person the first-aider must keep a simple record of what / when first aid was given. This should record the name of the person involved, what first aid was given and the date and time it was given and any other information that may aid the accident investigation. Details of such treatment should be recorded on the incident report (Datix).

First-aiders/appointed persons will be responsible for ensuring that the first aid boxes are fully equipped at all times as listed in 5.2.

5. Policy Detail

5.1 Risk Assessment

Risk assessments will take into account various work situations and the many tasks within the organisation, whose risks may vary from low to high depending on the work undertaken. As part of the assessment different work patterns will be taken into account such as work being undertaken away from normal base location; shift work; 24 hour cover; proximity of medical care etc.

Staff working in areas outside of the main hospital buildings may need to dial 999 in order to obtain medical assistance via the ambulance service. This should be considered as part of the local risk assessment and staff made aware of the need for this course of action. A first aider will be required to oversee the maintenance of the sick person until the ambulance arrives.

Staff who work alone in isolated locations, particularly if their job is high risk, may need to receive first-aider training and be provided with emergency first aid equipment.

Staff absence should be taken into account when calculating the required number of first-aiders. If for example a first-aider is required at all times, it may be necessary to designate a number of staff in order to make sure there is cover at lunchtimes, during leave etc.

The Regulations do not require employers to provide first aid for anyone other than their employees, but as the Trust's business involves contact with members of the public and contractors etc; it is advisable that the Trust includes non-staff in any assessment.

Those staff whose work frequently takes them away from the base location are not ideal for the role of designated first-aider for that location, however if they are already trained they may complement the formal provision if desired.

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5.2 Contents of First Aid Box

A first aid box should contain the following items only and should not contain drugs of any description

- I. one guidance card
- **II.** six individually wrapped triangular bandages
- **III.** twenty individually wrapped sterile dressings (assorted sizes) appropriate to the work environment (detectable for catering)
- **IV.** six medium sizes individually wrapped sterile unmedicated wound dressings approx 10cm x8cm.
- V. three extra-large sterile individually wrapped unmedicated wound dressings approx 28cm x 17.5cm.
- VI. two large sterile individually wrapped unmedicated wound dressings approx 13cm x 9 cm
- **VII.** two sterile eye pads with attachment
- VIII. six safety pins

The above list is the HSE recommended list of contents for first aid boxes; if however staff are working in a high risk / remote area then other items may be added. Refer to British Standard BS 8599-1 which provides further information on the contents of workplace first-aid kits.

6. Implementation arrangements

6.1 Plan for implementation

This policy will be implemented by local managers in their respective areas of responsibility.

6.2 Dissemination process

The First Aid at Work Policy will be made available on the Trust Intranet. A Managers Brief will be distributed to all managers for them to in turn inform their staff of the relevant sections of the policy. It will also be communicated to managers and staff-side representatives via the Trust Health and Safety Committee.

6.3 Training and awareness

Managers who have identified the need for first aiders in their area must arrange training for their nominated first-aiders/appointed persons as required and forward their requests to the Training and Development Manager. Training can be arranged by contacting the Training Department Extension 33239 or email: <u>wah-tr.CHEC-TrainingTeam@nhs.net</u>. Alternatively if this isnt available managers can book training directly via an accredited first aid training provider (e.g. St. Johns Ambulance, British Red Cross). All first aid training is valid for three years; refresher training must be conducted before the expiry date of the first aid certificate.

Different Training levels are:

- 1. Emergency First Aid at work (EFAW). This is a one-day course. On completion of training, successful candidates should be able to:
 - understand the role of the first-aider, including reference to:
 - the importance of preventing cross infection;
 - the need for recording incidents and actions;

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- use of available equipment;

■ assess the situation and circumstances in order to act safely, promptly and effectively in an emergency;

- administer first aid to a casualty who is unconscious (including seizure);
- administer cardiopulmonary resuscitation and use an automated external defibrillator;
- administer first aid to a casualty who is choking;
- administer first aid to a casualty who is wounded and bleeding;
- administer first aid to a casualty who is suffering from shock;

■ proide appropriate first aid for minor injuries (including small cuts, grazes and bruises, minor burns and scalds, small splinters).

- 2. First Aid at Work (FAW) course. This is a three day course: On completion of training, whether a full FAW course or a FAW requalification course, successful candidates should have satisfactorily demonstrated competence in all of the subject areas listed above and also to be able to:
 - administer first aid to a casualty with:
 - injuries to bones, muscles and joints, including suspected spinal injuries;
 - chest injuries;
 - burns and scalds;
 - eye injuries;
 - sudden poisoning;
 - anaphylactic shock;
 - recognise the presence of major illness (including heart attack, stroke, epilepsy, asthma, diabetes) and provide appropriate first aid.

The type of training will be dependent on the hazards within the specific work place.

7 Monitoring and compliance

The Health and Safety committee will monitor the effectiveness of this policy, as a standard, and the general level of compliance with its requirements.

Managers will be responsible for reviewing their own local first aid at work requirements via the risk assessment process. The Directorate and Divisional Managers will monitor this level of compliance with the policy.

The annual health and safety audits will also take into account first aid at work issues and will provide the Trust with a further overview report of the effectiveness of the health & safety management system.

8 Policy review

This policy will be reviewed by the Health & Safety Committee after 3 years or earlier if there are any significant changes to the workplace, work practice or legislative requirements.

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9 References

References:

Health and Safety at Work, etc Act 1974
Management of Health and Safety at Work Regulations 1999
Workplace (Health, Safety and Welfare) Regulations 1992
Health and Safety (Miscellaneous Amendment) Regulations 2002
Health and Safety (First Aid) Regulations 1981
Health and Safety at Work, etc Act 1974
Approved Code of Practice & Guidance 'First Aid at Work – The Health & Safety (First Aid at
Work) Regulations 1981 – L74 (2013 Third edition)
Health & Safety Policy
Incident Reporting Policy
COSHH Policy

10. Background

10.1 Equality requirements

An equality assessment has been performed. There are no equality issues presented by this policy.

10.2 Financial Risk Assessment

A financial risk assessment has been performed. Effecting change as a result of learning may have associated costs although these will be dealt with through individual business cases.

10.3 Consultation Process

The following were consulted in the production of this version of the policy:

- H&S Policy Working Group
- Members of the Health and Safety Committees

10.4 Approval Process

This policy will obtain final approval from the JNCC.

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Appendix 1

GUIDANCE ON PROVIDING FIRST AID COVER

Aspects to consider when carrying out an assessment:

- 1. Are there any specific first aid risks, for example working with;
 - hazardous substances
 - dangerous tools
 - dangerous machinery
 - dangerous loads?

If so you may need to consider specific training for first aiders, extra first aid equipment and the precise siting of first aid equipment

2. Are there parts of your work area where a different level of risk can be identified? If so you will probably need to make different levels of provision in different areas.

3. What is your record of accidents?

Consider the number and type of first aid injuries you have needed to deal with.

- 4. How many staff are employed in your work area? In low risk work areas (offices) with fewer than 50 employees the suggested number of first aid personnel is at least one appointed person. In medium to high risk areas it is suggested that at least one first aider be appointed for every 50 employees.
- 5. Are there inexperienced workers on site or employees with disabilities or special health problems?

Consider the need for specialist provisions.

6. Are the premises spread out e.g. are there several buildings on the site or multifloor buildings?

You may need to carefully consider where you site your provisions.

- **7.** Is there shift work or out of hours working? Remember first aid cover needs to be available at all times people are at work.
- 8. Do you have employees who travel a lot or work alone? You may need to consider issuing staff with personal first aid kits and training staff in their use.
- **9.** Do any of your employees work at sites occupied by other employers? You will need to make arrangements with other site occupiers.

10. Do members of the public visit your premises?

You have no legal responsibilities for non-employees however you are strongly advised to include them in your provision.

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Appendix 2

RISK ASSESSMENT RECORD – First Aid

Division/Speciality/Wa Trust-wide	ard/Dept Date of Assessment: January 2025
HAZARD Give a brief description of th nature of the hazard includir the physical location and/or task it relates to.	 Staff working in the Trust could be exposed to a number of workplace hazards. These may include: Slips, trips and falls Collision with objects such as furniture etc. Use of electrical and mechanical equipment Use of chemicals Manual handling Exposure to needles and other sharps
RISK(s) Use the formula: As a result of [definite cause], [risk event] may occur, which would lead to [effect]. For example: As a result of inadequate training, staff may fail to correctly use equipment which would lead to patient harm	injuries reported the risks vary depending upon the work area for example: Offices – low risk Workshops – moderate risk Clinical areas – moderate risk Serious injuries may result in RIDDOR reportable cases and even
EXISTING CONTROL MEASURES Give details of any existing control measures:	 Guidance and advice is available in the First Aid at Work Policy. First Aid training for staff can be provided by the Trust's Education and Training Department Clinical areas may rely on registered doctors and nurses to provide first aid cover as long as they can demonstrate current knowledge and skills in first aid Emergency treatment is available via the sites Emergency Departments and Minor Injuries Unit at Kidderminster First aiders at work will NOT be responsible for administering first aid to any patient, visitor or contractor. If any of these individuals require first aid treatment it will be provided by the Emergency Departments or Minor Injuries Unit at KTC.
PeopleStaffaffectedPlease tickX	PatientsVisitorsContractorsOthersXXX
Please give details	individuals that are particularly at risk? YES □ NO ✓ he requirements of any relevant legislation? YES ✓ NO □
Are there adequate eme imminent or serious dat	rgency procedures in place to deal with any associated nger? YES \checkmark NO \Box
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	Trust	Po	licy
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Is the risk effectively controlled? YES ✓ NO □				
Risk Evaluation: (Please use the 5 x 5 scoring matrix to assess consequence and likelihood				
taking into account the above contr	ol measures)			
Consequence 1 2 3 4 5	Likolihor	d 1 2 2 4 5	Priority VL	
consequence 1 2 3 4 5	LIKeIIIIO	0u 1 2 <u>3</u> 4 5	Phoney VL	
Please circle				
A. The identified risk is acc	contable and	d does not rea	uire any further	or
improved control meas	-	-	une any further	01
improved control meas		k as appropriate)		
Name of Manager accepting the	risk:			
Division: Division: Division: Division	Date:			
B . The identified risk is una	acceptable	and requires f	urther or more e	effective
control measures to be	implemente	d ✓ (Tick as app	propriate)	
	-		. ,	
Further Action(s) Requ	ired	By Whom	Time Scale	Completed
			for completion	
Low risk work areas (Offices a	nd other	Responsible	completion	
admin areas) must ensure that t		Managers		
appointed persons in place who		Managoro		
responsible for maintaining any				
boxes and calling the emergenc				
if required. Appointed persons a				
required to attend any specific tr				
Moderate risk work areas (Pathology,		Responsible		
Estates workshops and Catering		Managers &		
must ensure that they nominate		Training		
Emergency First Aid at Work pe arrange for them to be suitably t		Department		
All work areas should consider t		Responsible		
for First Aid boxes and where required		Managers		
arrange purchase.				
Resources Required: (Please include cost and recurring costs where applicable)				
Provision of First Aid at Work training				
Budget for the supply and replenishment of First Aid boxes				
Now recalculate the risk score with				
Consequence 1 2 3 4 5 Likelihood 1 2 3 4 5 Priority <u>VL</u> L M H				
Details of entry on to the Risk RegisterDate placed on Register:N/AInitially Approved by:				
Name of responsible manager:				
Finally Approved by:				
	Name of manager			
Have those individuals at	YES ✓ NO □			
risk been informed of the			rious	
findings from this risk		.Local Managers		
assessment?	Date:Ma	arch 2022		
Date for Review (consider an	Manak 000			
appropriate review date)	March 202	3		

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On completion this form should be retained for local record keeping purposes

NOTE: Advice on Risk Assessment may be obtained from Health & Safety Manager





Supporting Document 1 - Equality Impact Assessment Tool Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	Herefordshire Council	Herefordshire CCG
Worcestershire Acute Hospitals NHS Trust	 Worcestershire County Council	Worcestershire CCGs
Worcestershire Health and Care NHS Trust	Wye Valley NHS Trust	Other (please state)

Name of Lead for Activity	Julie Noble, H&S Manager

Details of individuals completing this assessment	Name Julie Noble Samantha Reid	Job title H&S Manager H&S Officer	e-mail contact Julie.noble13@nhs.net Samantha.reid3@nhs.net
Date assessment completed	03/03/2022		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: First Aid at Work Policy			
What is the aim, purpose and/or intended outcomes of this Activity?	To describe the provision, implementation and management of First Aiders for the Trust to ensure legal compliance			
Who will be affected by the development & implementation of this activity?	$ \begin{array}{c c} \Box & \text{Service User} & \Box & \text{Staff} \\ \Box & \text{Patient} & \Box & \text{Communities} \\ \Box & \text{Carers} & \Box & \text{Other} \\ \Box & \text{Visitors} & \Box & \end{array} $			
Is this:	 □ √ Review of an existing activity □ New activity □ Planning to withdraw or reduce a service, activity or presence? 			

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What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.		Worcestershire Royal Acute Hospitals NHS bsite and UK applicable regulations has been
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Key parties have been provided with this Policy for review / comm (e.g. H&S committee). The H&S manager has ensured this policy meets legal obligations.	
Summary of relevant findings	No impact to others fro improvement process.	om this document; this is a continual

Section 3 Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. Please tick one or more impact box below for each Equality Group and explain your rationale. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential	Potential	Potential	Please explain your reasons for any
	positive	<u>neutral</u>	<u>negative</u>	potential positive, neutral or negative impact
	impact	impact	impact	identified
Age	\checkmark			
B	1			
Disability	\checkmark			
Gender	V			
Reassignment				
Marriage & Civil				
Partnerships				
Pregnancy &	V			
Maternity				
-				
Race including	\checkmark			
Traveling				
Communities				
Religion & Belief	\checkmark			
Sex	V			
	,			
Sexual				
Orientation				
Other	V			
Vulnerable and	v			
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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Disadvantaged				
Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health				
Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Risk identified	required to reduce / eliminate negative	required to lead on reduce / the eliminate action? negative

<u>Section 5</u> - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat

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them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Samantha Reid
Date signed	
Comments:	
Signature of person the Leader	Julie Noble
Person for this activity	
Date signed	
Comments:	



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Supporting Document 2 - Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Executive Team before progressing to the relevant committee for approval

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