

# Guidelines on First-Aid at Places of Work



## Table of Contents

Introduction	3	2.6 Distance from medical services	15
Why is first-aid required?	3	2.7 More than one employer working together	15
The Regulations	4	2.8 Employees working away from employers premises	15
Other legal requirements for first-aid and emergency arrangements at work	5	2.9 Selection of occupational first-aiders	15
<b>Chapter 1 - First-aid equipment</b>	<b>6</b>	2.10 Training for occupational first-aiders in special hazards	16
1.1 Assessment of first-aid needs in the workplace	6	2.11 Access to skilled or specialist advice	16
1.2 First-aid boxes and first-aid kits	6	2.12 Protection from infection	16
1.3 Special hazards	8	2.13 Other levels of first-aid skills	17
1.4 Employees working away from employer's premises	8	2.14 Recording of first-aid treatment	17
1.5 Remote working	8	2.15 Training, assessment, and certification of occupational first-aiders	18
1.6 Isolated locations	9	2.16 Training duration	18
1.7 Employees of more than one employer working together	9	2.17 Certification of First-Aid Responder Training	18
1.8 Maintenance of first-aid material, equipment and supplies	9	2.18 Training of Occupational First-Aid Response instructors	18
1.9 Location of first-aid material and equipment	10	2.19 Registration of Occupational First-Aid training providers	19
1.10 Automated External Defibrillators (AEDs)	11	<b>Chapter 3 - First-aid rooms, equipment and communications</b>	<b>20</b>
1.11 Emergency eye wash and emergency showers	11	3.1 Criteria for provisions	20
<b>Chapter 2 - Provision, functions, training and assessment of occupational first-aiders and instructors</b>	<b>12</b>	3.2 Minimum conditions for first-aid rooms	21
2.1 Requirement for occupational first-aiders	12	3.3 First-aid room facilities and equipment	22
2.2 Criteria for deciding adequate and appropriate provision of occupational first-aiders	12	3.4 Fitting out of a new first-aid room	23
2.3 Number of employees	13	3.5 Communication links with the workplace	23
2.4 Degree of hazard	14	3.6 Contact with External Services	23
2.5 Accessibility of first-aiders	15		

## Introduction

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This guidance is designed to assist employers, employees, safety representatives and others to understand the requirements set out in Chapter 2 of Part 7 of the Safety, Health and Welfare at Work General Application Regulations 2007 (S.I. No. 299 of 2007) first-aid. This document provides guidance and information on determining the need for first-aid provisions in the workplace, first-aid training for employees, first-aid equipment, and first-aid facilities in a workplace. Finally, this guidance has been updated to align with the Pre-Hospital Emergency Care Council (PHECC) First Aid Response Education and Training Standard. This First-Aid training has replaced the Occupational First Aid (OFA) Level 5 course as the established standard for OFA training. This document is not intended as a legal interpretation of the legislation.

### Why is first-aid required?

First-Aid is an important skill in providing initial care to an injured or ill person and is a vital link in the chain of survival until further emergency care arrives. It is important as it can keep the person alive until medical help arrives and helps prevent further injury to the person.





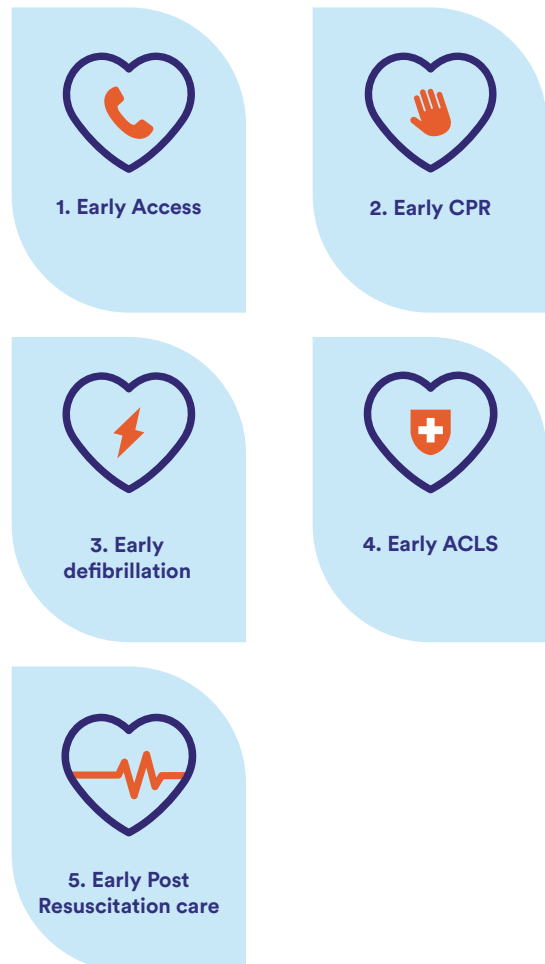
## The Regulations

The Safety, Health and Welfare at Work (General Application) Regulations 2007, Chapter 2 of Part 7 First-Aid, applies to every place of work to which the Number 10 of 2005 Safety Health and Welfare at Work Act 2005 applies and to employers and the self-employed alike.

### 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 two general types of circumstances under which first-aid as defined may need to be provided 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 a PHECC registered practitioner, can take over management of the situation. A PHECC registered practitioner is an Emergency Medical Technician (EMT), Paramedic (P) or Advanced Paramedics (AP). In relation to preserving life, the “Chain of Survival” concept is recognised. This is based on five vital links to save a life to include:



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”.

The Pre-Hospital Emergency Care Council (PHECC) First Aid Response (FAR) training standard is the recognised minimum standard for occupational first aid training in the workplace. The PHECC First Aid Response (FAR) Education and Training Standard replaced the previous Occupational First Aid Level 5 course as the established standard for occupational first aid training. The following PHECC standards, are also recognised for the purpose of meeting the occupational first-aid training standard:

- Emergency First Responder
- Emergency Medical Technician
- Paramedic
- Advanced Paramedic qualifications

Employers have a duty to provide first-aid 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 deem them a requirement. These rooms must be properly equipped with first aid equipment and facilities.

**The requirement for first-aid rooms does not apply to the following places of work:**

- Means of transport used outside the undertaking or a place of work inside a means of transport;
- A fishing boat;
- A field, wood or land forming part of an agricultural or forestry undertaking which is situated away from the undertaking’s building.

Necessary external contacts must be made and in place in all workplaces 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 the arrangements in place.

## Other legal requirements for first-aid and emergency arrangements at work

This document will focus specifically on the requirements detailed in Chapter 2 of Part 7 of the Safety, Health and Welfare at Work (General Application) Regulations 2007. There are other requirements for workplace first-aid and emergency arrangements outlined in the legislation below if this legislation applies to a workplace consideration must also be given to the further legislation requirements.

- » Safety, Health and Welfare at Work (Chemical Agents) Regulations, 2001 (S.I. No. 619/2001) and as amended.
- » Safety, Health and Welfare at Work (Carcinogen, Mutagens and Reprotoxic Substances) Regulations, 2024 (S.I. No. 122/2024).
- » Safety, Health and Welfare at Work (Construction) Regulations, 2013 (S.I. No. 291/2013) and as amended.
- » Safety, Health and Welfare at Work (Confined Spaces) Regulations, 2001 (S.I. No. 218/2001).
- » European Communities (Carriage of Dangerous Goods by Road and Use of Transportable Pressure Equipment Regulations 2011, (S.I. 349/2011) and as amended.
- » Safety, Health and Welfare at Work (Quarries) Regulations 2008 (S.I. No. 28/2008) and as amended.
- » Safety, Health and Welfare at Work (Mines) Regulations 2018 (S.I. No. 133/2018).
- » Safety, Health and Welfare (Offshore Installations) (Operations) Regulations 1991 (S.I. No. 16/1991) and as amended.

## Chapter 1 - First-aid equipment

### 1.1 Assessment of first-aid needs in the workplace

An employer must assess their workplace and workplace activities to assess the risks that may arise to require first-aid treatment in the workplace. This assessment will determine what is adequate and appropriate for the workplace first-aid requirement. Different work activities involve different hazards and therefore different first-aid provision is required.

Some places of work for example offices or libraries, have relatively low hazards whereas others for example, factories and construction work often have a greater degree of hazard or specific hazard involved. 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 for example 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.

**Requirements for first aid provision at work will therefore depend on the following factors:**

- The size of the workplace
- The numbers employed
- The nature of the work
- The hazards arising
- Access to medical services
- Dispersal of employees
- Employees working away from their employer's premises
- Employees in isolated location
- Consider lone working, remote working
- Different working patterns. Employee work on a shared work site

### 1.2 First-aid boxes and first-aid kits

As a minimum every workplace should have an occupational first-aid box or kit. **Table 1** gives a broad indication of the type of first-aid materials/equipment and supplies which would be reasonable in different circumstances. This equipment must be checked regularly to the contents, condition and expiry dates where available. Many items, particularly sterile ones, are marked with expiry dates. Replace expired items, disposing of them safely. If a sterile item doesn't have an expiry date, check with the manufacturer to find out how long it can be kept. For non-sterile items without dates, you should check that they are still fit for purpose.

Consideration must be given to size and complexity of the workplace to ensure reasonable numbers of first-aid kits are dispersed appropriately.

In areas where there maybe poor illumination consideration should be given to the provision of a high-vis vest and a pocket torch to be kept near the first-aid box.

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 first-aid circumstances first-aiders can administer aspirin if available for suspected cardiac chest pain as per training. Therefore, it is advised that the aspirin be stored separately or with the Automated External Defibrillator (AED).

Table 1: Recommended Contents of Occupational First-Aid Boxes and Kits<sup>1</sup>

Materials	First Travel Kit Contents	First Aid Box Contents		
		1-10 Persons	11-25 Persons	26-50 Persons <sup>2</sup>
Individually wrapped sterile plasters of assorted sizes	20	20	20	40
Sterile Eye Pads (No. 16) (bandage attached)	2	2	2	4
Individually Wrapped Triangular Bandage	2	2	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
Disposable Examination Gloves Pairs (Latex-free gloves should be worn where possible as some people are allergic to latex).	3	5	10	10
Sterile water where there is no clear running water <sup>3</sup>	2x20mls	1x500mls	2x500mls	2x500mls
Water Based Burns Dressing Small (10x10cm)	1	1	1	1
Water Based Burns Dressing Large <sup>4</sup>	1	1	1	1
Crepe Bandage (7cm)	1	1	2	3
Foil Blanket <sup>5</sup>	1	1	1	1
Vomit bag	2	2	2	2
Hazardous waste bag	1	1	1	1
Mouth shield for CPR (CPR pocket mask or flat face shield)	1	1	1	1
Pen torch <sup>6</sup>	1	1	1	1

1. 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.
2. 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 for drivers of dangerous goods vehicles it is recommended a quantity of 2x 500mls of sterile water for eye irrigation is in their travel kits due to the risk of contact with hazardous chemicals and this is mandatory in certain dangerous goods vehicles (ADR 8.1.5).
3. Where more than 50 persons are employed, pro rata provision should be made. 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.
4. Where mains tap water is not readily available for cooling burnt area. The container should be CE marked.
5. To accompany the first-aid kit a standard blanket should be made available where possible.
6. Any site with ATEX (Explosive Atmospheres at Work) zoned areas must be aware of the requirement for intrinsically safe/ATEX rated torches for use in these areas.



### 1.3 Special hazards

Some industries and workplaces have higher risks and may require more specialised emergency treatment. Where a workplace has employees exposed to any special hazards, further training and advice from specialists would be required. Therefore, further training beyond First Aid Responder Training may be required.

#### For example:

- Risk of poisoning by toxic substances, for example certain cyanides or related compounds.
- Risk of burns from corrosive or oxidising substances, for example hydrofluoric acid.
- Risk of accidental exposure to hazardous substances, for example toxic, irritant or asphyxiant gases, requiring oxygen for resuscitation. A First Aid Responder with a First Aid Responder certificate cannot administer oxygen. Additional training on oxygen administration is available via the PHECC Cardiac First Responder – Advanced or Emergency First Responder levels. Further details are available on the PHECC website: PHECC Home ([pheccit.ie](http://pheccit.ie)).
- Other specific risks identified in the Safety Statement required by Section 20 of the Safety, Health and Welfare at Work Act, 2005 (No.10/2005).

First Aid Responders or on-site medical personnel depending on treatment, must receive additional training as required in their use. In such cases 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 hazard is present.



### 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 for example agricultural and forestry work, electricity, gas, water and telecommunications services, transport of hazardous articles and substances, 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. Although training and information should be provided to all employees in what to do in the event of injury or accident at work.



## 1.5 Remote working

Remote working refers to work activities undertaken away from the employer's normal work premises including in a domestic setting or a remote working hub.

If the employees work is low-risk, such as desk-based work and you work in your own home, you may not need any first-aid equipment beyond normal domestic needs. An assessment needs to be carried out for the work activity and training and information should be provided to all employees in what to do in the event of injury or accident at work.

The first-aid requirements for remote working needs to be based on risk assessments and documented in the risk assessment and safety statement.

## 1.6 Isolated locations

Workers may be relatively isolated even when working within a particular workplace such as a yard in a factory or rear of a building. This isolation may be accentuated on for example farms, forestry, mountainous areas. 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 access to the nearest appropriate medical facility is limited.

Appropriate medical facilities may be a General Practitioner, Local Injury Unit or Hospital Emergency Department. It should be noted that many smaller hospitals no longer have emergency departments and consideration needs to be given, should the need arise, to emergency and rescue service proximity and access to isolated locations. Also, a pre-arranged plan should be agreed with the General Practitioner, to ensure their availability and practicalities of the accessibility when identified as an emergency medical contact.

## 1.7 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 for example, 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. Usually, in a written agreement, one employer takes responsibility for first-aid for all workers on the premises. In the absence of such an agreement each employer will need to determine their own arrangements.

## 1.8 Maintenance of first-aid material, equipment and supplies

In workplaces where there are trained occupational first-aiders, first-aid boxes, kits and other equipment including the AED should be kept under their control. If there is not a requirement for an occupational first-aider, the first-aid boxes and kits should be the responsibility of a named role in the Safety Statement. The contents of the boxes and kits should be replenished as soon as possible after use to ensure that there is always an adequate supply of all materials.

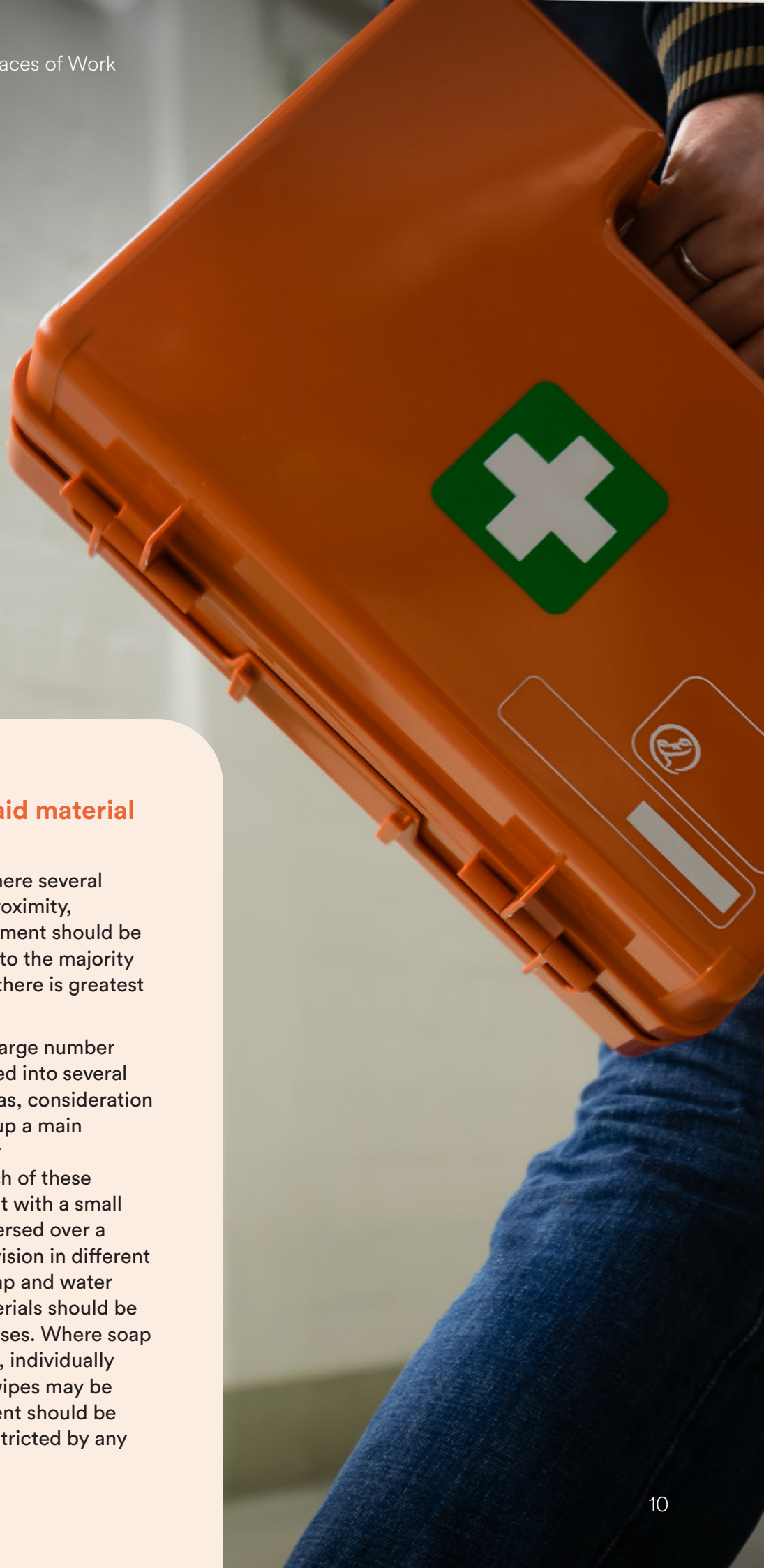
Items should not be used after the expiry date shown. It is therefore essential that first-aid equipment be checked frequently, to make sure that there are sufficient quantities and that all items are usable. First-aid boxes should be made of suitable material designed to protect the contents from contamination by heat, damp or dust and should be clearly identified as first-aid containers. First-Aid boxes should be clearly identifiable for example, the marking on the box, which consists of a white cross on a green background.

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.

### 1.9 Location of first-aid material and equipment

In compact workplaces, where several employees work in close proximity, first-aid material and 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 workplaces have a large number of employees but are divided into several 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. The first-aid equipment should be easily accessed and not restricted by any other equipment.



## 1.10 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 and promoted in the workplace. 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, an AED should be provided. It is also important to consider additional AEDs being provided over larger sites. An AED, where present, should be easily and readily accessible. An AED storage unit should not be locked or situated in an area difficult to access.

Where an AED is sited outdoors, this should be in a heated cabinet. Staff should be made aware of the location of the AED(s) and the location(s) clearly signposted. It is essential that a regular checklist programme is introduced and maintained to ensure that the AED is always ready for use. Specifically, ready for service indicator lights are displaying correctly, AED pads are present, in-date and the battery holds sufficient charge to operate. AED equipment and accessories must be maintained as per manufacturer’s instructions.

The training of other employees who are not occupational first-aiders in the use of AEDs is also encouraged. This formal training is known as the Cardiac First Responder Training.

Whereas it may not be practicable to have an AED in every workplace, due to cost considerations it would be unreasonable to expect all employers, especially micro and small enterprises to have one on their premises. These costs not only include the purchase price but also the vital cost of maintenance of the equipment and regular refresher training in how to use AEDs.

However, employers at the same location, like shopping centres or small business locations with many employees or other persons are likely to be present, may find it practical to co-operate on shared equipment, training, and assistance.

The location of the nearest public-access AED should also be considered as this may be easily accessible.

Where an AED is provided in the workplace, consider registering the location with the National Ambulance Service. Details can be registered via the link on this webpage: [www.nationalambulance.ie/aed](http://www.nationalambulance.ie/aed).

## 1.11 Emergency eye wash and emergency showers

The need for emergency eye wash(es) and emergency shower(s) in a workplace is determined by a risk assessment, based on the workplace activities and use and storage of hazardous material. Where such equipment is provided, it must be easily accessible, kept clean, inspected and tested frequently. Ensure the equipment is functional and ready for use during an emergency. Access to the emergency eye washes and emergency showers must always be clear, with signage in place to indicate location of the equipment. If emergency showers and eye washes are positioned externally, they must be protected from adverse weather conditions.

The European standard EN 15154 is available in relation to emergency eye wash and emergency showers and is covered in 6 parts.

EN 15154 consists of the following parts under the general title Emergency safety showers:

- Part 1: Plumbed-in body showers for laboratories
- Part 2: Plumbed-in eye wash units
- Part 3: Non-plumbed-in body showers
- Part 4: Non-plumbed-in eyewash units
- Part 5: Water overhead body showers for sites other than laboratories
- Part 6: Plumbed-in multiple nozzle body showers for sites other than laboratories



## Chapter 2 - Provision, functions, training and assessment of occupational first-aiders and instructors

### 2.1 Requirement for occupational first-aiders

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 necessary to render first-aid at the place of work concerned. Account must be taken of the size and hazards present in 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”.

The Regulations define an occupational first-aider means:

“  
**a person trained and qualified in occupational first-aid**  
”

### 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 that is where a registered medical practitioner or a registered general nurse are permanently on the premises within easy access, the first-aid arrangements should be provided and co-ordinated by that service. 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 (No.10/2005), 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.

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 lifesaving skills and the emergency treatment of injuries.

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, shops, places of entertainment.

In each 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.

### 2.3 Number of employees

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

Table 2: Recommended Number of Occupational First-Aiders

Type of Workplace	Maximum number of employees present at 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.

### **In the event first-aider is absent in temporary and exceptional circumstances**

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 person’s functions, if they have not received training in basic lifesaving skills, would primarily be to seek appropriate assistance, for example medical 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”. Such designated persons are not an acceptable full-time alternative to necessary occupational first-aiders. 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 if a serious injury or illness occurs.

## **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, for example certain cyanides or related compounds,  
.....
- f. workplaces involving a risk of burns from corrosive or oxidising substances, for example hydrofluoric acid,  
.....
- g. workplaces where there is a risk of accidental exposure to hazardous substances, for example toxic, irritant, or asphyxiant gases, requiring oxygen for resuscitation,  
.....
- h. underground mining operations, and  
.....
- 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 (No. 10/2005).



## 2.5 Accessibility of first-aiders

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 need to be considered and documented.

## 2.6 Distance from medical services

Considerations must be given to the location of the nearest medical services such as General Practitioner (GP) practices, Local Injury Units and Emergency Departments. Also, consideration must be given to the proximity of emergency and rescue services, along with access to isolated or remote locations. Based on these factors the number of occupational first-aiders may need to be increased in each category set out in Table 2.

## 2.7 More than one employer working together

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

## 2.8 Employees working away from employers 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 person should be an occupational first-aid-er. This would apply particularly in circumstances where potentially dangerous machinery and chemicals are used, for example in forestry operations, agriculture contractors.

## 2.9 Selection of occupational first-aiders

Many employees are glad of the opportunity to undergo first-aid training, and those employees should be encouraged 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 the PHECC FAR standard will suffice. However, occupational first-aiders may need to undergo additional specialised training if a workplace has employees exposed to any special hazards

such as:

- risk of poisoning by toxic substances, for example certain cyanides and related compounds,
- risk of burns from corrosive or oxidising substances, for example hydrofluoric acid,
- risk of accidental exposure to hazardous substances, for example toxic, irritant or asphyxiant gases, requiring oxygen for resuscitation, or
- other specific risks identified in the Safety Statement required by Section 20 of the Safety, Health and Welfare at Work Act, 2005 (No. 10/2005).

When planning to introduce any new process, the employer should consider whether additional or specific hazard training for occupational first-aiders will be necessary. In relation to additional first-aid requirements for hazardous substances refer to section 4 in the Safety Data Sheet. In these instances, additional specialised training may be required.

## 2.11 Access to skilled or specialist advice

In many cases, the occupational first-aiders' skills will be used while the help of medical, 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, nursing personnel or the ambulance services. The occupational first-aiders may on occasion, however, need medical or nursing advice on general matters associated with these aspects of first-aid.

Employers should therefore ensure, that occupational first-aiders are aware of possible sources of such advice, for example, 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 infection

Occupational first-aiders and occupational first-aid instructors must consider the provision of care to persons who are carriers of infection risks such as Hepatitis B, H.I.V. and other communicable diseases. 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 or other personal protective equipment such as eyewear, facemasks or protective gowns which should be of a standard fit for the biological hazard potentially present. Immunisation against Hepatitis B should be considered where there is a possibility of exposure to blood.

### 2.13 Other levels of first-aid skills

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.

### 2.14 Recording of first-aid treatment

Details of all cases treated by occupational first-aiders should be entered in a first-aid treatment record book and kept in a suitable secure place, respecting their confidential nature. Table 3 is an example of detail that

should be recorded. The record should be kept in accordance with General Data Protection Regulation (GDPR). The first-aid records should always be made available on request to a Health and Safety Authority Inspector.

In some settings, the use of the PHECC [Ambulatory Care Report \(ACR\)](#) may be considered, particularly where the patient is likely to be transported to hospital by the ambulance service. The top copy of the ACR should be passed to the ambulance practitioner when handing over the patient. This is available on the PHECC website.

For all first-aid records, the retained record must be stored securely with access limited to only those with the authority to do so in relation to care of the patient.

Table 3: Details of First-Aid Treatment

Name of injured or ill person	Type of injury or illness	Treatment given	Return to work/referred for further treatment	Name of Occupational First-Aider	Date & Time of treatment



## 2.15 Training, assessment, and certification of occupational first-aiders

The [Pre-Hospital Emergency Care Council](#) (PHECC) First Aid Response (FAR) training standard is the current recognised minimum standard for occupational first-aid in workplaces. PHECC is the statutory regulator responsible for developing education and training standards for a suite of responder level courses such as Cardiac First Response (CFR) and First Aid Response (FAR). PHECC have prepared Clinical Practice Guidelines for the First-Aid Response Course PHECC Clinical Practice Guidelines First Aid Responder. PHECC has designed the First Aid Response (FAR) Standard to offer appropriate training to individuals and groups who require a first-aid skill set including cardiac first response. This standard is designed to meet first-aid and basic life support (BLS) requirements that a person known as “First Aid Responder” may encounter.

### 2.16 Training duration

**The initial FAR training is based on a 3-day (18 hour) classroom course. This training and certification are valid for 2 years.**

- Recertification training is based on a 2-day (12 hour) classroom course. Normally, individuals who recertify within 30 days of the expiry of their responder level certificate can undertake this shorter re-certification course.
- Blended learning is available. This reduces the classroom training to 2 days for the initial training and to 1 day for the recertification training. A list of institutions offering courses delivered by blended learning is available on the [PHECC website](#).

## 2.17 Certification of First-Aid Responder Training

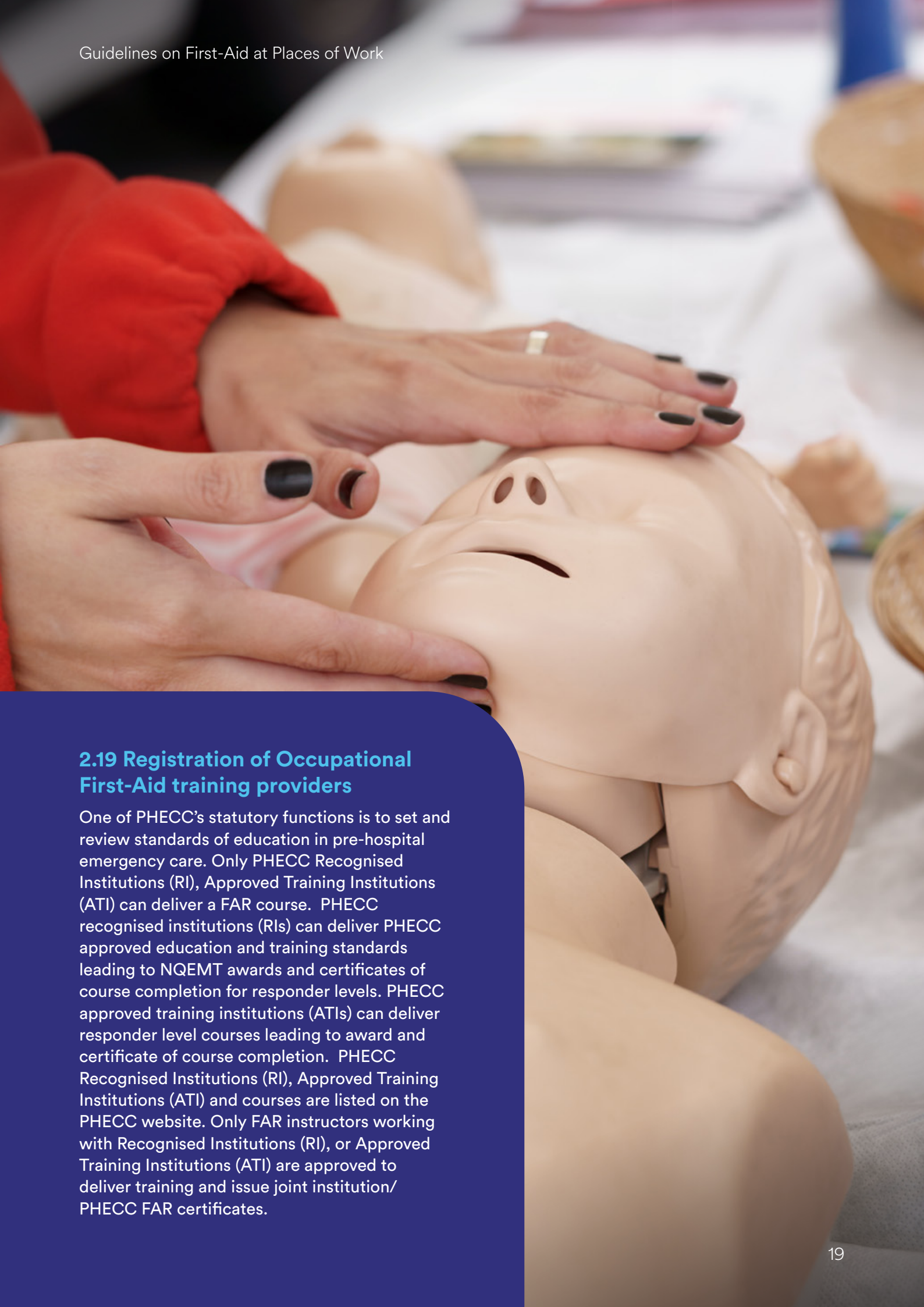
Award of joint PHECC/recognised institution First-Aid Response cards/certificates to successful participants is mandatory. The established naming convention provided by PHECC must be used for these awards. Certification lapses after 2 years. Recertification in First-Aid Response is required every 2 years. See [HSA FAQ Responses on First Aid](#) for sample PHECC FAR Certificate.

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 Authority Inspector. It is essential that workplaces ensure the correct PHECC certificate is provided.

## 2.18 Training of Occupational First-Aid Response instructors

**To be considered eligible for entry to a FAR instructor course you must:**

- a. Have a valid FAR or EFR provider certificate or show evidence of PHECC practitioner registration (EMT, P or AP).
- b. Have a valid CFR instructor certificate, note this must be maintained.
- c. Complete a 2-day FAR Instructor course which includes tuition in instructional methods and a period of supervised teaching practice. The period of supervised teaching practice is not specified and may be extended until the specific learning outcomes are achieved. The typical pathway is to assist on the first course, part teach the second and deliver a third independently



## 2.19 Registration of Occupational First-Aid training providers

One of PHECC's statutory functions is to set and review standards of education in pre-hospital emergency care. Only PHECC Recognised Institutions (RI), Approved Training Institutions (ATI) can deliver a FAR course. PHECC recognised institutions (RIs) can deliver PHECC approved education and training standards leading to NQEMT awards and certificates of course completion for responder levels. PHECC approved training institutions (ATIs) can deliver responder level courses leading to award and certificate of course completion. PHECC Recognised Institutions (RI), Approved Training Institutions (ATI) and courses are listed on the PHECC website. Only FAR instructors working with Recognised Institutions (RI), or Approved Training Institutions (ATI) are approved to deliver training and issue joint institution/ PHECC FAR certificates.

## Chapter 3 - First-aid rooms, equipment and communications

### 3.1 Criteria for provisions

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

- Size of the premises
- Type of the activity being carried out
- Frequency of accidents arising
- Existence of special hazards
- 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:**

- means of transport used outside the workplace, or workplaces inside means of transport;
- fishing boats;
- 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 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.

In general, 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 operating from that service may be considered as the 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 to ensure that it is kept stocked to the required standard and that it is always kept clean and ready for immediate use.
- b. An occupational first-aider should always be available when employees are at work.
- c. The room should always be readily available when employees are at work and should not be used for any purpose other than the rendering of first-aid or providing occupational health services.
- d. The room should be positioned as near as possible to a point of access for transport to hospital, considering 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 and hazardous waste disposal should be provided.
- h. Suitable facilities for example, one or more chairs should be provided close to the first-aid room if employees must 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. Suitable means of communication should be provided, such as a telephone.
- l. Any emergency contact details should be visible for the first-aider within the first aid room, including the site address and Eircode which may need to be provide to the emergency services.





### 3.3 First-aid room facilities and equipment

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



1. Sink with running hot and cold water always available.



8. Suitable waste and hazardous waste facilities.



2. Drinking water and disposable drinking vessels.



9. A couch (with a waterproof surface) and frequently cleaned pillow and blankets.



3. A suitable store for first-aid equipment and materials.



10. A chair.



4. First-aid equipment.



11. A bowl or basin.



5. Smooth topped working surfaces.



12. Clean protective garments for use by first-aiders.



6. Soap.



13. A first-aid treatment record book.



7. Paper towels.

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 several separate and self-contained working areas, it may be necessary to provide suitable equipment for the transport of injured or ill person(s). 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 Fitting out of a new first-aid room**

When fitting out 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 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 with 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 for example a construction site is such that a telephone is not readily available in each work area, other means of communication for example a radio will be necessary. Any site regulated by the ATEX Regulations will need to ensure that they use means of communication which are suitable for these environments. In the absence of occupational first-aiders, this criterion applies to responsible persons named in the Safety Statement.

### **3.6 Contact with external services**

Every employer must have adequate plans and procedures 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 (No.10/2005). This will require designating and training employees to implement these plans, procedures and measures. This may include arranging any necessary contacts with the appropriate emergency services, particularly 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.

# HSA

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