



**INLAND
WATERWAYS**
ASSOCIATION

GUIDANCE NOTE

*First Aid at Work
& Reporting
Accidents*

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INTRODUCTION

Restoration sites, by nature of being a construction site, contain many hazards. Most volunteers will not be used to encountering these hazards in their everyday life. There is a higher chance of accidents and injuries occurring because of this unfamiliarity.

Restoration groups have a duty of care towards their volunteers. You should ensure that anyone who is injured or taken ill while on site receives the appropriate and immediate attention.



HEALTH & SAFETY (FIRST AID) REGULATIONS (1981)

The Health and Safety (First Aid) Regulations require the provision of adequate and appropriate equipment, facilities and personnel to ensure that anybody who is injured or falls ill at work receives immediate attention. The regulations apply to all places where work is being carried out. They are not just for large sites on a complex construction project, but include short, small and simple tasks, such as a work party spending half a day keeping a section of towpath tidy.

HSE will prosecute in cases where they consider there to be a significant risk, a disregard for established standards or persistent poor compliance with the law.

What is 'adequate and appropriate' will depend on the circumstances on site and the tasks being undertaken. This includes whether trained first aiders are needed, what must be included in a first aid box and if a first aid room is needed. Restoration groups should carry out an assessment of first aid needs to determine what to provide.

The minimum provision at any work site is:



A suitably stocked first aid kit.



An appointed person to take charge of first aid arrangements.



Information for volunteers about first aid arrangements.



The Health and Safety Executive (HSE) have produced guidance on the regulations. A link to the guidance is provided on p.13.

WHAT RESTORATION GROUPS NEED TO DO

Restoration groups are required to carry out an assessment of first aid needs. This involves consideration of site hazards and risks, the size of the work party and other relevant factors to determine what first aid equipment, facilities and personnel should be provided. There is a template for an assessment at the end of this guidance note.

Factors that need to be considered when making the assessment are:

- 1 The type of work being undertaken.
- 2 Whether volunteers work alone or in scattered and isolated locations.
- 3 Whether there are special or unusual hazards.
- 4 How and when the people involved in the work change (first aid cover will be required at all times work is being carried out).
- 5 The maximum number of volunteers likely to be on site at any one time.
- 6 Remoteness of emergency medical services.
- 7 The restoration group's history of accidents.

FIRST AID PERSONNEL

Once the assessment is complete you can identify the number of first aid personnel required and their level of training. For higher risk activities, such as forestry work, task-specific training may be required. First aiders must have received training and hold current first aid certificates, either for First Aid at Work or Emergency First Aid at Work. First aid certificates are valid for three years. First aiders must undergo refresher training and re-examination to retain certification. Restoration group must keep a written record of such training. Appointed persons do not need first aid training, but would be nominated to take charge of first aid arrangements, such as looking after equipment and facilities and calling the emergency services. They must not render first aid. They may be provided as an alternative to a first aider on small, non-hazardous work areas.

FIRST AID EQUIPMENT

A suitable first aid container must be provided and stocked as appropriate according to the assessment. The container should protect the contents from dust and damp. It should be marked with a white cross on a green background.

Other equipment may also be required, such as eyewash stations or a defibrillator. If mains tap water is not available for eye irrigation sterile water or sterile saline (0.9% w/v) should be provided in sealed disposable containers. Notices giving the identity of first aiders and the location of first aid equipment should be displayed clearly on site. Depending on the size of the volunteer workforce a suitable first aid room or area should be provided for first aid treatment.



EFAW – Emergency First Aid at Work, a one day training course

FAW - First Aid at Work, a three day training course or two day refresher course

Suggested numbers of first aid personnel available at all times people are at work

From your risk assessment, what degree of hazard is associated with your work activities?	How many volunteers are at work?	What first aid personnel do you need?
Low hazard eg offices, shops	Fewer than 25	At least one appointed person
	25-50	At least one first aider trained in EFAW
	More than 50	At least one first aider trained in FAW for every 100 (or part thereof)
Higher hazard most restoration sites	Fewer than 5	At least one appointed person
	5-50	At least one first aider trained in EFAW or FAW depending on the type of injuries that might occur
	More than 50	At least one first aider trained in FAW for every 50 volunteers (or part thereof)

There is no mandatory list of items that should be included in a first aid kit, but the findings of the assessment will help determine the contents. As a guide the recommended minimum contents of a first aid kit for a low hazard environment is:

Item	Quantity in first aid kits	Quantity in travelling first aid kits
First aid guidance card	1	1
Individually wrapped sterile adhesive dressings (assorted sizes)	20	6
Sterile eye pads with attachments	1	Nil
Individually wrapped triangular bandages	2	2
Safety pins	6	2
Medium sized, individually wrapped, sterile, unmedicated wound dressings (approx. 12cm x 12 cm)	6	Nil
Large, sterile individually wrapped, unmedicated wound dressings (approx. 18 cm x 18 cm)	2	1
Individually wrapped, moist cleaning wipes (pack of 10)	Nil	1
Disposable gloves (pair)	3	2

SITE INDUCTION

The site induction should include details of actions to be taken in the event of injury or illness and the identity of trained first aid personnel and the location of first aid kits.

RECORDING TREATMENT

First aid treatment should be recorded in the accident book. If the accident book does not allow enough detail to be recorded an additional treatment book may be necessary. Accident records are required to be kept under the requirements of the Social Security (Claims and Payment) Regulations. The records may be stored in any medium, including electronic, as long as they are readily available.

The records should include the following details:

- ① Date, time and place of accident.
- ② Full name, address and job of the injured or ill volunteer.
- ③ Details of injury/illness and what first aid was given.
- ④ What happened to the person immediately afterwards (for example, went home, to hospital or back to work).
- ⑤ Name and signature of the first aider or person dealing with the incident.



The record can be completed by the injured person or by any volunteer. Accident records must comply with the general data protection regulation to ensure confidentiality of entries.

Young Volunteers; When working with young volunteers (under 18) you will need to keep a copy of any accident report until they turn 21. This is due to the civil claims process where a person has three years after their 18th birthday to make a claim for an accident they had prior to their 18th birthday, if they have not done so already.



REPORTING ACCIDENTS & NEAR MISSES

Even when there are not legal requirements accidents, incidents and near misses must be reported in order to learn lessons for the future. Restoration groups should have a reporting system in place with a central point within your organisation to collect the reports. Accident, incident and near miss reports should be used to consider what action needs to be taken to reduce the risk of a reoccurrence.

The difference between Accidents, Incidents and Near Misses:

- 1 **Accident:** an event that results in injury or ill health.
- 2 **Near Miss:** an event not causing harm, but with the potential to cause injury or ill health.
- 3 **Incident:** an accident that relates to vehicles, plant, other equipment or property being damaged but with no injury to any person(s).

At the site induction you need to make volunteers aware of your reporting system. You should encourage them to report accidents, incidents and near misses. This will help you learn from them and make changes. The reporting system is key to improving your site safety; if you don't know about an accident you can't make changes to your systems of work. This process will ultimately create a safer working environment for everyone on your restoration project.

e Using safety reporting cards is a great way to encourage volunteers to report near misses and make immediate improvements to site safety.

An example of an incident reporting card:

SAFETY REPORTING CARD
VOLUNTEERS RESTORING THE WATERWAYS

Submitted by:

Date of **NEAR MISS** or **INCIDENT**:

Exact location of **NEAR MISS** or **INCIDENT**:

When to use:
To report any near miss or incident.
This form should be completed by the person involved in the incident or the site leader.

Please outline the near miss or incident with as much supporting detail as possible. Please also consider whether or not this should be reported immediately to your Duty Director or Head Office (01496 784453).

Please outline the actions that were taken to make the situation safe and suggest what might be done to prevent future incidents.

Please tick the box if you are happy for us to contact you if we require more details about the near miss or incident.

SAFETY REPORTING CARD

Please use this form to let us know of any incidents or near misses that have caused you concern. Your feedback helps us make sure that WRG sites are safe for everyone.

Please also feel free to discuss any concern with the site leader.

please affix stamp here

WRG
Island House
Moor Road
Chesham
HP5 1WA

If you don't have a stamp please give this card to the site leader to send in with the camp paperwork.

An example of a near miss:



REPORTING OF INJURIES, DISEASE & DANGEROUS OCCURRENCES REGULATIONS (2013) (RIDDOR)

RIDDOR applies to volunteers and non-workers, such as members of the public, who are injured by the activities on a restoration site.

RIDDOR require the following events to be reported directly to the HSE:

- ① Deaths and specified injuries.
- ② Over seven-day injuries (where the injured party is off work for seven days).
- ③ Specified occupational diseases.
- ④ Dangerous occurrences (listed in Schedule 2 of RIDDOR).

Records must be kept of such events. For volunteers and members of the public, the report must be submitted by the person in control of the site. The report can be made online via the HSE website.

F2508 Report of an injury

F2508 Report of a dangerous occurrence

F2508A Report of a case of disease

F2508G1 Report of a flammable gas incident

F2508G2 Report of a dangerous gas fitting

The following must be reported immediately by the quickest practical method and submitted on the approved form within 10 days. All incidents can be reported online, but a telephone service remains available for fatal and specified injuries only, contact 0345 300 9923 (Monday-Friday 08.30 to 17.00).

- ① Death of a person as a result of an accident at work.
- ② An accident to any person at work resulting in specified injuries or serious conditions specified in RIDDOR.
- ③ Any one of the dangerous occurrences listed in schedule 2 of RIDDOR.
- ④ Non-fatal accidents requiring hospital treatment to non-workers.

Over seven-day injuries must be reported within 15 days. The HSE may decide to investigate a reported event in order to provide advice about how to avoid work-related deaths, injuries, ill health and accidental loss in the future.

TYPES OF RIDDOR REPORTABLE INCIDENTS

INJURIES

Not all injuries need to be reported under RIDDOR, only when the accident is work-related and results in an injury of a type which is reportable.

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- Fractures, other than to fingers, thumbs and toes.
- Amputations.
- Any injury likely to lead to permanent loss of sight or reduction in sight.
- Any crush injury to the head or torso causing damage to the brain or internal organs.
- Serious burns (including scalding) which:
 - ▶ Covers more than 10% of the body.
 - ▶ Causes significant damage to the eyes, respiratory system or other vital organs.
- Any scalping requiring hospital treatment.
- Any loss of consciousness caused by head injury or asphyxia.
- Any other injury arising from working in an enclosed space which:
 - ▶ Leads to hypothermia or heat-induced illness.
 - ▶ Requires resuscitation or admittance to hospital for more than 24 hours.

Further guidance on specified injuries is available. A link to the guidance is given on p.13.

THE DEATH OF ANY PERSON

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

OVER-SEVEN-DAY INCAPACITATION OF A VOLUNTEER

Accidents must be reported where they result in a volunteer being unable to perform their normal duties for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.



NON FATAL ACCIDENTS TO NON-VOLUNTEER (EG MEMBERS OF THE PUBLIC)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

OCCUPATIONAL DISEASES

Restoration groups and volunteers must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work.

These diseases include (regulations 8 and 9):

- ① Carpal tunnel syndrome.
- ② Severe cramp of the hand or forearm.
- ③ Occupational dermatitis.
- ④ Hand-arm vibration syndrome.
- ⑤ Occupational asthma.
- ⑥ Tendonitis or tenosynovitis of the hand or forearm.
- ⑦ Any occupational cancer.
- ⑧ Any disease attributed to an occupational exposure to a biological agent.

Further guidance on occupational diseases is available. A link to the guidance is provided on p.13.

Specific guidance is also available for:

- ① Occupational cancers.
- ② Diseases associated with biological agents.

DANGEROUS OCCURRENCES

Certain specified near-miss events; not all events require reporting.

RIDDOR lists 27 dangerous occurrences that are reportable, for example:

- ① The collapse, overturning or failure of load-bearing parts of lifts and lifting equipment.
- ② Plant or equipment coming into contact with overhead power lines.
- ③ The accidental release of any substance which could cause injury to any person.

Further guidance on these dangerous occurrences is available. A link to the guidance is provided on p.13. Additional categories of dangerous occurrences apply to mines, quarries, offshore workplaces and relevant transport systems (railways etc).

7. GAS INCIDENTS

Restoration groups are unlikely to encounter this type of incident but this is included for completeness. Gas incidents resulting in death, loss of consciousness or hospitalisation must be reported by the distributor, filler, importer or supplier of the gas.

USEFUL RESOURCES:

HSE Guidance on regulations, L74

First aid training providers

HSE Guidance on 'specific injuries'

HSE guidance on 'occupational diseases'

HSE guidance on 'occupational cancer' and diseases associated with biological agents'

HSE guidance on 'dangerous occurrences'

How to make a RIDDOR report

HSE Accident Book

Sign up to read the full Practical Restoration Handbook and supporting resources here:

waterways.org.uk/practicalrestorationhandbook



FIRST AID ASSESSMENT

Site:	Title:	Ref:
Work Area:		
Assessor:	Assessment Date:	
Reviewer:	Forecast Retirement Date:	

Summary of first aid provision:

Complete this once the checklist has been completed. This would include numbers (and possibly names) of first aid personnel, number and location of first aid kits and equipment (defibrillator, stretcher), location of first aid room (if provided) or area where first aid can be administered, provision for emergency services to access the site, such as notification, placement of direction boards.

Checklist of first aid needs

Factor to consider	Yes/No (or comments) Complete this section as your assessment.	Impact on first aid provision
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Hazards (use the findings of your general risk assessment and take account of any parts of your work site that have different work activities/hazards which may require different levels of first aid provision)

<p>Does your workplace have low-level hazards such as those found in offices and shops?</p>		<p>The minimum provision is:</p> <ul style="list-style-type: none"> - An appointed person to take charge of first aid arrangements - A suitably stocked first aid box
<p>Does your workplace have higher level hazards (see below) or special hazards? Most restoration sites will be in this category.</p>		<p>Consider:</p> <ul style="list-style-type: none"> - Providing trained first aiders - Providing additional training for first aiders to deal with injuries resulting from special hazards - Providing a suitably stocked first aid box - Providing additional first aid equipment relevant to the types of hazard - Precise location of first aid equipment - Providing a first aid room - Informing the emergency services of specific hazards in advance



Volunteers		
How many volunteers are on your site?		See table on p.6 of this guidance note for suggested number of first aid personnel. For more than 25 consider providing additional first aid equipment and a first aid room.
Are there inexperienced volunteers on site or volunteers with disabilities or particular health problems?		Consider: - Additional training for first aiders - Additional first aid equipment - Local siting of first aid equipment
Accidents and ill health record		
What is your record of accidents and ill-health? What injuries and illness have occurred and where did they happen?		Ensure your first aid provision will cater for the types of injuries that have occurred in your workplace. Monitor accidents and ill health and review your first aid provision as appropriate.
Working arrangements		
Do you have volunteers who work remotely or work alone?		Consider: - Issuing personal first aid kits - Issuing personal communications/ mobile phones
Do any volunteers work out of hours?		Ensure there is adequate first aid provisions at all times.
Is the site spread out or have multiple locations?		Consider first aid provision in each area.
Is the workplace remote from emergency medical services?		You should: - Inform the emergency services of your location - Consider making special arrangements with the emergency services - Consider emergency transport requirements
Is your workplace shared with other volunteer groups?		Make arrangements for adequate first aid provision for all volunteers likely to be on site.
Do you have sufficient provision to cover absences of first aiders or appointed persons?		Consider: - Cover needed for planned absences - What cover is needed for unplanned and exceptional absences



Non-volunteers

Do members of the public or non-volunteers visit your site?

You have no legal duty to provide first aid for non-volunteers but HSE recommends that you include them in your first aid provision.

Hazards commonly found on a restoration site

Hazard	Causes of accidents	Examples of injury requiring first aid
Chemicals, such as fuel, cement, lime	Exposure during handling, spillages, splashing, leaks	Poisoning, loss of consciousness, burns, eye injuries, respiratory problems, skin irritation
Electricity	Failure to isolate electrical systems and equipment during work on them, poorly maintained electrical equipment, contact with overhead power lines, underground cables or mains electricity supplies, using unsuitable electrical equipment in explosive atmospheres.	Electric shock, burns, heart attack
Machinery, such as small tools	Loose hair or clothing becoming tangled in moving parts, being hit by moving parts or material thrown from machinery, contact with sharp edges.	Crush injuries, amputations, fractures, eye injuries
Manual handling	Repetitive and/or heavy lifting, bending and twisting, exerting too much force, handling bulky or unstable loads, handling in uncomfortable working positions.	Fractures, lacerations, sprains and strains.
Slip and trip hazards	Uneven ground, steps, ramps, trailing cables and pipes, obstructions, slippery surfaces, hidden holes.	Fractures, lacerations, sprains and strains.
Work at height	Overreaching or overbalancing when using ladders, falling off walls, falling into excavations or openings, objects falling onto people working below.	Head injury, loss of consciousness, spinal injury, sprains and strains, lacerations.
Work near water	Overreaching or overbalancing when working next to water, falling into water.	Drowning/asphyxiation, waterborne disease
Plant and transport	Hit by, against or falling from plant or vehicle, being hit by part of a load falling from plant, being injured as a result of a plant collapse or overturn.	Crush injuries, head injury, fractures, sprains and strains.





Historic England

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