

**Standard Operating Procedures**

**Provision and Maintenance of First Aid Kits and Spillage Handling Equipment**

April 2025

**Document Profile**

|  |  |
| --- | --- |
| **Type** | Standard Operating Procedures |
| **Title** | Provision and Maintenance of First Aid Kits and Spillage Handling Equipment |
| **Author(s)** | Updated by Head of Quality and Safety in collaboration with the Premises and Facilities Manager |
| **Category** | Health and Safety |
| **Version** | 2 |
| **Approval Route** | Organisational Governance Approval Group (OGAG) |
| **Date approved** | 2/04/25 |
| **Review date** | 5 years |
| **Document Status** | This is a controlled document. Whilst it may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, it should not be saved onto local or network drives but should always be accessed from the intranet. |

**Version Control**

|  |  |  |
| --- | --- | --- |
| **Date** | **Version** | **Summary of changes made** |
| Sept 2021 | 1 | New SOP |
| April 2025 | 2 | Re-wording for greater clarity.  Ability to reduce the frequency of the monthly check of First Aid Kits where this can be justified.  Appendix 2 regarding spillage handling equipment removed |
|  |  |  |

**Contents**

[Introduction 4](#_Toc194504474)

[SOP 1 Provision and Maintenance of First Aid Kits 5](#_Toc194504475)

[SOP 2 Provision and Maintenance of Spillage Handling Equipment 7](#_Toc194504476)

[Appendix 1 First Aid Kit – monthly checklist 8](#_Toc194504477)

# Introduction

As part of the measures to promote health and safety in the workplace and meet its legal obligations, Family Nursing & Home Care provide First Aid kits and equipment to handle spillages.

These Standard Operating Procedures (SOPs) detail how the organisation provides and monitors the equipment so it will be available and in date whenever needed.

# SOP 1 Provision and Maintenance of First Aid Kits

|  |
| --- |
| ***Purpose*** |

First Aid Kits are provided by the organisation for use by staff, service-users and other visitors should injury occur. Their location should be clearly marked by relevant signage. The items available, as well as their quantity, should be appropriate for the needs of the area.

The contents of all First Aid kits need to be monitored to ensure sufficient supplies are available and in date and the kits are maintained in a good and clean condition.

|  |
| --- |
| ***Scope*** |

This SOP pertains to First Aid kits owned by Family Nursing & Home Care and includes responsibilities, kit contents, maintenance of supplies and infection prevention and control requirements.

|  |
| --- |
| ***Core Requirements/Procedure*** |

Risk assess the premises to determine if a First Aid Kit needs to be supplied by Family Nursing & Home Care and the size required. In some premises, there may be access to a First Aid kit belonging to the landlord or another tenant of the property.

Where a First Aid kit is required, source this via the Premises and Facilities Manager. The risk assessment should determine the size and contents of the First Aid kit/s required.

Ensure First Aid Kits belonging to Family Nursing & Home Care (FNHC) are an appropriate size for the location in which they are situated.

Where a proprietary First Aid Kit is purchased, if required, customise the contents to reflect the needs of the area.

The table below provides an example of the contents of a First Aid kit.

|  |  |
| --- | --- |
| **Kit Contents (example)** | |
| Guidance Leaflet | Medium Dressings |
| Plasters | Large Dressings |
| Eye Pads | Gloves (Pairs) |
| Conforming bandages | Foil blankets |
| Finger bandages | Burns dressings |
| Triangular Bandages with safety pins | Dressings |
| Shears | Wipes |

Designate a person to take responsibility for the First Aid Kit/s within the location. This will either be the First Aider/s for that area or an Appointed Person.

Ensure there is appropriate signage to indicate to staff (and visitors) where the First Aid kit/s can be found and the name/s of the First Aider/Appointed Person.

**First Aider or Appointed Person**

On a monthly basis, check the contents to ensure that all items are in date and sufficient stock is available for the needs of the area:

* wipe the box containing the First Aid supplies with Clinell Universal wipes (or equivalent)
* replace any missing or out of date supplies
* complete the approved checklist (appendix 1) to evidence that the monthly check has taken place

(Adherence with the monthly checks will be monitored during the twice-yearly internal premises review)

Where appropriate, First Aiders may decide to reduce the frequency of the monthly check where they have control over the access to the First Aid kit/s. They must be able to justify the rationale for this decision. It is not recommended to reduce the frequency of the monthly check where there is open access to the First Aid Kit/s by others.

# SOP 2 Provision and Maintenance of Spillage Handling Equipment

|  |
| --- |
| ***Purpose*** |

Spillage handling equipment is available in premises where the need has been identified. Proprietary Biohazard Kits are no longer supplied, instead, Clinell Spill Wipes are available in Stores to order.

|  |
| --- |
| ***Scope*** |

This SOP pertains to spillage handling equipment owned by Family Nursing & Home Care (FNHC) and includes identifying the need for spillage handling equipment, responsibilities, maintenance of supplies and infection prevention and control requirements.

|  |
| --- |
| ***Core Requirements/Procedure*** |

Risk assess the premises for the likelihood of blood and/or body fluid spillage.

Source the required number of Clinell Spill Wipes from FNHC Stores [stores@fnhc.org.je](mailto:stores@fnhc.org.je) .

Ensure there is access to aprons, gloves, paper towels, detergent wipes and any other wipes required e.g. Peracetic Acid wipes in District Nursing clinics

Where any equipment is missing or requiring replacement, make the necessary arrangements to ensure it is accessible when needed.

**Person undertaking the twice-yearly health and safety review of premises**

Check, availability of spillage-handling supplies noting that, in some areas, some of the equipment may be located elsewhere as a standard item for that area e.g. paper towels, aprons, gloves.

Check expiry dates

Inform person in charge of the area of any issues identified

# Appendix 1 First Aid Kit – monthly checklist

**Year:**

**Location of First Aid Kit** (include room and base)**: ..……………………………………………………………….....................................**

**Location of Signage** (details where to find the First Aid kit)**: .………………………………………………………………………………….**

**Location of Signage** (details name of the First Aider(s)/appointed person)**: …………………………………………………………………..**

**Location of Signage** (details where to find the AED if one on premises)**: ……………………………………………………………………..**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |
| The above signs are all still present and the details up to date. |  |  |  |  |  |  |  |  |  |  |  |  |
| The First Aid kit is adequately stocked |  |  |  |  |  |  |  |  |  |  |  |  |
| All the contents of the First Aid kit are in date |  |  |  |  |  |  |  |  |  |  |  |  |
| The kit contains information about first aid measures |  |  |  |  |  |  |  |  |  |  |  |  |
| First Aid kit cleaned |  |  |  |  |  |  |  |  |  |  |  |  |
| **Checked by** |  |  |  |  |  |  |  |  |  |  |  |  |

**Date and Action Taken**