

Health and Safety Guidance Document

The Provision of First Aid

If you are reading a printed version of this document, please be aware that you must check the [CR-UK intranet](#) to ensure that you have the most current version of the document.

About this guidance document

The guidance contained in this document supports the local implementation of the provision of first aid standard, reflecting statutory requirements, and, current Approved Code of Practice, guidance and best practice.

It is recommended that this guidance and any associated documentation is implemented, however, departments may choose to follow their own guidance which is in line with CR-UK Health and Safety Standards.

Guidance document scope

This document provides guidance on the provision of first aid within CR-UK, as required by the Health and Safety (First-Aid) Regulations 1981, 'The Regulations'.

This guidance ensures:

- Interpretation and local application of the health & safety standard for the provision of first aid at all CR-UK locations.
- If followed, full compliance with the provision of the first aid standard.

What is First Aid?

First aid is:

- The provision of treatment for the purpose of preserving life and minimising the consequences of injury and illness until help from a medical practitioner or nurse can be obtained.
- The treatment of minor injuries which would otherwise not receive treatment by a qualified medical practitioner.

FAQ about First Aid

1. What is a first aider?

A first aider is someone who has completed a training course that is accredited by the Health and Safety Executive; either a First Aid at Work course (FAW) or Emergency First Aid at Work course (EFAW).

2. What is an appointed person?

An appointed person is someone who takes charge of first aid arrangements. Typically, the appointed person would be in charge of looking after first aid equipment and be responsible for calling the emergency services in the event of a serious injury or illness. An appointed person should not attempt to administer any first aid technique they have not been trained in. To fulfil their role, appointed persons do not need first-aid training.

3. What is First Aid at Work Training (FAW)?

The Regulations require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. First aid at work training (FAW) is therefore the syllabus (approved by the Health & Safety Executive) that must be followed to enable first aiders to be qualified to render first aid at work.

4. What is Emergency First Aid at Work Training (EFAW)?

EFAW training is a 1-day Health & Safety Executive approved course. This training is aimed at organisations where the hazards are low as determined by the first aid risk assessment.

5. What are the key differences between FAW training and EFAW training in relation to what the first aider can do at work?

EFAW training enables a first-aider to give emergency first aid to someone who is injured or becomes ill while at work. FAW training includes EFAW and also equips the first-aider to apply first aid to a range of specific injuries and illnesses.

6. How many first aiders do I need?

The number of first aiders you need will depend on an assessment of first aid needs, also known as a risk assessment. This should take into consideration things like the business activities you deliver your work in, the number of employees and any previous history of accidents at your location.

7. How often do first aiders need to re-qualify?

First aiders need to re-qualify every **three years** to maintain their status as a recognised first aider at work. If a first aid at work certificate is held, re-qualification will require the first aider to complete a two-day first aid at work requalification course. This course will need to be completed before the existing certificate expires. If an emergency first aid at work certificate is held, to re-qualify the first aider will need to complete the one-day training every **three years**.

8. What are annual first aid update courses?

The HSE strongly recommends that anyone who holds a first aid qualification should attend an annual update course to refresh their skills and maintain their confidence to perform them correctly. As such CR-UK endorses this.

9. What first aid equipment does the employer need to provide?

The minimum requirement at any CR-UK location is to provide a suitably stocked first aid box. There is no mandatory list of contents for a first-aid box. A CR-UK's first aid risk assessment will help decide what should be included in the box. See below information on First Aid Kits and the British Standard BS 8599.

10. How is the requirement for First Aid Kits in relation to British Standard 8599-1 being enforced?

There is a British Standard BS 8599 for first aid kits. According to information provided by the HSE, it is not a legal requirement under the 'The Regulations', to purchase kits that comply with this British Standard. Instead the content of a first aid box is dependent on CR-UKs first aid risk assessment.

This means that following a risk assessment, CR-UKs options are:

- Within the workplace employees have access to a first aid kit where the contents complies with BS 8599 and matches the risk assessment; or
- Within the workplace employees have access to a first aid kit where the content matches our risk assessment but does not comply with the requirements of BS 8599.

See [Appendix 3](#) for a list of contents that complies with BS 8599.

11. Is there a legal requirement to have an automated external defibrillator (AED)?

There is no mandatory requirement for CR-UK to have an AED in the workplace. However, in cases of sudden cardiac arrest, early defibrillation offers the best chances of survival and as such only first aiders with the appropriate training should use an AED. The AED should also be made available where the first aid risk assessment indicates it is needed.

12. Can first aiders give medicine to casualties?

First aid at work does not cover giving out tablets or medicines and as a rule you should avoid doing so. However, there are some exceptions:

- **Aspirin in case of heart attack**

If someone is suffering from a heart attack, the first aider may, with their permission, give aspirin. The first aid risk assessment should identify if there is a requirement for aspirin to be kept on site for such cases. No medication must be stored in a first aid kit.

- **Epipen in Case of Anaphylactic Attack**

If someone suffers anaphylactic shock, a first aider may treat the person using an Epipen if:

- the casualty has been prescribed and is in possession of the Epipen;
- the first aider has been appropriately trained in Epipen use;
- they feel they are dealing with a life-threatening situation.

In most cases, the use of an Epipen will be included in the local implementation of the first aid risk assessment, so that the likely need for it to be used is known.

First Aid Risk Assessment (Needs Assessment)

There are no hard and fast rules on the exact number of first aiders or appointed persons required, as it will depend on the circumstances of the workplace or event. As an organisation, CR-UK is comprised of various offices and other sites, spread across the UK. Given this, the number and type of first-aid personnel required will depend on the degree of hazards encountered the number of employees in the workplace/event location and other circumstances such as location of the nearest casualty unit etc.

In assessing the numbers of trained staff appointed to administer first aid, consideration must be given to:

- the nature of the work being undertaken and the risks faced by staff e.g. use of hazardous substances; machinery, tools etc;
- the numbers of staff employed within the building/location, shift patterns, and any agreed holidays;
- staff working in isolated areas;
- experience of staff undertaking work activities;
- ability to take on new skills and knowledge and cope with stressful and physically demanding situations;
- staff with disabilities – physical, sight, hearing etc.

To assist in determining the assessment of first aid requirements, the following processes may be followed as a guide:

1. Utilise the risk assessment template ([Appendix 1](#)) which covers a number of the main hazards that would need to be considered during the risk assessment process. If another risk assessment process or form is used, it must meet the minimum requirement of the standard;
2. Read through these hazards and controls and amend accordingly where applicable;
3. Add additional hazards if they apply to the operations at your location;
4. If current control measures are missing, add these as further controls to be implemented;
5. Once 1-3 above are completed, use the Decision Process Flow ([Appendix 2](#)), to determine the minimum number of first aiders or appointed persons required;
6. On the risk assessment form ([Appendix 1](#)), under 'Record of First Aid Provision' at the end of the form, ensure that all relevant first aid equipment are listed as required e.g. number of first aid boxes etc;

First Aid Boxes

Depending on the findings of the first-aid risk assessment, more than one first-aid box might be required on large sites. First-aid boxes should be easily accessible and preferably placed

near hand washing facilities. They should only be stocked with items useful for giving first aid and should be protected from dust and damp. All first-aid boxes should be identified by a white cross on a green background.

There is no mandatory list of items to be included in a first-aid container. The decision on what to provide will be influenced by the findings of the first-aid needs assessment. As a guide, where work activities involve low hazards, a minimum stock of first-aid items might be:

- a leaflet giving general guidance on first aid (for example, HSE's leaflet *Basic*
- advice on first aid at work 6);
- 20 individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided, if necessary);
- two sterile eye pads;
- four individually wrapped triangular bandages, preferably sterile;
- six safety pins;
- two large sterile individually wrapped unmedicated wound dressings;
- six medium-sized individually wrapped unmedicated wound dressings; and
- a pair of disposable gloves.

If your location risk assessment follows the control measures laid down in BS 8599, then as a minimum the contents of the first aid kit must have the items listed in [Appendix 3](#). It is for each location to decide on the contents of their first aid kits.

The number of first aid kits required and the size of each container if using BS 8599 can be determined by using the chart in [Appendix 4](#).

[Automated External Defibrillators \(AED\)](#)

On sites where AED's are in use, **ALL** first aiders must be trained in their use and as such attend a dedicated AED training course.

Local arrangements must be in place to ensure that these units are maintained and that first aiders are aware of their location.

For additional information regarding the following in relation to AED, see [Appendix 7](#).

- Routine Maintenance
- Periodic checks
- Troubleshooting tips
- List of contents of AED kit
- Where to purchase supplies

[First Aid Rooms](#)

At locations where a first aid room is provided, it is important that local procedures are put in place to ensure that the room is properly stocked and maintained. If a first aid room is required at a location, consider and ensure that the rooms:

- are large enough to hold an examination/medical couch, with enough space at each side for people to work, a chair and any necessary additional equipment;
- have washable surfaces and adequate heating, ventilation, and lighting;
- are kept clean, tidy, accessible and available for use at all times when employees are at work;
- are positioned as near as possible to a point of access for transport to hospital;
- display a notice on the door advising of the names, locations, and if appropriate, telephone extensions of first-aiders and how to contact them.

In relation to typical pieces of equipment that should be available in the room consult [‘The Regulations’, ACOP, Paragraph 47.](#)

Training

First aid training and purchasing of consumables is currently administered through the Central Health & Safety Team for the majority of areas. Other local teams from CRI and LRI as well as Events are also involved in arranging first aid training and purchasing of consumables.

The mandatory training that is required as per the ‘The Regulations’ is for first aiders to attend a HSE Approved FAW or EFAW training course. This training for CRUK is currently conducted by the British Red Cross and all records are kept centrally.

[Appendix 5](#) lists the process that is in place if training of first aiders is organised through the Central H&S team. If training is being organised outside of the Central H&S Team, local procedures will need to be adopted to enable this to take place. [Appendix 5](#) can be used as a template and an amended version developed. Once the process is determined and first aiders have been selected the following must take place:

- All training must be organised through the British Red Cross (BRC) as CR-UKs preferred supplier of First Aid at Work training.
- BRC details are as follows:
 - Tel: 0844 412 9000
 - Fax: 0844 412 2866
 - E-mail: nationalaccounts@redcross.org.uk
- Once first aiders have been trained they need to contact Pearl Enuoyibo (Ext: 8227) who will provide training and access to the accident database.
- Contact Pearl Enuoyibo also for first aid consumables.

First Aid Response

It’s very important that in the event of an injury where a first aider is required that this takes place in an organised way, where key personnel are aware of what is required. As a guide, see [Appendix 6](#) on a process that can be followed in the event of a first aid response.

Further information

Accompanying Documents

The following documents provide additional information which will assist when implementing this guidance.

- [Risk Assessment of First Aid Requirement Form.](#)
- [Process Flow Decision Matrix – No: of First Aiders.](#)
- [Health & Safety Standard - FAS HSS 1.00 – The Provision of First Aid](#)

Related CR-UK Policies

The policies listed below should be considered when implementing this guidance.

N/A

External Guidance

Guidance listed below is provided by external organisations.

- [British Red Cross Website](#)

Appendix I: **Risk Assessment of First Aid Requirements Form**

Risk Assessment of	First Aid At Work (Indicate here the property or event this relates to)	Reference:	
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Hazard(s) & how it could happen	Persons at risk			Current Control Measures in place	Net Risk ((SxL)+S=Risk)			Further Controls to be implemented	Residual risk (after controls) ((SxL)+S=Risk)		
	S	V	V		S	L	R		S	L	R
<p>Hazard: Failure to nominate a first aider or an “appointed person</p> <p>How it could happen: No one trained to summon professional help in an emergency which may lead to further complications or serious injury.</p>	S	V	V	<ul style="list-style-type: none"> • First aiders and an appointed person to be nominated in accordance with the Health and Safety (First Aid) Regulations 1981. • Appointed person to be trained to summon for professional help (doctor, ambulance etc.) in the event of an accident or case of severe ill-health. • First aiders to be trained in either First Aid at Work (FAW) or in Emergency First Aid at Work (EFAW) and will give treatment relative to their qualifications 	2	2	6				

Hazard(s) & how it could happen	Persons at risk			Current Control Measures in place	Net Risk ((SxL)+S=Risk)			Further Controls to be implemented	Residual risk (after controls) ((SxL)+S=Risk)		
	S	V	V								
<p>Hazard: Failure to nominate a first aider or an “appointed person How it could happen: No one available to offer immediate treatment in the case of an injured person, or a person suffering from severe ill-health could lead to further complications or a serious injury</p>	S	V O	V	<ul style="list-style-type: none"> Where the first aid assessment indicates that a first aid person(s) should be nominated (either because of the risk level or the number of employees), then they are to be both nominated and trained in accordance with the Health and Safety (First Aid) Regulations 1981 either in FAW or EFAW. Arrangements to be made for first aid cover if the first aid person is away. 	2	2	6				
<p>Hazard: First aid boxes not provided or contents stock low How it could happen: Unable to treat a wound quickly may lead to further complications</p>	S	V O	V	<ul style="list-style-type: none"> Suitable first aid boxes to be provided, marked and readily accessible. First aid box stocks to be checked regularly by an appointed person or first aider and should be replenished accordingly 	1	1	2				

Hazard(s) & how it could happen	Persons at risk			Current Control Measures in place	Net Risk ((SxL)+S=Risk)			Further Controls to be implemented	Residual risk (after controls) ((SxL)+S=Risk)		
<p>Hazard: Lack of first aid provision for lone workers</p> <p>How it could happen: Injured person unable to self-administer basic first aid treatment leading to untreated wounds etc.</p>	S			<ul style="list-style-type: none"> Lone workers to be instructed on summoning for help in an emergency when any injury requires other than basic treatment (e.g. plaster or dressing for minor cuts and grazes etc.). 	2	2	6				
<p>Hazard: Lack of first aid provision for shift workers</p> <p>How it could happen: No immediate treatment available in the case of an injured person or a person suffering from severe ill-health which could lead to further complications</p>	S			<ul style="list-style-type: none"> Appointed persons to be nominated from amongst the shift working staff to summon professional help in an emergency. If work is of medium to high risk or staff numbers are high, then trained first aid personnel (either FAW or EFAW) to be nominated for shift workers. 	2	2	6				
<p>Hazard: Working with hazardous substances</p> <p>How it could happen: Exposure to</p>	S			<ul style="list-style-type: none"> Special first aid facilities to be provided in these instances, e.g. eye wash facilities etc. First aid personnel to be 	2	2	6				

Hazard(s) & how it could happen	Persons at risk			Current Control Measures in place	Net Risk ((SxL)+S=Risk)			Further Controls to be implemented	Residual risk (after controls) ((SxL)+S=Risk)		
hazardous substances may cause ill-health or physical injury if they come into contact with employees				trained to deal with such situations							
<p>Hazard: Dealing with body fluid spillages, e.g. blood, vomit</p> <p>How it could happen: Contact with bodily fluids may cause ill-health</p>	S			<ul style="list-style-type: none"> • Disposable aprons to be provided for first aid personnel. • First aid personnel to be trained in dealing with bodily fluids (included in FAW and EFAW training) • Good hygiene practices to be enforced. • Cleaning in relation to all area is in place and enforced after a first aid incident. 	1	2	3				
<p>Hazard: Dealing with multiple injuries</p> <p>How it could happen: Lack of first aid equipment may lead to wounds</p>	S			<ul style="list-style-type: none"> • First aid equipment to be provided in accordance with the requirements of the Health and Safety (First Aid) Regulations 1981 and the associated 	2	2	6				

Hazard(s) & how it could happen	Persons at risk			Current Control Measures in place	Net Risk ((SxL)+S=Risk)			Further Controls to be implemented	Residual risk (after controls) ((SxL)+S=Risk)		
being untreated				Approved Code of Practice. <ul style="list-style-type: none"> The provision of equipment to match the degree of risk and numbers of employees in accordance with the guidance in the HSE leaflet INDG214 (rev1) First Aid at Work - your questions answered. 							

Persons at risk: S=Staff, V=Visitors, VO=Volunteers C=Contractors, M=Members of the public **Risk:** S=Severity, L=Likelihood, R=Risk

Signature sheet

Person(s) completing assessment:			
Signature(s):			
Position:			
Time and date completed:			
Date for revision (insert date here) or sooner if significant changes are made to the work area or processes			

RECORD OF FIRST AID PROVISION

You should make a record of the first aid provisions you have decided upon as a result of your first aid requirements risk assessment.

Decision Matrix Information

Hazard Rating (Low or High)	No of Employees on Site	Night Workers (Yes/No)

First aid personnel	Required Yes/No	Number needed
First aider with a First Aid at Work (FAW) certificate		
First aider with an Emergency First Aid at Work (EFAW) certificate		
First aider with additional training (specify)(Required to deal with specific high-risk activities)		
Appointed persons		
First aid equipment and facilities		
First aid boxes		
Additional equipment (specify)		

Travel first aid kits		
First aid room		

Note. The minimum first aid provision for each worksite is:

- an appointed person to take charge of first aid arrangements;
- a suitably stocked first aid box;
- information for employees about the first aid arrangements.

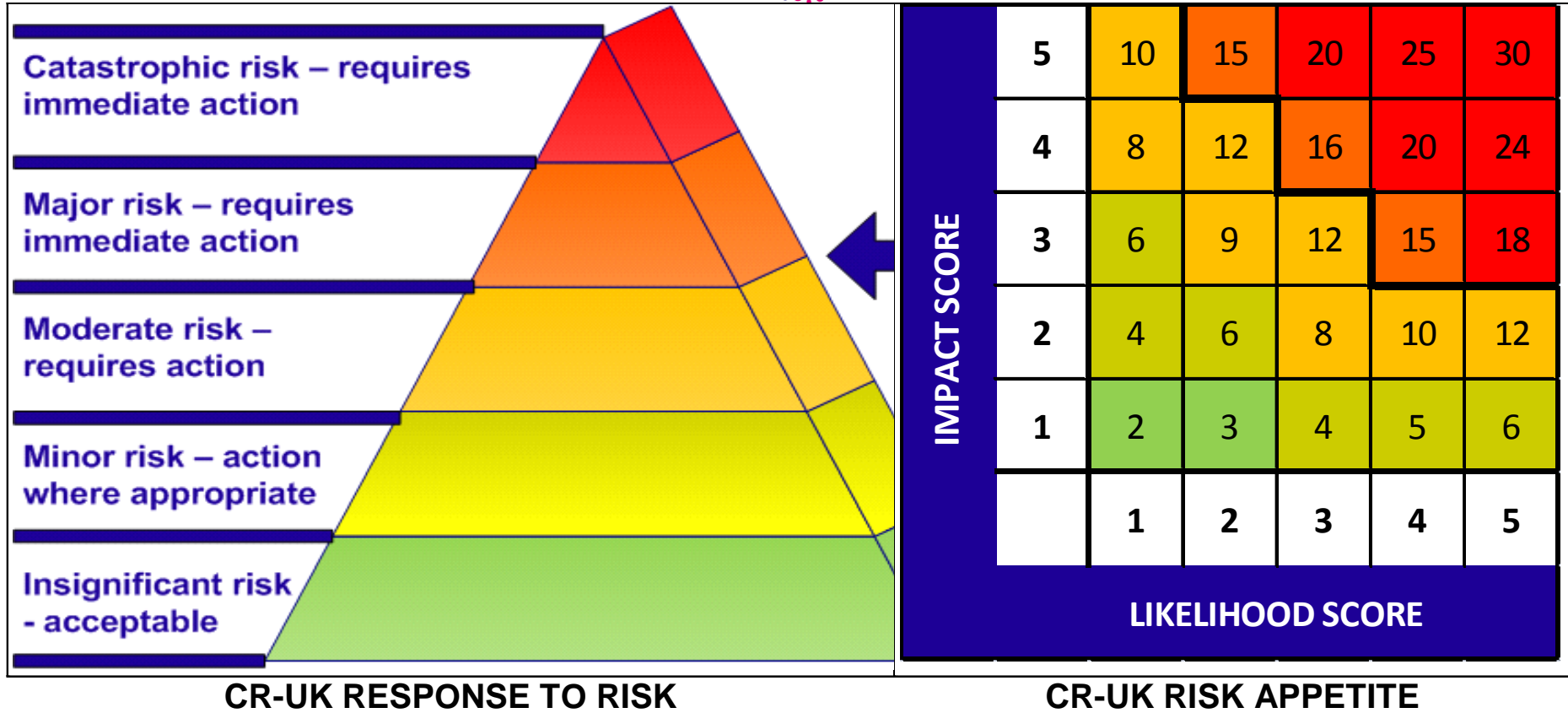
First Aid Risk Assessment Review

Date 1 st Review Completed	Date 2 nd Review Completed	Date 3 rd Review Completed	Date 4 th Review Completed

Risk Estimation

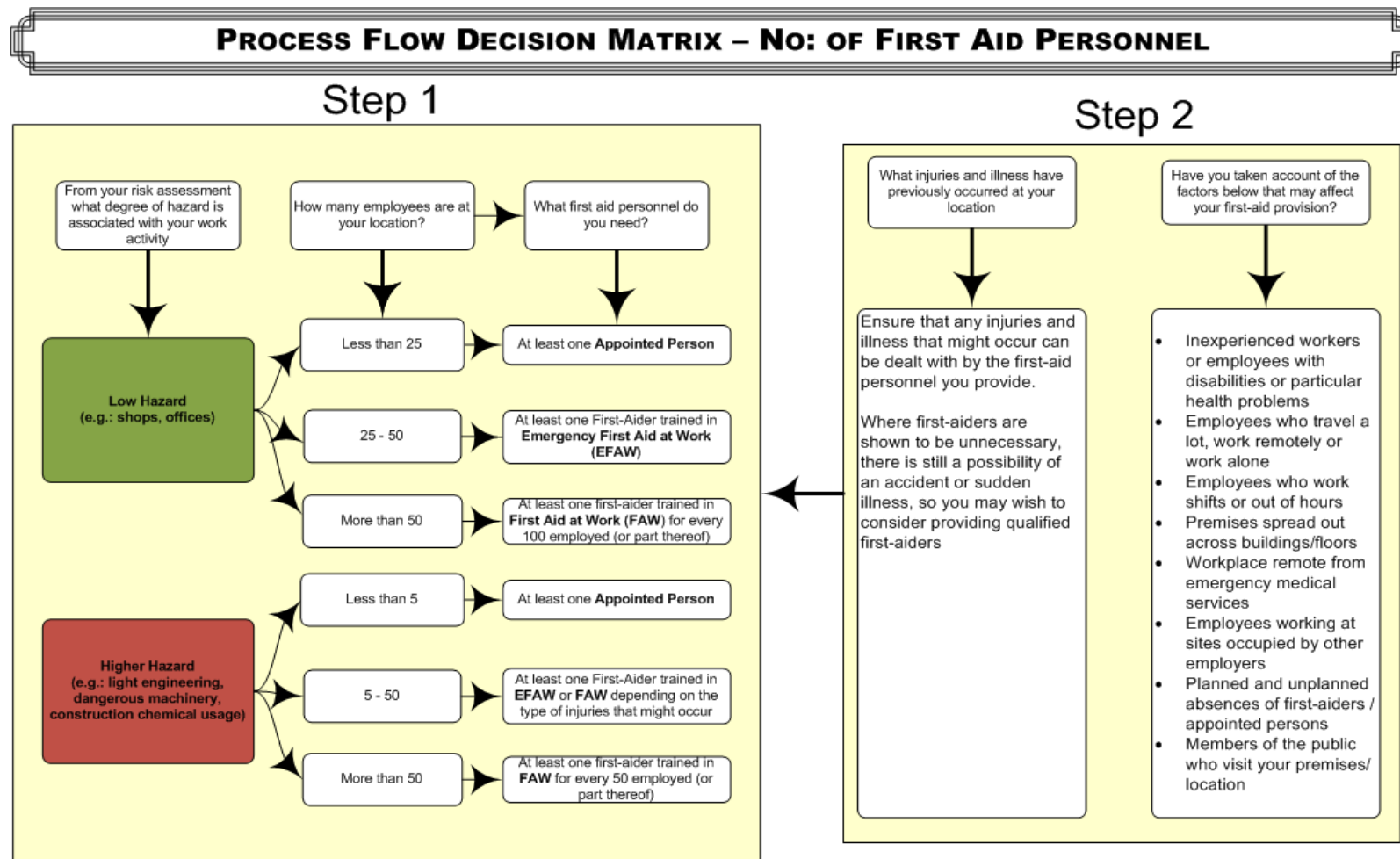
Severity Score		
Score	Description	Severity
1	Insignificant	No visible effects. Minor injury e.g. bruise, or ill health with no lost time
2	Minor	Injury or ill health requiring first aid or medical advice with no lost time
3	Moderate	Injury or ill health leading to more than three days loss of work
4	Major	Severe injury or ill health or possible loss of life
5	Catastrophic / Extreme	Loss of more than one life or multiple casualties

Likelihood score		
Score	Description	Probability
1	Remote	Extremely unlikely to occur i.e. may only occur in exceptional circumstances
2	Unlikely	Expected to occur in a few circumstances
3	Possible	Expected to occur in some circumstances
4	Probable	Expected to occur in many circumstances
5	Highly probable	Extremely likely to occur i.e. expected to occur in most circumstances



Risk Level	Acceptability	Guidance on necessary action and timescales
Insignificant	Acceptable	<ul style="list-style-type: none"> No further action is necessary other than to ensure that the controls are maintained.
Minor	Action where appropriate	<ul style="list-style-type: none"> No additional controls are required unless they can be implemented in a reasonably practicable way (in terms of time, money and effort). Actions to further reduce these risks are assigned low priority. Arrangements should be made to monitor and ensure that the controls are maintained.
Moderate	Requires action	<ul style="list-style-type: none"> Consideration should be given as to whether the risks can be lowered further, but the costs of additional risk reduction measures should be taken into account. The risk reduction measures should be implemented within an identified timescale. Arrangements should be made to monitor and ensure that the controls are maintained.
Major	Unacceptable - Requires immediate action	<ul style="list-style-type: none"> Substantial efforts should be made to reduce the risk to an acceptable level. Risk reduction measures should be implemented urgently within an identified timescale. The activity must not commence or if already started, it is necessary to consider suspending or restricting the activity, or to apply interim controls, until risk reduction is completed. Considerable resources might have to be allocated to additional controls. Where the risk cannot be reduced to an acceptable level, the activity can only proceed with express EB approval.
Catastrophic / Extreme	Unacceptable - Requires immediate action	<ul style="list-style-type: none"> Substantial improvements in risk controls are necessary, so that the risk is reduced to an acceptable level. The work activity must not commence or be halted until risk controls are implemented that reduce the risk to an acceptable level. If it is not possible to reduce the risk, the work should remain prohibited, or continued after obtaining express EB approval, however such approval is unlikely to be given.

Appendix 2: Decision process flow for number of first aid personnel



Appendix 3: BS 8599 – Contents of Workplace First Aid Kit

Component	Description	Quantity (per size of box)		
		Small	Medium	Large
Guidance Leaflet	Provides brief first aid guidelines	1	1	1
Contents list	Provides a list of first aid kit components included in kit.	1	1	1
Medium sterile dressing	Conforming bandage: min. 7.5 cm width and min: 2 m stretched length, with an absorbent pad: not less than 18 cm x 18 cm.	4	6	8
Large sterile dressing	Conforming bandage: min. 10 cm width and min: 2 m stretched length, with an absorbent pad: not less than 12 cm x 12 cm.	1	2	2
Triangular bandage	Min. 20 gsm non-woven material or cotton, not less than 90 cm x 90 cm x 127 cm.	2	3	4
Safety pins	Min. Length of 2.5 cm	6	12	24
Eye pad sterile dressing	Conforming bandage: min. 5 cm width and min: 1.5 m stretched length, or elasticated looped bandage, with an oval pad: not less than 7 cm x 5 cm.	2	3	4
Sterile adhesive dressing	Water resistant, sterile, an island design, individually wrapped, min. Surface area of 7.5 cm ² , dressing pad not less than 20% of the area	40	60	100
Alcohol free moist cleansing wipes	Individually wrapped, sterile, min. Of 80 cm ² .	20	30	40
Adhesive tape	Roll, individually wrapped, min. 2.5 cm width, 5 m length.	1	1	1
Nitrile disposable gloves	Conforming to BS EN 455-1 and BS EN 455-2, large size (8-9)	6	9	12
Finger sterile dressing	Conforming bandage: min. 3.5 cm width and min. 30 cm stretched length, with a dressing pad: min. 3.5 cm ²	2	3	4

Resuscitation face shield ^{A)}	Includes a one-way valve	1	1	2
Foil blanket	130 cm x 210 cm	1	2	3
Eye wash ^{B)}	Sterile, min. Effective volume of 250mL	0	0	0
Burn dressing ^{C)}	Water-based gel-soaked dressing, sterile, min. 100 cm ² surface area.	1	2	2
Shears	Suitable for cutting clothing, including leather	1	1	1
Conforming bandage	Min. 7.5 cm width and 4 m stretched length	1	2	2

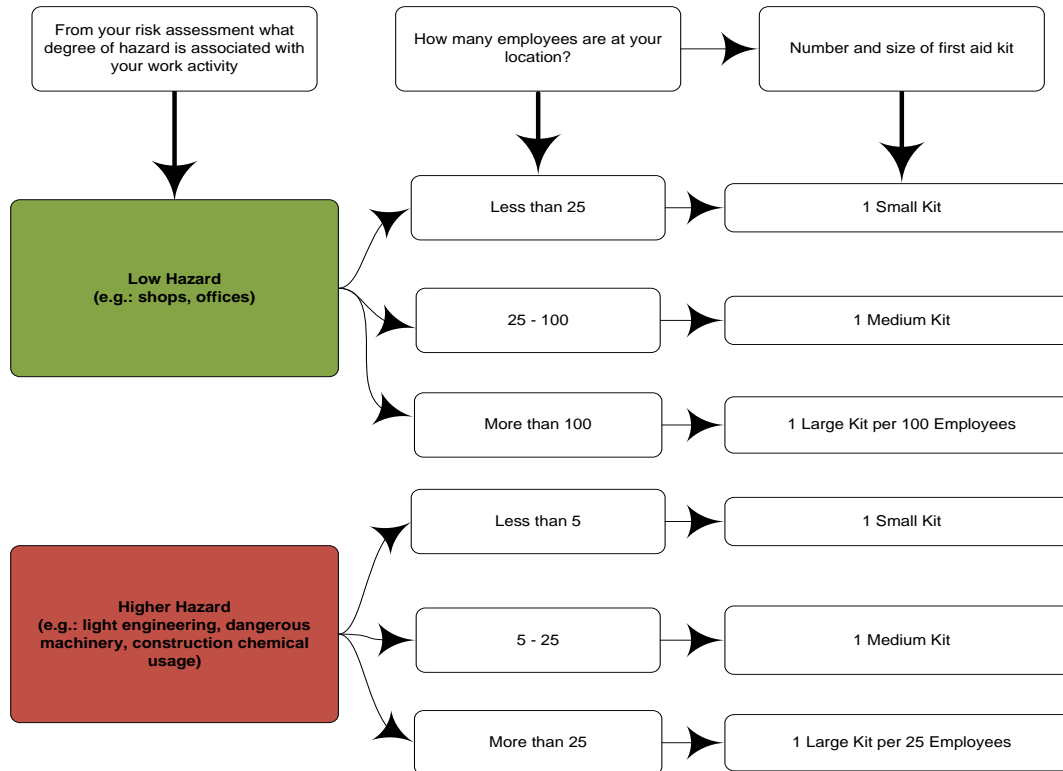
A) The shield is used to protect a first-aider from infection from a casualty during mouth-to-mouth resuscitation.

B) This is only required in the travel first aid kit.

C) A burn dressing cools the burn injury without any pre-cooling with water or any other medium. The dressing does not dry out within one hour of application.

Appendix 4: Decision process flow for first aid kit sizes

**PROCESS FLOW DECISION MATRIX – FIRST AID KIT SIZES
FOR BS 8599 ONLY**



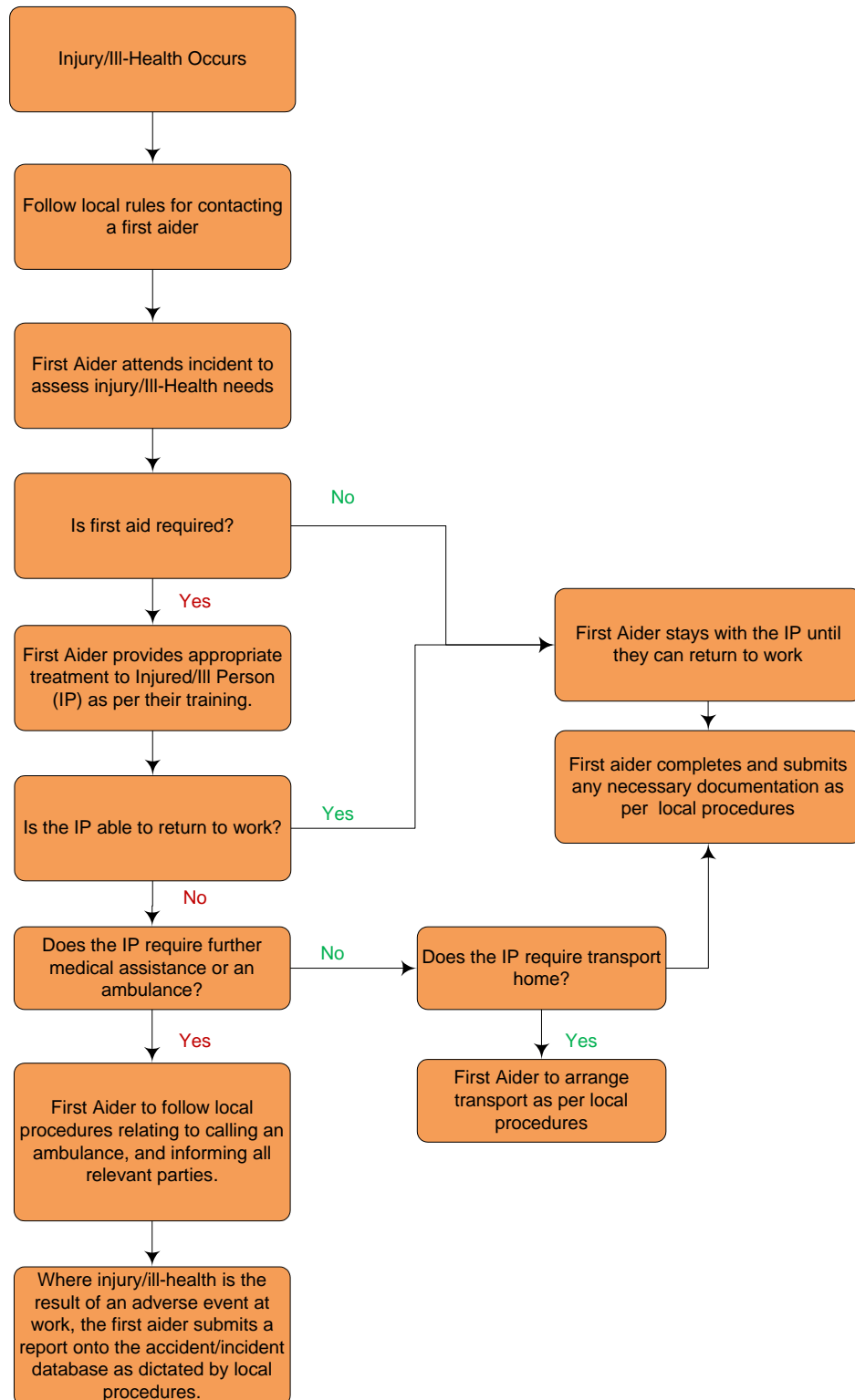
Appendix 5: First aid process (Where Central H&S organises training)

FIRST AID PROCESS (WHERE CENTRAL H&S ORGANISES TRAINING)



Appendix 6: First aid response to an injury/ill-health

FIRST AIDER RESPONSE TO AN INJURY/ILL-HEALTH



Appendix 7: Automated External Defibrillators (AED)

• Routine Maintenance

The HeartStart (model used at CR-UK) is very simple to maintain. The defibrillator performs a self-test every day. In addition, a battery Insertion self-test is run whenever a battery is installed in the device. The AED's extensive automatic self-test features eliminate the need for any manual calibration. The HeartStart has no user-serviceable parts.

To ensure that there is always a battery available for an AED it is recommended that each battery is replaced 3 months prior to the recommended replacement date by the manufacturer. A log therefore should be kept of the date a replacement battery is inserted in an AED.

• Periodic Checks

Other than the checks recommended after each use of the HeartStart, maintenance is limited to periodically checking the following:

- Check the green Ready light. If the green Ready light is not blinking, see troubleshooting tips below and consult the user manual
- *Replace any used, damaged or expired supplies and accessories*
- Check the outside of the AED: if cracks or other signs of damage are seen contact the manufacturer (Phillips)

• Troubleshooting Tips

Always consult the user manual for additional advice to compliment the information listed below. The HeartStart's green Ready light is the guide to knowing if the defibrillator is ready for use.

- ***If the Ready light is blinking.*** - The HeartStart has passed the battery insertion self-test and the last periodic self-test and is therefore ready for use.
- ***If the Ready light is solid.*** - The HeartStart is in use or running a self-test.
- ***If the Ready light is off, the HeartStart is chirping, the i-button is flashing.***- A self-test error has occurred, there is a problem with the pads or the battery power is low, Press the i-button for instructions
- ***If the Ready light is off but the HeartStart is not chirping and the i-button is not flashing.***- There is no battery inserted, the battery is depleted, or the defibrillator needs repair. Insert/replace battery and run the self-test. Provided the HeartStart passes the self-test, it is ready for use.

• Contents of AED Kit

Each kit should have the following contents:

- 1 adult SMART pads cartridge
- 1 4 year battery pack
- 1 red slim-line carry case,
- User guide/manual
- Pair of scissors
- Pair non latex gloves
- 1 Razor
- Mouth to mouth shield (with valve)
- HeartStart Kit

Support and Advice

For further information in relation to this standard, please contact the Central Health and Safety Team:

Email: centralhealth&safety@cancer.org.uk

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