

## WORK UNDERTAKEN BY FIRST AIDERS IN SMALL INDUSTRIES

J. V. HOMEWOOD

*Department of Applied Community Studies, Manchester Polytechnic, Manchester, United Kingdom*

### ABSTRACT

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It is now widely accepted that First Aiders are necessary, if not mandatory, in workplaces. First Aiders are the only paramedical workers in workplaces and may work without selection, supervision, or on-going training by medical or nursing personnel. In 1977, a study of 181 First Aiders from 51 workplaces was undertaken. A hypothesis that "First Aiders practise a role which extends beyond the definition of First Aid for the purposes of the "Societies" training for the mandatory certificate" was set up.

The study measured the work of First Aiders by the analysis of postal questionnaires. The areas of First Aid training, First Aid duties and administration of the health centre, safety activities and record keeping were explored.

The findings supported the hypothesis, indicating that First Aiders give advice and treatment on health matters for which they are not trained and are involved in administrative duties and safety matters for which their mandatory First Aid qualification does not prepare them.

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Paramedical staff have long been included in health teams. Within the speciality of occupational health the First Aider emerged simultaneously with health professionals. They work alone in small enterprises or in larger places alongside doctors and/or nurses. In either case, they may be unselected, unsupervised, and without continuous training.

In England, over the last two decades, it has been the mode with some large public and private enterprises to delegate treatment entirely to First Aiders without necessarily providing any extra training. This enables doctors and nurses to extend their respective roles. However, when this occurs, it may be that the First Aiders role also extends, and then includes duties for which their mandatory training did not prepare them.

The promotion of First Aid training and practice is a subject which justifies interest on account of the large percentage of employees employed in small working units all over the world. It is difficult to define a small firm: The Bolton Report<sup>2</sup> used statistical and economic definitions, but found for practical purposes that small enterprises should not be defined too narrowly. Bougnol<sup>3</sup>

has said that "to allow a wide exchange of ideas it is preferable to refer to national practices which in safety and health appear to depend less on the criteria of the size of the undertaking and the number of workers than on the characteristics of the undertaking such as material resources, direct management, geographic dispersion or the nature of the activity pursued. These problems with regard to definition make it difficult to decide the criteria by which enterprises may be selected into any study.

#### OUTLINE OF RELEVANT PROBLEMS

The Dale Report<sup>4</sup> stated that where First Aiders practice with no medical or nursing supervision or are responsible entirely for the provision of day-to-day treatment, there is a risk that they may overreach the limits of their capacity and become a danger to patients. Mary Blakeney<sup>1</sup> described First Aid standards in Slough as reasonable to poor. Lord Taylor<sup>10</sup> when faced with the provision of First Aid services to small enterprises found it necessary to devise a training for First Aiders which was based on the actual work they did rather than the syllabus of the "Societies" handbook<sup>6</sup>.

The definition for First Aid forwarded in the "Societies" handbook is "the skilled application of accepted principles of treatment on the occurrence of an accident or in the case of sudden illness using facilities or materials available at the time". It is the approved method of treating a casualty until he is placed, if necessary, in the care of a doctor or removed to hospital. I believe that the First Aider practising in workplaces has a broader role than this. There are at least two other issues to be taken into account. Firstly, studies in America<sup>9</sup> and in Austria<sup>11</sup> show a greater accident frequency rate in small enterprises. Secondly, in some countries, for example England, it is lawful for First Aid duties to be delegated to a responsible person where only small numbers of people are employed<sup>5,8</sup>. The problem remains that as we have not made any objective measurement of all aspects of the work First Aiders do, we may not be meeting their training needs.

#### HYPOTHESIS AND METHOD

Therefore, for the purposes of my pilot study, I adopted the hypothesis that: First Aiders practice a role which extends beyond the definition of First Aid offered by the voluntary First Aid organisations.

A literature search revealed no evidence of any previous study, therefore the method used for this study was to an extent exploratory and it also suffered time and financial restraints. For this reason a postal questionnaire was used rather than structured interviewing or observation techniques.

A trade directory was used as a sampling frame and 131 premises were drawn by random sample. The managing director of each premise received a letter, questionnaires and a stamped addressed envelope. The letters were "personalised" in that the managing director's name was written by hand and I signed each letter. The letter explained the purpose of the study, emphasised the

need for co-operation and the fact that the premises and each First Aider would remain anonymous. Non-respondents were re-approached by letter after 3 weeks. The questionnaires were to be distributed to all the First Aiders on each premise. Simple questions were used and ambiguity was avoided; the questions were placed to gather general information and particular information in a logical sequence on one piece of paper. The information gathered included general information with regard to the premise. First Aid training, supervision and duties as well as administration of the First Aid Service, accident prevention and investigation.

### RESULTS

Of the 131 Managing Directors approached, 71.0% answered my initial letter; and 38.9% returned questionnaires that could be entered into the study. There appeared to be a much better response from medium-sized premises, i.e. those with over 150 employees and under 900 employees. A null hypothesis that there was no significant difference in the response of small, medium and large premises was rejected. There was 100% response from premises with between 601-750 employees.

Analysis of the questionnaire revealed the following: Even 62.8% of premises were without medical or nursing supervision. Of the premises who should, by law, have a First Aider 5.8% had neglected this duty, 31.4% had at least 1 First Aider with an extra relevant qualification, 27.5% gave at least 1 of their First Aiders in service training and 23.5% of premises had a First Aider who was required to qualify and practice in First Aid as a condition of his/her employment. Among First Aiders 34.3% used dressings, treatments and medicines that were outside the scope of their mandatory training, 48.9% of them advised patients with regard to their health and 40.3% advised patients with regard to ill health. First Aiders frequently listened to patient's worries (64.6%), gave advice to employers regarding employees fitness to work (67.0%) and advised management on the provision of treatment facilities (52.5%) or accident prevention (56.4%). Safety Committee Meetings were attended by 26.5% of First Aiders. The First Aiders who recorded accidents in the statutory accident book were 81.2% and over 30% were using relevant non-statutory records.

### CONCLUSION

A postal questionnaire is more successful with medium-sized premises. A minority of companies admit that they do not comply with the First Aid Regulations. Many First Aiders do use products which they have not been trained to use, and are involved in health education and counselling, as well as statutory and non-statutory record keeping. Many are involved in administration and safety. It would appear from this small exploratory pilot study that hypothesis that First Aiders practice a role which extends beyond the definition of First Aid is supported.

The implication for governments and employers is that any future training should be designed to qualify the First Aider for the work he/she actually carries out.

#### REFERENCES

1. *Blakeney, M.* Meeting the needs of small firms. Proceedings of the International Congress on Occupational Health. Helsinki 1951, p.35.
2. *Bolton Report.* Report of the Committee of Enquiry on Small Firms. HMSO, London 1971.
3. *Bougnol, L.* Promotion of Safety and Health in Small Undertakings. Proceedings of the International Congress on Occupational Health. Geneva 1969, p.19.
4. *Dale Report.* Report of a Committee of Enquiry on Industrial Health Service. HMSO, London 1951.
5. *Factories Act.* HMSO, London 1961.
6. *First Aid.* Authorised Manual of St John Ambulance and Brigade, 1972.
7. *First Aid.* (Standards of Training) Order. HMSO, London 1960.
8. *Offices Shops and Railway Premises Act.* HMSO, London 1963.
9. *Pyle, H.* Activities of Workers Organisations Proceedings of the International Congress on Occupational Health. Geneva 1969, p.24.
10. *Taylor, L.* First Aid in the Factory, 3rd Ed. Longmans, London 1967.
11. *Weissenberg, O.* Activities of Workers Organisations. Proceedings of the International Congress on Occupational Health. Geneva 1969, p.26.