

### 1. INTRODUCTION

Glasgow Ski and Snowboard Centre Club, herewith known as GSC is fully committed to delivering a safe environment within our Club, which includes providing the best possible care for Staff and Customers when care and emergency first aid is required.

### 2. DEFINITIONS

**Emergency First Aider** – Duty Manager or Instructor

**First Aider** – An employee who has been trained to competently administer first aid at work and holds a current 'First Aid at Work' certificate and appointed by the company.

### 3. REFERENCES

The Health and Safety at Work etc Act 1974  
Management of Health & Safety at Work Regulations 1999 (MHSAW)  
The Health and Safety (First Aid) Regulations 1981

### 4. RESPONSIBILITIES OF FIRST AIDER

- To preserve life until medical help arrives
- To limit the effects of the injury or illness
- To evacuate the casualty safely
- To promote recovery
- To get the casualty medical help if required

### 5. PROVISION OF FIRST AID

#### 5.1 Site risk assessment process

GSC will provide a minimum of one First Aider on duty at all times. During busy periods, all Instructional Staff, and many other staff throughout the facility will also be First Aid qualified.

#### 5.2 Communication

GSC will provide staff training for First Aid to the attention of all employees. For visitors and customers, we will signpost our First Aid arrangements clearly for all to see. In the event of an incident requiring First Aid, procedures are in place to ensure immediate notification and release of a First Aider.

#### 5.3 First Aid boxes

First Aid boxes can be found in the main office, workshop, ski store, bar/cafe, and basement of the facility. Containers for First Aid equipment will be clearly visible, with a white cross on a green background.

The contents of the First Aid containers are covered by the First Aid Regulations and the type of dressings etc are determined by risk assessment and agreed with Occupational Health or Health and Safety. The contents of the containers are regularly checked and replenished, by admin staff.

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Those who work off site or travel on behalf of the company are supplied with a personal first aid kit.

#### **5.4 First Aid Room**

The First Aid rooms within GSC are the Office and the Meeting Room. Both areas can be used depending on the type of injury and attention required.

#### **5.5 First Aid Training**

All GSC First Aiders attend an HSE approved training course and hold a current certificate for First Aid at Work from the training organisation. The training organisation conduct the training courses on site and are fully aware of any special hazards and relevant First Aid training is received.

GSC First Aiders and Emergency First Aiders undertake refresher training over two days during any 3-year period to keep skills up to date.

First Aid training records and lists of First Aiders are kept in the office for audit and inspection purposes e.g. HR or Security

#### **5.6 First Aid Treatments**

All First Aid staff will only give treatments for which they have been trained. The procedures for giving First Aid are set out in the First Aid Manual of St John Ambulance, St Andrew's Ambulance Association, and the British Red Cross Handbook (ISBN 10 0751337048) or a manual as provided by HSE recognised trainer.

#### **5.7 Protection for First Aiders**

All First Aid staff who regularly treat cuts and come into contact with blood should ensure that they follow safe handling procedures to protect themselves against blood borne viruses such as Hepatitis B and HIV. In case of contamination or body fluid spills follow the procedures outlined in Appendix 6.

#### **5.8 Eyewash bottles and Equipment**

This equipment should be considered as First Aid equipment and maintained as such.

### **6. MONITORING THE POLICY**

Health and Safety and/or Occupational Health & Wellbeing will audit 5% of all entries in the Accident book that require treatment.

### **7. RECORDS**

All accidents at work must be recorded in the Accident Book. The First Aider will make records of all treatment given at the time of the incident. (Appendix 9)

### **8. REVIEW OF THE POLICY/PROCEDURE**

This procedure will be reviewed 2 yearly or if changing legislation indicates and communicated to all Health and Safety personnel.

## NUMBERS OF FIRST AID PERSONNEL REQUIRED AS RECOMMENDED BY HSE *Appendix 1*

Category of risk	Number employed at any location	Suggested number of FA personnel
Lower risk <i>e.g. offices libraries</i>	Fewer than 50	At least one emergency first aider
	50 –100	At least one FA'er
	More than 100	One additional FA'er for every 100 employed
Medium Risk <i>e.g. light engineering and assembly work, simple food processing, warehouse</i>	Fewer than 20	At least one emergency first aider
	20 –100	At least one FA'er for every 50 employed
	More than 100	One additional FA'er for every 100 employed
Higher risk <i>e.g. most construction, chemical manufacturers, work with dangerous machinery or sharp instrument, bakeries and complex mechanised food production areas.</i>	Fewer than 5	At least one emergency first aider
	5-50	At least one FA'er
	More than 50	One additional FA'er for every 50 employed
	Where there are hazards for which additional skills are necessary	In addition, at least one FA'er trained in the specific emergency action

## FA (FA) RISK ASSESSMENT FOR GSC SITE

Risk assessment conducted by.....**Julie Vinter**.....

Date...**21.08.24**..... Areas covered.....

Aspects to consider	Impact on FA provision	Currently in place	Areas needing addressing
1. Person appointed to take total charge of FA arrangements.	This person will need to hold the records of training, arrange supplies of equipment on request etc	<b>Julie Vinter</b>	<b>Appoint further Staff</b>
2. Suitably stocked & numbers of FA boxes (see appendix 1)	Bear in mind the type of injuries to be treated, review previous injury history to ensure relevant issues considered	<b>Suitable fully stocked First Aid boxes</b>	<b>Purchase an up-dated stretcher Purchased August 2024</b>
3. Are there suitable and sufficient first aiders / emergency first aiders to cover the area? (see appendix 2)	Consider holiday, cover for sickness and all shift times.	<b>Yes 70% of all staff are First Aid qualified</b>	<b>Appoint member of staff in a position of senior First Aider Karen Caldwell</b>
4. Information to employees on first-aid arrangements	<ul style="list-style-type: none"> <li>• How to access</li> <li>• Who local first aider is?</li> <li>• What to do in an emergency</li> </ul>	<b>Detailed at Staff Training Yearly</b>	<b>Training and First Aid manual to be implemented – Available in Office</b>
5. What are the risks of injury and ill health arising from the work as identified in risk assessment?	If the risks are significant more FA's may be needed	Risk to injury is low, we operate in a very controlled environment	
6. Are there any specific risks, e.g. <ul style="list-style-type: none"> <li>• Hazardous substances</li> <li>• Dangerous tools</li> <li>• Dangerous machinery</li> <li>• Confined spaces or heights</li> </ul>	Consider: <ul style="list-style-type: none"> <li>• Specific training for FA's</li> <li>• Extra FA equipment</li> <li>• Precise siting of FA equipment</li> <li>• Informing emergency services</li> <li>• FA room</li> </ul>	<p>Risks of falling on the slope – FA Staff are trained to deal with incidents on the slope</p> <p>Risks of minor injuries, bee stings, trips/falls off slope – Staff trained to deal with such incidents</p>	
7. Are locations where different levels of risk can be identified?	May need to make different levels of provision in high risk areas	High risk locations are high up the freestyle slope or main slope – Staff trained in ensuring the choice of decent is safe	Further training in bringing a casualty down the slope using a stretcher
8. What type of accidents and ill health have you had in the past? What type and where?	May need to: <ul style="list-style-type: none"> <li>• Locate provision in certain areas</li> <li>• Review contents of FA boxes</li> </ul>	Broken or dislocated thumb or collar bone- Staff are trained in dealing with such casualties. First Aid equipment suitable for such injuries	
9. Are the premises spread out or multi-floor buildings	Consider provision in each building or on several floors	Facility spread out – First Aid provision suitable throughout	

Aspects to consider	Impact on first-aid provision	Currently in place	Areas needing addressing
10. Is there shift work or out of hours working? 11.	Remember FA provision required at all times people are at work	First Aid provision provided at all times, when open.	
12. How far away is the local hospital?	Do you need to: <ul style="list-style-type: none"> <li>• Inform local medical services of hazardous work/substances</li> <li>• Consider special arrangements in event of mishap</li> </ul>	Queen Elizabeth Hospital is situated 2.6 miles from GSC No special requirements to be reported	
13. Do employees have to travel on business or work alone?	<ul style="list-style-type: none"> <li>• Issue personal FA kits and training staff on use</li> <li>• Issue instructions on what to do in an emergency</li> </ul>	Not applicable	
14. Do you have any work experience trainees?	Remember FA provision must cover them	Yes	
15. Do members of the public visit your premises?	The HSE recommends that the public and visitors are to be covered by FA provision	Yes	
16. Do you have employees with reading or language difficulties?	Make special arrangements to communicate first-aid information especially where English is not the first language.	Yes - if applicable	
17. Be aware of the risk to yourself and others – COVID -19 or similar virus	When approaching a casualty there is always a risk of cross contamination – especially when you may have to get close to the casualty to assess or check their breathing. It is always important to be aware of the risks of how this cross contamination has occurred. According to NHS 111 we do not know exactly how coronavirus spreads from person to person, but similar viruses are spread in cough droplets.	FA Staff must wear gloves and a mask when dealing with casualties. Unless necessary, hospital treatment should be the advice given.	Must ensure we have enough appropriate Gloves & Masks for FA Staff.
18. Keep yourself Safe	In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty also ensure that you don't cough or sneeze over a casualty when you are treating them.	<ul style="list-style-type: none"> <li>• Wear gloves when dealing with open wounds</li> <li>• Cover cuts and grazes on your hands with waterproof dressing</li> </ul>	Further Staff Training to highlight the importance of keeping yourself safe. Highlighted at Staff Training.

	Don't lose sight of other cross contamination that could occur that isn't related to COVID-19.	<ul style="list-style-type: none"> <li>• Dispose of all waste safely</li> <li>• Do not touch a wound with your bare hand</li> <li>• Do not touch any part of a dressing that will come in contact with a wound.</li> </ul>	
19. Give Early Treatment	The vast majority of incidents do not involve you getting close to a casualty where you would come into contact with cough droplets. Sensible precautions will ensure you are able to treat a casualty effectively.	<ul style="list-style-type: none"> <li>• First Aid assistance must be given immediately, allowing the customer to leave the facility safely.</li> </ul>	
20.		•	
21.		•	

For further information refer to the First Aid at Work Regulations

Completed by (signed).....Julie Vinter..... (Name).....

Completed by (signed)..... (Name).....

Completed by (signed)..... (Name).....

Completed on date..... Date of review.....



## BASIC FIRST AID BOX CONTENTS

CONTENTS REQUIRED FOR 10-20 PERSON BOX	CONTENTS FOR INDIVIDUALS / CAR DRIVERS
<ul style="list-style-type: none"> <li>• A leaflet giving general guidance on FA</li> <li>• 20 individually wrapped sterile adhesive plasters (assorted sizes)</li> <li>• 2 sterile eye pads</li> <li>• 6 triangular bandages (individually wrapped)</li> <li>• 6 safety pins</li> <li>• 10 individually wrapped wipes</li> <li>• 6 <b>medium size</b> individually wrapped wound dressings (12 cm x 12cm)</li> <li>• 3 <b>large size</b> individually wrapped wound dressings (18cm x 18cm)</li> <li>• 2 pairs of disposable gloves</li> <li>• Indicate if there are additional items required as standard</li> </ul>	<ul style="list-style-type: none"> <li>• A leaflet giving general guidance on FA</li> <li>• 6 individually wrapped sterile adhesive plasters / dressings</li> <li>• 1 sterile eye pad</li> <li>• 2 triangular bandages (individually wrapped)</li> <li>• 6 safety pins</li> <li>• 6 individually wrapped wipes</li> <li>• 1 medium size individually wrapped wound dressings</li> <li>• 1 large size individually wrapped wound dressings</li> <li>• 1 pair of disposable gloves</li> <li>• Indicate if there are additional items required as standard</li> </ul>

In food production units, waterproof blue detectable plasters are advisable. These must be metal detectable if required by customers.

In addition to the items above:

1. Soap and water and disposable drying materials should also be available.
2. Where tap water is not available for eye irrigation, disposable, sterile eye irrigators must be used. At least 1 litre must be readily available.
3. Aprons if required, or any other suitable protective equipment, should be provided in or near the First Aid Box.

**WEEKLY CHECK OF FIRST AID BOX**

<b>Location of box</b>	<b>Signature Serviced w/c</b>	<b>Signature Serviced w/c</b>	<b>Signature Serviced w/c</b>	<b>Signature Serviced w/c</b>



## First Aid Room Requirements

### Rooms

- 1 room large enough for a couch and to keep First Aid supplies
- Preferably ground floor because of access
- Entrance wide enough for stretcher/wheelchair access
- Ventilation by windows or wall vent
- Close access to toilet

### Fixed Equipment

- Sink with elbow or automatic taps
- Kitchen-type base units and wall cupboards
- Telephone with facility to dial out
- Notice board

### Portable Equipment

- Examination couch with step up
- Pillows with disposable pillowcases
- Blankets
- Disposable sheet roll
- Transport chairs
- Waste paper bin
- Clinical Waste bin, check waste carrier and disposal notes
- Sharps Box
- Chairs (2)

### Medical Equipment

- Large emergency first aid box
- Eyewash bottles to replenish site and used bottles
- Dressings
- Blunt ended scissors
- Tissues and paper towels
- Vomit bowls
- Disposable gloves

### Other

- Soap
  - Hand cream
  - Accident book
  - Emergency contact telephone numbers on notice board
  - List of first aiders on site
  - Clinical waste collection and disposal contract
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## **First Aid Precautions**

Contamination can occur when body fluids gain entry through the skin or mucous membranes such as the eyes or mouth. It is always safest to assume that all body fluids carry some infection and take adequate precautions to prevent contamination.

### **Types of Infection**

There are mainly three types of common infections (although there are others):

- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Human Immunodeficiency Disease (HIV)

### **Prevention of incidents**

- Waterproof dressings should be used to dress cuts and grazes as these may be potential routes of infection
- When dealing with any blood or bodily fluids protective clothing should always be worn
- Wash your hands after dealing with any incident involving blood or body fluids
- Ensure all contaminated/protective equipment is disposed of in clinical waste bins

### **Protective clothing**

<i>Gloves</i>	Whilst still penetrable, gloves reduce the risk of transmission of infection. Wearing an outer and an inner glove reduces this risk even further.
<i>Apron</i>	Will protect the individual from splashes and spills from cleaning and dripping wounds.

### **Management of blood and body fluid exposure incidents**

#### **First aid treatment**

- If the mouth or eyes are involved, they should be washed thoroughly with water.
- If skin is punctured, free bleeding should be gently encouraged, and the wound should be washed with soap and water but not scrubbed or sucked

All exposure incidents should be reported promptly to Occupational Health. This is important for three reasons.

- To ensure appropriate management to reduce the risk of blood-borne virus transmission
- To document the incident and the circumstances of it.

The management of an incident will be as determined by the local Occupational Health Adviser but referral to A&E may be indicated.

Exposures to hepatitis B or C or HIV are reportable to the Health and Safety Executive, under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995(RIDDOR) as a dangerous occurrence

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## TRAINING SCHEDULE

### **First Aid at Work (FAW) - Course Information**

Students will receive training in the First Aid at Work (FAW) competencies:

- Aims and Rules of First Aid at Work (FAW)
- Basic Life Support
- Treatment of the unconscious casualty
- Treatment of a casualty who is wounded, bleeding or shocked
- Treatment of fractures, dislocations, and soft tissue injuries
- Treatment of burns, poisoning and eye injuries
- Treatment of common major and minor illnesses
- Prevention of cross-infection during First Aid at Work (FAW) procedures
- Emergency transport of casualties
- Legal aspects of First Aid at Work (FAW)

### **First Aid at Work (FAW) Course Certificate**

After successful completion of the taught course and a final practical assessment, the student will be awarded the HSE recognised, First Aid at Work (FAW) Certificate which is valid for 3 years.

### **First Aid at Work (FAW) Course (4 Days)**

### **First Aid at Work Refresher Course (2 Days)**

For those who hold a FAW Certificate that is about to expire. Your FAW Certificate is valid for 3 years and you must re-qualify within one month of certificate expiry if you want to avoid having to do the full 4-day course again.

### **Emergency First Aid Course (1 Day) Emergency first aider**

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Appendix 8

## What to do in an Emergency

### Priorities

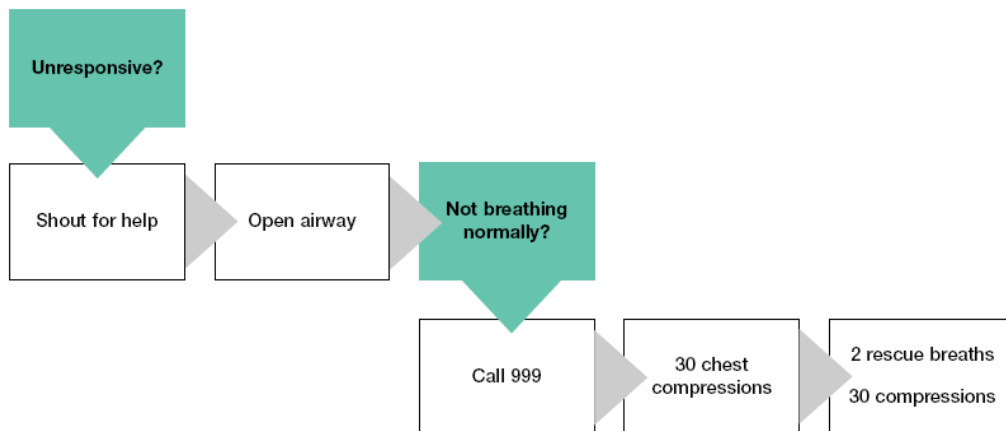
Your priorities are to:

- Assess the situation – do not put yourself in danger.
- Make the area safe.
- Assess all casualties and attend first to any **unconscious** casualties.
- Send for help – do not delay.

### Check for a response

Gently shake the casualty's shoulders and ask loudly, 'Are you all right?' If there is no response, your priorities are to:

- Shout for help.
- Open the airway.
- Check for normal breathing.
- Take appropriate action





## A Airway

To open the airway:

- place your hand on the casualty's forehead and gently tilt the head back;
- lift the chin with two fingertips.

## B Breathing

Look, listen and feel for normal breathing for no more than 10 seconds:

- look for chest movement;
- listen at the casualty's mouth for breath sounds;
- feel for air on your cheek.

If the casualty **is** breathing normally:

- place in the recovery position;
- get help;
- check for continued breathing.



If the casualty is **not** breathing normally:

- get help;
- start chest compressions (see CPR).

## C CPR

To start chest compressions:

- lean over the casualty and with your arms straight, press down on the centre of the breastbone 4-5 cm, then release the pressure;
- repeat at a rate of about 100 times a minute;
- after 30 compressions open the airway again;
- pinch the casualty's nose closed and allow the mouth to open;
- take a normal breath and place your mouth around the casualty's mouth, making a good seal;
- blow steadily into the mouth while watching for the chest rising;
- remove your mouth from the casualty and watch for the chest falling;
- give a second breath and then start 30 compressions again without delay;
- continue with chest compressions and rescue breaths in a ratio of 30:2 until qualified help takes over or the casualty starts breathing normally.



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## Severe bleeding

If there is severe bleeding:

- apply direct pressure to the wound;
- raise and support the injured part (unless broken);
- apply a dressing and bandage firmly in place.

## Broken bones and spinal injuries

If a broken bone or spinal injury is suspected, **obtain expert help. Do not move casualties** unless they are in immediate danger.

## Burns

**Burns can be serious so if in doubt, seek medical help.** Cool the affected part of the body with cold water until pain is relieved. Thorough cooling may take 10 minutes or more, but this must not delay taking the casualty to hospital.

Certain chemicals may seriously irritate or damage the skin. Avoid contaminating yourself with the chemical. Treat in the same way as for other burns but flood the affected area with water for 20 minutes. Continue treatment even on the way to hospital, if necessary. Remove any contaminated clothing which is not stuck to the skin.

## Eye injuries

All eye injuries are potentially serious. If there is something in the eye, wash out the eye with clean water or sterile fluid from a sealed container, to remove loose material. **Do not attempt to remove anything that is embedded in the eye.**

If chemicals are involved, flush the eye with water or sterile fluid for at least 10 minutes, while gently holding the eyelids open. Ask the casualty to hold a pad over the injured eye and send them to hospital.

## Record keeping

It is good practice to use a book for recording any incidents involving injuries or illness which you have attended. Include the following information in your entry:

- the date, time and place of the incident;
- the name and job of the injured or ill person;
- details of the injury/illness and any first aid given;
- what happened to the casualty immediately afterwards (eg went back to work, went home, went to hospital);
- the name and signature of the person dealing with the incident.

This information can help identify accident trends and possible areas for improvement in the control of health and safety risks.

## RECORD OF FIRST AID TREATMENTS

DATE & TIME	NAME	DEPT	ACC @ WORK Y/N	COMPLAINT	TREATMENT GIVEN	SIGNATURE	outcome			
							Work	Home	GP	Hosp

**LIST OF FIRST AIDERS & CERTIFICATE  
EXPIRY DATES**

<b>NAME</b>	<b>DEPT</b>	<b>CERT EXPIRY DATE</b>	<b>CONTACT</b>
Karen Caldwell	Senior First Aider	June 2026	0141 427 4991
Julie Vinter	Centre Manager	June 2026	
Paula Bennett	Duty Manager	August 2025	
Angie Lyon	Duty Manager	June 2026	
Suzanne Lafferty	Ski School Manager	June 2027	
Eddie Murphy	Rental Manager	June 2025	
Ross Jamieson	Ski Instructor	July 2027	
Gillian Glover	Child Protection Officer	August 2026	
Hugh Barclay	Bar Manager	August 2026	

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