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| **Safety Task Card** |
| **SO4** | **First Aid Initial Attendance** |
| **Workplace Safety Hazards** |
| What are the hazards? | How might they be harmed? |
| Low light conditionsTrip hazardsVehicle contactBiological hazards/body fluidsPost traumatic stress | Slips trips fallsCollision with vehicleContact with infected body fluidsPhysical and mental stress |
| **Safe System of Work** |
| * All Security Operatives to ensure that an ongoing assessment of their surroundings is carried out whilst attending all First aid incidents or walking to an incident to identify possible slips and trips hazards
* Ensure that all First aiders are trained.
* First aid kits to be provided with nitrile type gloves to prevent any cross contamination when exposed to bodily fluids during first aid administering
* Good hand hygiene practices to be observed.
* All waste first aid materials to be treated as bio hazardous waste.
* All officers are to ensure that the area is safe for them to enter and not to put themselves in danger whilst providing first aid assistance.
* All equipment or moving plant is to be isolated to prevent the officer from being injured whilst providing first aid assistance.
* All first aid incidents that require the officers to access the casualty at height is controlled appropriately.
* Ensure that torches are used when on external patrol at night or during a power cut.
* Appropriate footwear is provided and must be worn at all times.
* Designated patrol routes to be used. Staff briefed on patrol routes – potential hazards and safe routes identified as appropriate.
* Ensure that care is taken to consider all vehicular activity when crossing roadways, suitable hi-vis clothing must be worn.
* All staff to ensure that they observe pedestrian routes were available
* Suitable training & support.
* Ensure all staff have regular meetings with their manager to discuss all work related issues/problems

REFER: Security SOP 03 First aid  |
| **Site Specific Actions**List any actions required in addition to the above safe system of work |
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| The above control measures are implemented within my unit. All relevant staff are aware of these control measures and this is recorded in the training record for this safety task card. |
| Unit Manager Name | Signed | Date |

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| **Safety Card Training Record** |
| **SO4** | **First Aid Initial Attendance** |
| I confirm that I fully understand the risks and control measures associated with the taskand that I will follow the Safe System of Work at all times.  |
| Operative Name | Signature | Date | Trainer |
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