

UNDERTAKING (FIRST AID TRAINING)

- **To be signed by the accountable person seeking approval for an organisation to carry out first aid training under the Health and Safety (First Aid) Regulations (Northern Ireland) 1982**
- **Signing this form does not necessarily mean that approval will be granted**
- **Please keep one copy of this undertaking for your information**
- **All organisations are expected to have a copy of the ACOP which accompanies the regulations**

I the undersigned agree to abide by the following conditions of approval and accept that failure to do so may result in either a first aid course being declared invalid for the purposes of the Health and Safety (First Aid) Regulations (NI) 1982, and/or the revocation of the certificate of approval for training under the Health and Safety (First Aid) Regulations (NI) 1982, by the Health and Safety Executive for Northern Ireland.

NAME OF ORGANISATION: _____

NAME OF ACCOUNTABLE PERSON: (signatory) _____

CONDITIONS OF APPROVAL

TRAINERS AND EXAMINERS

1. The organisation will use persons to train or examine on first aid courses who satisfy the following:-

a) Evidenced approval in writing by HSENI

Only those individuals who have been formally approved by HSENI and whose name appears on the list of approved trainer / assessors for your organisation.

b) Competence in First Aid at Work

For an individual to become an approved trainer / assessor they will need to provide evidence of their competence in First Aid at Work for at least the last three years.

c) Experience in First Aid in the Workplace

Details of general skills, experience and knowledge that have been applied to First Aid in the Workplace for the past three years should be provided.

d) Proficiency and competence in teaching / assessing

Evidence of competence in training/assessing detailing general skills, experience and knowledge that has been applied to teaching and assessing.

As regards proficiency in teaching and assessment evidence of the following should be submitted:

- A teaching degree; *or*
- NVQ certificates for units C23, C24 and D32; *or*
- An Ambulance Aid Instructors certificate; *or*
- A First Aid at Work Trainers certificate; *or*
- Evidence of teaching and examining First Aid at Work in Northern Ireland detailing general skills, experience and knowledge that has been applied to teaching and examining First Aid in the workplace.

Trainers will not examine their own trainees. At least two examiners will be provided for each course.

Trainers and examiners will be made aware that HSENI staff have the right to observe a first aid class or examination at any time and without prior notice being given.

CANDIDATES

2. The organisation will only accept as candidates on courses individuals who intend to practise as first aiders in the workplace during the validity of the certificate.
3. In order to obtain a certificate every candidate must be able to demonstrate proficiency in resuscitation, control of bleeding and treatment of the unconscious casualty. Candidates may not act as casualties.

COURSE AND EXAMINATION

4. First aid courses run by the organisation will conform to the syllabus contained in the HSENI Guidance subject to any alterations agreed at a later date. The syllabus will include an appropriate time allocation to ensure that all candidates are instructed on how to:-
 - act safely, promptly and effectively in the first-aid management of emergencies at work;
 - use First Aid equipment including the contents of a First Aid Box;
 - understand the duties of employers and the legal framework;
 - maintain simple factual records on what they have done with regard to any treatment or management of an emergency;
 - recognise the importance of personal hygiene in First Aid procedures.

Deal with a casualty who:

- requires cardiopulmonary resuscitation;
- is unconscious;

- is bleeding or wounded;
- is suffering from shock;
- is suffering from an injury to bones, muscles or joints;
- has been burned or scalded;
- has an eye injury;
- has been overcome by gas or fumes, or;
- may have been poisoned or exposed to a harmful substance.

And,

- recognise major illnesses and take appropriate action;
- recognise minor illnesses and take appropriate action;
- manage the transportation of a casualty as required by the circumstances of the workplace.

PREMISES

5. Adequate space is required to allow practical work to be undertaken.

At least 3 rooms must be available for examination purposes, one for practical examination purposes, one for theoretical examinations and another as a waiting room **to ensure candidates are examined separately.**

CERTIFICATES

6. First Aid Certificates issued by the organisation will state clearly:-

- (a) the title 'First Aid at Work' or 'Emergency First Aid at Work';
- (b) a reference to The Health & Safety (First Aid) Regulations (Northern Ireland) 1982;
- (c) the organisation's name
- (d) the name of the person to whom it is issued
- (e) the HSENI approval number;
- (f) a statement confirming its validity for **three** years;
- (g) the date of issue and expiry;
- (h) the signature of an appropriately authorised person of your organisation. *Please note that a printed copy of the signature is acceptable.*

QUALITY ARRANGEMENTS

7. The organisation will have a suitable quality plan for the delivery of training and the provision of premises and equipment.

RECORDS

8. The organisation will retain the following information, and will be available for inspection by HSENI staff at any time and without prior notice being given:-
- (a) all dates of courses including names of trainers and assessors;
 - (b) the name of each student;
 - (c) the expiry date of each student's certificate;

NOTIFICATIONS

- 9 The organisation will give the necessary notice to HSENI of all courses and examinations.

If approved I agree to ensure that all training and assessment of First Aid at Work training carried out by this organisation is done so in accordance with current HSENI guidance and any future guidance which HSENI might issue. I agree to advise HSENI of any changes to details in relation to the name of the organisation, change of address or proposed change of Accountable Person

I (delete as appropriate) wish for our contact details to be made available to the public via the HSENI web site.

I further confirm that all training materials, distributed publications and methods employed will meet fully with those standards as defined by the National Resuscitation Council and the most recent edition of the First Aid Manual as endorsed by St John Ambulance, St Andrew's Ambulance Association and British Red Cross.

I have read and fully understand the preceding CONDITIONS OF APPROVAL and am fully aware of my obligations in respect of this Statutory Undertaking.

SIGNATURE: _____ Date: _____

Position in Organisation: _____

Please complete in full before **printing, signing and returning** to the address below:
(Please also note this document cannot be saved).

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