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**First Aid Policy**

**[Date of Issue]**

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| Policy Lead: | [Policy Lead] |
| Version No. | 1 |
| Date of Issue: | [Date of Issue] |
| Date for Review: | [Date of Review] |

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# Introduction

First Aid is the assistance given to any person suffering a sudden illness or injury, with care provided to preserve life, prevent the condition from worsening or to promote recovery.

# Policy Statement

[Company Name] is committed to delivering the highest level of care by providing the appropriate first aid equipment, facilities and appropriately trained first aiders in the event of an accident or illness while at work.

[Company Name]’s primary aim should be to preserve life and ensure minor injuries do not escalate into more serious ones.

# Scope

This policy and the procedures apply to all qualified first aiders and community staff providing services for [Company Name] in their local communities for the initial response to minor, as well as serious or life-threatening emergencies.

The Registered Manager is responsible for ensuring that staff receive the appropriate training and are competent and confident in the application of first aid.

# Procedures

All First Aider’s at [Company Name] will provide limited care within the extent of their training and the equipment with which they are provided. All relevant client information, discussions and treatment should be clearly recorded in their records.

Staff at [Company Name] caring for clients in their homes should be able to administer first aid to a casualty who:

* has a minor injury
* is injured with/without excessive bleeding
* has been burnt.

# Risk Assessment

[Company Name] will ensure it conducts a thorough risk assessment of the workplace activities, facilities, and hazards. These risk assessments will be regularly reviewed and updated when necessary. The risk assessment will be based on guidance from the Health and Safety Executive (*First Aid at Work*).

From the risk assessment, a decision will be made as to the number of trained and qualified first aiders that will be required/made available to provide an effective and safe response to the potential risk of accidents in the community.

# Equipment

An appropriate number of first aid kits will be made available to staff at [Company Name]’s headquarters, ready for staff to use in the community.

All staff will be issued with a personal first-aid kit, along with a mobile phone to facilitate communication with emergency services if needed, as well as to contact the Registered Manager or on call Duty Manager.

Any first aid kit supplied by [Company Name] will be of an appropriate size and will be kept stocked with the necessary first aid materials and equipment as informed by the risk assessment and by British Standard BS 8599.

Kits will be checked daily to ensure they are fully stocked, and staff should ensure that if/when stock is used from the first aid kit, it is replaced as soon as possible.

# Minor Injury

All minor injuries will be treated in accordance with thetraining and equipment with which the First Aid personnel are provided.

For cuts and grazes:

* put on disposable gloves to reduce the risk of infection
* stop any bleeding before applying any dressing to the wound by applying pressure to the wound with a clean, dry dressing
* if the injury is to an upper limb, raise it above the head to reduce the flow of blood to the wound
* if the injury has occurred on a lower limb, ask the client to lie down and raise the affected limb above the heart
* when the bleeding has stopped, clean the wound with drinking-quality tap water, avoid the use of antiseptic as it may damage the skin around the injury which can slow the healing process
* pat the area dry with a clean towel
* apply a sterile adhesive dressing (plaster) to the injury. If the injury is too big for a plaster, use a clean, padded sterile dressing.

For wounds with excessive or severe bleeding, extended application of pressure may be needed. If bleeding continues through the applied dressings, do not remove original dressings, but instead apply further dressings on top of the original.

# Burns

If a client has been burnt, the following First Aid techniques can be applied:

* cool the burn down as quickly as possible with cool running water
* carefully remove any obstructive clothing and/or jewellery
* cover the burn with cling film
  + if cling film is not available, use a clean, dry dressing (avoid fluffy materials like cotton wool)
  + make sure the covering is not too tight as the skin could swell from the burn
* do not apply any creams or lotions to the burn.

# Unconscious

**And Breathing**

If someone is unconscious and breathing, check for any injuries or other obvious signs of why they may be unconscious. If none are found and it is safe to do so, place the person in the recovery position before calling for help.

**And Not Breathing**

In this situation, start CPR immediately. See the Adult Basic Life Support or Paediatric Life Support Policies for further details.

# Recovery Position

Whether CPR has been started, or the clients did not require it, a client can be placed in the recovery position as follows:

* remove any glasses and carefully check pockets for potential hazards
* kneel next to the client and ensure both of their legs are straight
* place the arm nearest to you out at a right angle to the body, elbow bent with the hand in the palm-up position
* bring the far arm across the chest and hold the back of the hand against the client’s cheek nearest to you
* with your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground
* keeping their hand pressed against the cheek, pull on the far leg to roll the client towards you on to their side
* adjust the upper leg so that both the hip and knee are bent at right angles
* tilt the head back to make sure that the airway remains open
* if necessary, adjust the hand under the cheek to keep the head tilted and facing downwards to allow any liquid material to drain from the mouth
* check breathing regularly
* be prepared to start CPR immediately if the client deteriorates or stops breathing normally.

# Shock

First Aid personnel must understand how to recognise shock, acknowledging that it is a life-threatening condition that occurs when the vital organs of the body do not get enough oxygen. This can occur for the following reasons:

* severe internal or external bleeding
* heart problems, such as a heart attack, or heart failure
* loss of body fluids, from dehydration, diarrhoea, vomiting, or burns
* severe allergic reactions and systemic infection (septic shock)
* spinal cord injury.

First Aid personnel should be able to recognise shock as follows:

* pale skin, which may be cold and clammy (with/without profuse sweating)
* fast, weak pulse (when shock gets worse)
* fast, shallow breathing
* grey blue skin, especially inside the lips
* nausea and possible vomiting
* restlessness and aggressive behaviour
* the potential to become unresponsive.

**Step 1. Safety**

Ensure that the client’s surroundings and any bystanders are safe before approaching. Apply all appropriate personal protective equipment (PPE) where available as soon as possible. Ensure the use of safe manual handling techniques when repositioning the client during resuscitation.

**Step 2. Treat the cause of the shock**

This can include stopping or slowing down any severe blood loss as follows:

* apply and maintain pressure to the wound or injury with a clean dressing
* encourage the client to lie down and elevate the limb above the level of the heart.

If there is an embedded object:

* build up layers of dressings around the wound, but do not cover the object
* ensure the object is securely in place with bandages
* apply firm pressure to the dressings on each side of the wound
* elevate the injured limb
* loosen any tight clothing around the neck, chest, and waist to make sure it does not constrict their blood flow

**Step 3. Call an ambulance (999)**

Stay with the client and, where possible, ask another person to call 999. Otherwise, call yourself and place the phone on speaker, where possible.

**Step 4. Calm and reassure**

Anxiety, discomfort, or pain can make shock worse by increasing the body’s demand for oxygen, so try to reassure the client and keep them calm if you can.

**Step 5. Monitor their response**

Monitor their symptoms (as detailed above) as well as their level of consciousness. Prepare to handover to emergency services using either:

* SBAR (Situation, Background, Assessment, Recommendation) or
* RSVP (Reason, Story, Vital signs, Plan) format.

# Monitoring

The effectiveness of this policy will be monitored through routine audit as well as the investigation of any adverse incidents.

# Related Policies

* Governance and Risk Policy
* Incident Management Policy
* Information Governance and Record Keeping Policy
* Moving and Handling Policy
* Quality Assurance Policy
* Resuscitation Adult Policy
* Resuscitation Child Policy

# Legislation and Guidance

**Guidance**

* St. John Ambulance: Shock - Symptoms & First Aid Advice <https://www.sja.org.uk/get-advice/first-aid-advice/bleeding/shock/>
* Health and Safety Executive <https://www.hse.gov.uk/firstaid/legislation.htm>

# Summary of Review

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| --- | --- |
| Version | 1 |
| Last amended | [Date of Issue] |
| Reason for Review |  |
| Were changes made? |  |
| Summary of changes |  |
| Target audience | Care staff, Managers |
| Next Review Date | [Date of Review] |