

# Health & Safety

## First Aid Policy

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OR68	1	Full Policy Re-launch	HR Team	July 16		
Please refer to Control Schedule at end of this policy for details of changes between Versions 1 to 8.						
OR68	8	Full review - Minor changes to text	Pavlina Turkova	November 2021	QSGC	N/A
OR68	9	Minor changes to text Point 2.1 inclusion of PFAW	Pavlina Gibbon	May 2022	PSC	N/A
OR68	10	Full review – Minor changes to text	Pavlina Gibbon	December 2022	PSC	N/A
OR68	11	Full Review- no changes	Craig Morris	January 2024	QSGC	N/A

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## Fair Ways Vision, Mission and Values (2024)

### Our vision

To build a community that changes lives, makes a difference to society and leaves a legacy greater than ourselves and our contributions.

### Our mission

To grow a compassionate, resilient, and trauma-informed community, that embraces learning, so that we improve the lives and outcomes of individuals.

### Our values

Our values form the heart of the work we do, defined by Fair Ways people, for Fair Ways people. These are the values by which we operate, by which we are governed, and to which we are held accountable.

We therefore expect every individual within the organisation to *play their part*:

<b>P</b> ROFESSIONAL	<b>A</b> CCEPTING	<b>R</b> EFLECTIVE	<b>T</b> RANSPARENT
<ul style="list-style-type: none"> <li>We do what we say we will.</li> <li>We approach challenges with optimism and enthusiasm.</li> <li>We don't judge, we notice.</li> <li>We put the needs of the service before our own personal gains.</li> </ul>	<ul style="list-style-type: none"> <li>We don't give up on people.</li> <li>We value all individuals and are willing to challenge them.</li> <li>We embrace each other's differences as much as our similarities.</li> <li>We accept responsibility for our actions.</li> </ul>	<ul style="list-style-type: none"> <li>We give feedback, we invite feedback, we listen to feedback.</li> <li>We look inward before we look outward.</li> <li>We learn as much from our mistakes as from our successes.</li> <li>We listen to each other, learn from each other and grow together.</li> </ul>	<ul style="list-style-type: none"> <li>We are always willing to explain why.</li> <li>We have the courage to be open and honest.</li> <li>We earn trust through our transparency.</li> <li>We live by our values even when no-one is watching.</li> </ul>

## 1 Introduction

- 1.1 It is Fair Ways policy to provide first aid support to anyone who may be injured or become unwell whilst on our premises or care, and to ensure that Fair Ways complies with the Health and Safety (First Aid) Regulations 1981. It is our aim to have at least one trained first aider in each of our properties who will provide first aid support as and when necessary.

## 2 Numbers of Qualified First Aiders

- 2.1 At all Fair Ways workplaces there must be adequate and appropriate provision of trained staff to enable first aid to be administered to employees and non-employees if they become injured or ill.

The Company fulfills this requirement by training staff:

Type of Workplace	Level of Trained Personnel
Residential Homes	All staff are trained in EFAW and PFAW.
Residential Family Centre	All staff are trained in EFAW and PFAW.
Education	All staff are trained in EFAW.
Fostering	All staff are trained in EFAW.
Outreach Service	All staff are trained in EFAW and PFAW.
Contact Scheme	All staff are trained in EFAW.
Offices	At least one staff member trained in EFAW will be present for most of the times.

## 3 Review

- 3.1 This policy is reviewed on an annual basis or when necessary. Local arrangements will be reviewed if an EFAW trained person leaves the company or as when necessary.

## 4 Equipment / First Aid Boxes

- 4.1 If first aid treatment is given, employees must use the company first aid equipment only. Private medical equipment must not be used.
- 4.2 There is a First Aid box located in the office of all our properties. All qualified First Aiders and managers are responsible for replenishing the First Aid boxes and ensuring that it contains all necessary equipment for their environment and that the equipment is in date. On the inside of the First Aid boxes is a recommended contents sheet.

## **5 Information**

- 5.1 All new staff are provided with information at induction on how to obtain first aid assistance and who the qualified first aiders are.
- 5.2 First aid notices naming the qualified first aiders are on display in Services where not all staff are aimed to be first aid trained.

## **6 Training**

- 7.1 All first aiders have to attend an assessed training course in Emergency First Aid at Work to be recognised as a first aider. The training is provided by an externally qualified first aid instructor. All first-aiders will attend a training course at intervals not exceeding three years. All staff are required to follow the guidelines given on the course.

## **7 Giving First Aid**

- 7.1 If someone is injured, becomes unwell and needs help, the nearest first aider should be contacted, and asked to attend. The first aider will assess the situation, provide help, request assistance from other first aiders if necessary, and stay with the casualty until they are recovered or make arrangements for further medical assistance if they deem this necessary.
- 7.2 In the event of any serious injury staff should dial 999. Any potential fracture, serious burn, any injury which results in heavy bleeding, any head injury, any serious neck or back injury or any incident that results in a child losing consciousness should automatically trigger an emergency ambulance call or visit to the hospital.

- 7.3 In the rare case that no first aiders are available, the casualty will be assisted in getting to the nearest walk in center or hospital A&E department.

## **8 Medical Support**

- 8.1 When a first aider thinks that a casualty needs urgent medical treatment, the first aider will arrange for the casualty to be taken to the nearest hospital accident & emergency department – if the first aider thinks it necessary, an ambulance will be called. If the situation isn't an emergency but the casualty does need to go to the hospital then we will take the individual ourselves or call a taxi. Either the first aider will remain with the casualty and accompany them to the hospital or other appropriate member of staff to stay with them.
- 8.2 When appropriate or if asked to by the casualty, we will contact their next of kin. Emergency contacts for service users are located in the individual's personal file and for staff are kept on Fair Ways HR electronic system.

## **9 Spillages of Body Fluids**

- 9.1 These must be dealt with by a qualified first aider. Spillages of blood, vomit, urine and excrement should be cleaned up promptly. The area should immediately be cleared and cordoned off and the first aider should use the spillage kit found in the first aid box to clean up. The first aider should wear protective gloves and the waste be cleared into the bag provided in the spillage kit.

## **10 Records**

- 10.1 An accident form should be completed every time a first aider provides assistance to a casualty, including when the problem was an illness rather than accident. As well as the usual details of the accident (if appropriate) the name of the person giving first aid and summary details of the treatment given should be recorded.
- 10.2 Parents or the placing local authorities (and where appropriate the individual's parents) should be informed when necessary and a record kept of occasions when these have taken place.

## **11 Medical Care of Under 18s**

- 11.1 In the event of illness or accident or the need for emergency dental treatment, U18s are accompanied to the local Doctor’s surgery, hospital or dental hospital. If an under 18 is ill and unable to attend school, a member of staff will check on them throughout the day to check on their condition.
- 11.2 The department manager requires to be fully informed of any medical condition/disability of a prospective service user in order to be able to provide appropriate care.
- 11.3 Service users with medical conditions, such as epilepsy, asthma or severe allergies are to be identified. All staff should be aware of their conditions and alert to the need for prompt action – details will be kept on individual risk assessments and behaviour management plans. Staff will be given specific training in how to provide relevant emergency responses specific to their need.

## 12 Levels of First Aid Provision

A First Aider (FAW) is someone who has undergone an approved training course in First Aid at Work and who holds a current First Aid at Work Certificate. Staff will not be generally trained in FAW unless it is deemed necessary at specific sites.

An Emergency First Aider (EFAW) is someone who has undergone an approved Emergency First Aid at Work training course (of minimum one-day duration) and who holds a current Emergency First Aid at Work Certificate.

All employees who undertake first aid duties must be competent to carry out their role. The content and duration of training necessary will depend on the role of an individual.

Course	Intended For	Duration of Course	When Revalidation Required	Revalidation Training
First Aid at Work (FAW)	First Aiders	3 days	Before certificate expires (3 years from date of certificate)	2 day revalidation
Emergency First Aid (EFAW)	Emergency First Aiders	1 day	Before certificate expires (3 years from date of certificate)	Repeat of original 1 day course

### 13 First Aid/Bodily Fluid Waste

First-aid and bodily fluid clean-up material waste are classified offensive/hygiene waste. FairWays sites will have different levels/volume of such waste.

Managers will assess the volume of first aid/bodily fluid waste and organise appropriate waste equipment.

Below is a table that should be used to identify what waste arrangements to be in place at individual sites.

Waste Risk	Definition/Quantification	Potential Waste	Appropriate Bin for Disposal	Waste Equipment Required
Low	<ul style="list-style-type: none"> <li>No risk/or very low risk of self-harm</li> <li>No risk of bodily fluids requiring a clean up</li> <li>Low risk of accidents</li> </ul>	<ul style="list-style-type: none"> <li>Used plasters/bandages</li> </ul>	Sanitary Bin	None
Medium	<ul style="list-style-type: none"> <li>No risk/very low risk of self-harm e.g. once a week</li> <li>No risk/very low risk of bodily fluids requiring a clean-up e.g. once a week</li> <li>Medium/high risk of accidents</li> </ul>	<ul style="list-style-type: none"> <li>Used plasters/bandages</li> <li>Self-harm clean-up waste</li> <li>Used spillage kit</li> </ul>	Sanitary Bin	Biohazard spillage kit Yellow bag with black stripe i.e. tiger bag
High	<ul style="list-style-type: none"> <li>Medium/high risk of self-harm e.g. several times a week</li> <li>Medium/high risk of bodily fluids requiring a clean-up e.g. several times a week</li> <li>Low/Medium/high risk of accidents</li> <li>Service users with incontinence issues</li> </ul>	<ul style="list-style-type: none"> <li>Used plasters/bandages</li> <li>Self-harm clean-up waste</li> <li>Used spillage kit</li> <li>Nappies</li> <li>Incontinence pads</li> </ul>	Clinical Waste Bin	Biohazard spillage kit Yellow bag with black stripe i.e. tiger bag Clinical waste bin

#### 13.1 Waste Risk – Low

As a minimum, sanitary bins should be used to dispose of any first aid/bodily fluid waste.



**13.2 Waste Risk – Medium**

Yellow bags with a black stripe i.e. tiger bags must be available. The waste is to be placed in the tiger bags, tied off and disposed of in the sanitary bin.

**13.3 Waste Risk – High**

All first aid waste/bodily fluid waste must be bagged up in the tiger bags, tied off and disposed of in the clinical waste bin.

**13.4 Residential Family Centre**

As Fair Ways staff only support/monitor the residents changing their baby/toddlers' nappies and the residents are the main people handling the waste, therefore the activity is classed as domestic situation resulting in disposing the waste in general waste bins.

**13.5 Service Users with Incontinence Issues**

If a service user has incontinence issues, Fair Ways staff will be the main people handling the waste, i.e. nappies and therefore not classed as a domestic situation resulting in disposing the waste in clinical waste bins.

**14 Associated Documentation and Legislation**

None referred to in this policy.

**Version 1- 9 Control schedule**

Document Ref:	Version No:	Summary of Changes:	Author	Release Date:	Approved By:	Relevant lessons learned
OR68	1	Full Policy Re-launch	HR Team	July 16		
OR68	2	Amendments made to: 1.2, 5.2 & 12.3	Health & Safety Team	November 16	QSG Committee	
OR68	3	Point 4.1 added	Craig Morris	June 2017	PSC	A4.2
OR68	4	Point 3.1, 12.3 wording amend	Craig Morris	Aug 2018	QSGC	N/A
OR68	5	Full review minor word changes	Craig Morris	Aug 2019	QSGC	N/A
OR68	6	Points 13 minor word change. Point 14 added Bodily Fluid Waste	Pavlina Turkova	Feb 2020	QSGC	N/A
OR68	7	Full Review - no changes	Craig Morris	October 2020	QSGC	N/A
OR68	8	Full review - Minor changes to text	Pavlina Turkova	November 2021	QSGC	N/A
OR68	9	Minor changes to text, inclusion of PFAW	Pavlina Turkova	May 2022	PSC	N/A