



FIRST AID POLICY AND PROCEDURE

(Version 1.2)

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1. AIM:

This policy is in relation to employees employed by HEM Clinical Ultrasound, self-employed staff, directors, patients and friends or family members of patients and staff. The arrangements within this policy (for example the number of First Aiders, Appointed Persons and first aid boxes and contents of first aid boxes) are based on the results of a suitable and sufficient risk assessment carried out by Emma Streater – Service director in regards to all staff and visitors. This policy complies with The Health and Safety at Work Act.

2. INTRODUCTION:

First Aid means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines.

3. ROLES AND RESPONSIBILITIES

Appointed Persons are members of staff who are not qualified First Aiders who are responsible for looking after the first aid equipment and facilities and calling the emergency services if required. Appointed persons should not administer First Aid.

Emma Streater – is an appointed person.

First Aiders are members of staff who have completed a Health and Safety Executive (HSE) approved First Aid course and hold a valid certificate of competence in First Aid at Work or Emergency First Aid at Work.

Your nominated and trained clinic first aiders are:

Tina Potts (EXT 1003)

Karen Murray (EXT 1005)

4. EQUIPMENT:

The first aid kit and the accident book are essential pieces of kit for any workplace. The accident book must be kept on site at all times and filled in as appropriate.

The first aid kit must contain as a minimum:

ITEM	QUANTITY
Waterproof Plasters – for small cuts and grazes	60
Sterile pads	4
Sterile wound dressing	2
Roller bandages	3
Triangular bandages	3 pairs
Disposable gloves	30
Cleansing – alcohol free wipes	5
Gauze pads	1 roll
Medical tape	12
Safety pins	1
Scissors, shears	1
Tweezers	3
Eye wash solution	3
Sterile eye pads	2
Burn dressing	3
Finger dressing	1

Foil blanket	
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5. HAZARDS and SAFETY

The hazards involved from not properly following the first aid policy are that someone could suffer permanent injury or even death if the procedure has not been followed.

6. PROCEDURE / SYSTEMS

Taken from the HSE Guidance on workplace health and Safety:

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.



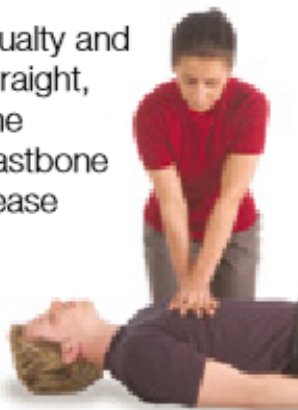
If the casualty is not breathing normally:

- get help and call for an AED* if available
- 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 5–6 cm, then release the pressure;
- repeat at a rate of about 100–120 times a minute;
- after 30 compressions open the airway again;
- If an AED* is available use in accordance with your training/manufacturer's instructions
- 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.

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

* Where an employer has identified through their needs assessment that they wish to provide an Automated External Defibrillator (AED) in the workplace, then the Provision and Use of Workplace Equipment Regulations 1998 (PUWER) apply. For the purpose of complying with PUWER in these situations the employer should provide information and written instructions – for example, from the manufacturer of the AED – on how to use the AED. The Approved Code of Practice (ACOP) and guidance on PUWER (L22 - <http://www.hse.gov.uk/pubns/ priced/l22.pdf>) provides information on instructions, maintenance, inspection and the suitability of work equipment.

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.

Further information

For information about health and safety visit <https://books.hse.gov.uk> or <http://www.hse.gov.uk>. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

To report inconsistencies or inaccuracies in this guidance email: commissioning@wlt.com.

This leaflet contains notes on good practice which are not compulsory but which you may find helpful in considering what you need to do.

This leaflet is available in priced packs from HSE Books, ISBN 978 0 7176 6668 3.

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Procedures for staff with medical conditions such as asthma, epilepsy, diabetes etc

- A record is maintained of staff who need to have access to asthma inhalers, EpiPen's, injections or similar and this information is circulated to management and First Aiders.
- There will be a record in personnel files with details of individuals at risk of certain conditions including hypoglycaemic episodes or anaphylactic shock. This will be viewed regularly at approximately six-monthly intervals by management, First Aiders in meetings on a 'need to know' basis to remind them of immediate action to be taken in the event of an emergency.

Local Procedure

- If an accident occurs, then the manager on duty should be informed. That person will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. Appointed Persons or First Aiders can also be called for if necessary. However minor the injury, the manager on duty should always be informed.
- In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of First Aid, then they should arrange for the injured person to access appropriate medical treatment without delay.

Ambulances: Staff should always call an ambulance in the following circumstances:

- **a significant head injury**
- **fitting, unconsciousness**
- **or concussion**
- **difficulty in breathing and / or chest pains**
- **a severe allergic reaction**
- **a severe loss of blood**
- **severe burns or scalds**
- **the possibility of a serious fracture**
- **In the event that the First Aider does not consider that they cannot adequately deal with the presenting condition by the administration of First Aid or if they are unsure of the correct treatment.**

Procedure in the event of contact with blood or other bodily fluids

The First Aider should take the following precautions to avoid risk of infection:

Cover any cuts and grazes on their own skin with a waterproof dressing;

Wear suitable disposable gloves when dealing with blood or other bodily fluids;

Use suitable face protection and a disposable apron where splashing may occur;

Wash hands after every procedure.

If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

Wash splashes off skin with soap and running water;

Wash splashes out of eyes with tap water or an eye wash bottle;

Wash splashes out of nose or mouth with tap water, taking care not to swallow the water;

Record details of the contamination.

Contact your personnel manager for referral to the hospital/GP surgery for antiviral medication

Reporting

The First Aider should complete a record of first aid provision.

- All injuries, accidents and illnesses, however minor, must be reported to Management and they are responsible for ensuring that the accident report forms and books are filled in correctly. The Management completes the report for the purposes of insurance and to prevent recurrence. The Management will report applicable accidents to the HSE, as required by RIDDOR.
- Accident book: All injuries, accidents, illnesses and dangerous occurrences, however minor, must be recorded in the Accident Book. The date, time and place of the event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded. Records should be stored for at least 3 years or if the person injured is a minor (under 18), until they are 21.

Manager Duties

- Accident report form: The Manager on duty will fill in an accident report form for every serious or significant accident that occurs. Copies will be sent to the Directors within 24 hours of the accident. Records should be stored for at least three years or if the person injured is a minor (under 18), until they are 21.
- Reporting to HSE: HEM clinical Ultrasound is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (SI 1995/3163) (RIDDOR) to report the certain injuries, diseases and dangerous occurrences to the HSE..
- Where there is a death or major injury this should be done by calling the Incident Contact Centre (ICC) on 0845 300 99 23 (Monday to Friday 8.30am - 5pm . All other reportable injuries should be reported online at <http://www.hse.gov.uk/riddor/report.htm>

Accidents involving Staff (reporting requirements)

- work related accidents resulting in death or major injury (including as a result of physical violence) must be reported
- work related accidents which prevent the injured person from continuing with his/her normal work for more than seven days must be reported within 15 days
- cases of work related diseases that a doctor notifies the clinic of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis);
- certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire).
- To report an accident or injury online please go to:
<http://www.hse.gov.uk/riddor/index.htm>

7 QUALITY CONTROL and AUDIT

This policy must be renewed annually and amended in line with our annual first aid risk assessment

8. REFERENCES

- HSE – BASIC advice on first aid at work.