

# Ortu Specialised Home Limited

POLICY NO 21



## Policy & Procedure First Aid

(Quality Standard 5, 9)  
Regulation 10, 14)

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# FIRST AID POLICY

## 1. Introduction

The **First Aid procedures** at Ortu are in operation to ensure that every student, member of staff and visitors will be well looked after in the event of an accident, no matter how minor or major.

Whilst the home has risk assessments in place and all staff members are trained in risk management, there may be occasions when accidents occur.

In the event of an accident all members of the home community should be aware of the support available and the procedures available to activate this.

## 2. Purpose

**The purpose of the Policy is therefore:**

- ☐ To provide effective, safe First Aid cover for students, staff and visitors.
- ☐ To ensure that all staff and students are aware of the systems in place.
- ☐ To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential dangers or accidents.

***FIRST AIDER refers to those members of the Care or Education Staff who are in possession of a valid First Aid at work certificate or equivalent. (See appendix 1.)***

## 3. Training

The home will have a nominated First Aider and Deputy First Aider who have undergone First Aid Training. The names of the First Aiders are displayed on the wall in the office/school.

All staff members will undergo first aid training every three years. One member of staff across sites will do the following training:

‘Emergency First Response, First Aid at Work Course’. (three full days)

All other staff will do:

‘First Aid at Work’ (one day course)

## 4. First Aid and Accident Reporting Procedures

- First aid kits are available in the office or classroom. Persons requiring first aid should be taken to the school office at all times for treatment
- 
- A qualified First Aider is on site at all times during the day
- The name of the first aider/appointed person is displayed on the wall in the offices.
- The person(s) responsible for administering the accident reporting procedure is the staff member on duty.

- The notification of serious accidents causing major injury and dangerous occurrences is undertaken according to ORTU procedures and is reported to the Home Manager immediately.
- The Senior or designated staff member will immediately report the incident to the ORTU Safeguarding Officers, (Roger Henry, Aida Lockton, Thando Mguni, and then inform the managers, social workers and/or the parents of the children involved.  
Staff members are required to update all documentation and records as soon as possible after an accident has occurred.
- The accident book and report forms are kept in the office/classroom.

## **5. First Aid Kit**

Each school site will have an accessible first aid kit. The contents of the first aid kit will consist of: sterile adhesive dressings

- Sterile eye pad with bandage
- Triangular bandage
- Sterile wound dressings (medium, large, and extra large)
- Moist cleaning wipes, individually wrapped
- Disposable gloves (non latex)

The nominated first aider for the school site will monitor the contents of the first aid kit each month and sign in the Medical Recording File. First Aid equipment which is out of date will be disposed of according to guidance received and new equipment will be purchased and placed in the first aid kit.

## **6. Offsite activities**

The arrangements for first aid for activities, outdoor pursuits and field trips are the responsibility of the supervising staff and will be accounted for in the risk assessment and management.

See also:      Staff training matrix and records

## **Appendix 1**

### **First Aiders**

All staff members

## **Appendix 2**

## Life-threatening Conditions

In an emergency that the first aider is not able to deal with, calls should be made to 999 stating the emergency, the location and condition of the patient as soon as possible.

The following conditions require emergency services:

- \* Serious bleeding
- \* Serious burn
- \* Shock
- \* Spinal injury
- \* Suspected heart attack, cardiac arrest and stroke, non-breathing Patient, (whilst doing CPR)
- \* Blocked airway (whilst trying CPR)
- \* Any situation needing CPR
- \* Loss of consciousness
- \* Serious bone fracture
- \* Serious asthma attack
- \* Epileptic seizure of more than twenty minutes
- \* Any other situation where is considered to be life-threatening

## Appendix 3

### Ortu House Body Fluids Policy

#### 1 Policy Statement

Ortu House staff members are committed to managing risks to its staff, Young Persons and locum workers.

#### 2 Purpose

Ortu staff recognise their obligation and strive to ensure that there are proper working practices for staff, Young Persons locum workers in all aspects of their work. This policy defines those practices in the case of *occupational exposure to blood / body fluids*.

#### 3 Scope

The definitions of 'body fluids' and 'exposure' are as follows.

##### BODY FLUIDS:

Any blood or bloody body fluid/tissue, vaginal secretions, seminal secretions, cerebrospinal fluid, synovial fluid, pleural fluids, peritoneal fluid, pericardial fluid, amniotic fluid, non-bloody saliva, tears, nasal secretions, sputum, sweat, vomitus, urine and faeces

##### EXPOSURE

Means contact with mucosal membrane (eye, mouth or lining of nose) **or** contact with non-intact skin (chapped or abraded skin, skin with dermatitis or eczema) **or** contact arising from a biting incident.

#### 4 Procedure

In the event of anyone being exposed to blood or body fluids *as per this policy*, the following procedure must be followed IMMEDIATELY.

##### 4.1 Person exposed to blood / bodily fluids:

1. Don't panic. Seek assistance.
2. Treat the exposure appropriately:
  - a. If you are splashed on the skin wash the area well with soap and water.
  - b. b. If you have been bitten wash the area well with soap and water.
  - c. If you are splashed in the eyes, mouth or nose rinse well with water.
3. Ensure a manager is informed
4. A manager will designate a staff member to accompany the person exposed to Hospital.

##### Remaining Staff:

Clean *any* spillage of bodily fluid using the Biohazard Kit. The process for this is:

- a. Protect yourself by wearing appropriate gloves. Generally, this will be disposable gloves. If there is broken glass / other sharp material, treat this as hazardous and wear needle-stick gloves. If there is a risk of splashing, use the protective eye wear.
- b. Use the powder in the biohazard kit to treat the spill.

Clean up the spill using the scoop in the Biohazard Kit and absorbent kitchen towel.

Clean the surface using soap and water to remove any remaining blood or body fluids. Wipe up with absorbent kitchen towel.

Wipe contaminated surfaces with a disinfectant solution. Mixing 1 part of household bleach to 50 parts of water makes a good solution. Wipe up with absorbent kitchen towel.

Place the gloves, glasses (if used), broken glass / other sharp material (if present), kitchen paper and scoop in a biohazard bag and put in a sharps disposal unit.

Wash your hands thoroughly with soap and water

2. If possible, identify the donor (the individual whose blood / body fluids it was), meet with them and:

- a. Inform them that there has been an incident involving blood / body fluids that may belong to them
- b. Ask them if they will consent to share the following information:
  - i. HIV and HEP.C status (if known)
  - ii. Name
  - iii. Date of Birth
- c. If the donor does not consent to sharing information on their HIV and HEP.C status such information **MUST NOT** be shared outside the organisation. This applies even where we have such information on file.

3. Ask the donor if they are willing to give a blood sample at the hospital for the purposes of testing for Blood Borne Viruses (BBVs). Make it clear to them that they are in no way obliged to do this - it is their choice.

4. If the donor is willing to be tested for BBVs, liaise with the manager at the hospital and see if it is feasible to bring them to A & E in Hospital immediately.

5. Record the event in writing and pass this record on to a manager

### **4.3 At the hospital**

**The following procedure is likely:**

You may have to wait in A&E

Hospital staff will explain the procedure to you

Blood samples may be taken

You may get a tetanus injection

You may get other injections

You may be given an appointment for the GUIDE' clinic

You may be given medication to take according to the hospital's protocol.

These will probably consist of a short course of medication to cover you until you attend the GUIDE clinic.



#### **4.4 Recording (for the person exposed)**

If possible, the exposed individual should provide a written report of the incident to a manager within 24 hours. Alternatively, the person exposed may dictate a report of the incident to a manager. In either case, this incident statement should be signed and dated.

#### **4.5 Support**

The exposed individual's supervisor (if applicable) should offer regular and sustained support to the exposed individual following the incident. If the individual has no supervisor, this role will be carried out as directed by the Director. Ortu House School, will ensure that any person who is exposed to blood / bodily fluids at work has access to external debriefing sessions, if required.

#### **4.6 Management Issues**

##### **4.6.1 Process**

Management should ensure the follow process is followed:

- ESCORT the exposed individual to the hospital
- SUPPORT the exposed individual as per this policy statement
- REPORT the incident appropriately and ensure that witnesses do likewise. This includes informing the hospital staff of the type of body fluid to which the individual was exposed. In the event that the exposed individual refuses assistance or medical attention, ensure that they sign a statement saying support was offered but refused.

##### **4.6.2 Incident reporting**

You are obliged to report the incident to:

The home manger and /or the Directors

## Appendix 5

### RECOGNIZING A STROKE

Thank God for the sense to remember the '3' steps, STR. Read and Learn!

Sometimes symptoms of a stroke are difficult to identify. Unfortunately, the lack of awareness spells disaster. The stroke victim may suffer severe brain damage when people nearby fail to recognize the symptoms of a stroke.

Now doctors say a bystander can recognize a stroke by asking three simple questions:

S \*Ask the individual to SMILE.

T \*Ask the person to TALK and SPEAK A SIMPLE SENTENCE (Coherently) (i.e. It is sunny out today.)

R \* Ask him or her to RAISE BOTH ARMS.

If he or she has trouble with ANY ONE of these tasks, call emergency number, 999, immediately and describe the symptoms to the dispatcher.

#### **New Sign of a Stroke ----- Stick out Your Tongue**

NOTE: Another 'sign' of a stroke is this: Ask the person to 'stick' out his tongue. If the tongue is 'crooked', if it goes to one side or the other, that is also an indication of a stroke.

A cardiologist says if everyone who gets this message sends it to 10 people; you can bet that at least one life will be saved.