PHSSL CARE LIMITED

CONTROLLED POLICY

E04 – FIRST AID AND MEDICAL EMERGENCIES POLICY

Policy Reference	E04
Version	1.0
Policy Owner	PHSSL Care Limited
Approved By	Lade Awosika, Director
Approval Method	Approved electronically
Approval Date	September 2026
Review Date	September 2027
Status	Controlled Document
Applies To	All PHSSL Care Limited staff, workers and relevant contractors
Supersedes	New policy

1. Purpose

This policy sets out PHSSL Care Limited's arrangements for first aid and medical emergencies. Its purpose is to ensure that staff respond promptly, safely and within their competence when a person receiving care, a member of staff or another person becomes injured or suddenly unwell.

2. Scope

This policy applies to employees, agency workers, temporary workers, volunteers, students and relevant contractors acting for PHSSL Care Limited. It covers care delivered in people's own homes, supported living settings, community activities, PHSSL workplaces and work-related travel.

3. Core Principles

Preserve life, prevent deterioration and promote recovery. Obtain emergency professional help without avoidable delay. Staff must work within their training and competence, follow the person's current care plan and emergency information, protect dignity and confidentiality, and accurately record and report what occurred.

4. Legal and Regulatory Framework

This policy will be applied with regard to the Health and Safety at Work etc. Act 1974; Health and Safety (First-Aid) Regulations 1981; Management of Health and Safety at Work Regulations 1999; Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly Regulations 12, 17 and 18; Mental Capacity Act 2005; and current HSE and CQC guidance.

5. First-Aid Needs Assessment

PHSSL Care Limited will assess first-aid needs appropriate to its workplaces and workforce, including lone and mobile workers. The assessment will consider hazards, workforce size and distribution, travel or remote working, working patterns, previous incidents and access to emergency services. Provision will be reviewed when circumstances materially change.

6. First-Aid Arrangements for Staff

PHSSL Care Limited will provide adequate and appropriate first-aid arrangements for employees. As a minimum, workplace arrangements will include suitable first-aid equipment, an appointed person or appropriately trained first-aider as identified by the needs assessment, and information for staff about how to obtain first aid. Lone and mobile workers will be considered specifically when determining equipment and communication arrangements.

7. People Receiving Care

The Health and Safety (First-Aid) Regulations primarily concern employees, but PHSSL Care Limited's duty to provide safe care requires foreseeable medical emergencies affecting people receiving care to be considered in assessment and care planning. Where a person has a known risk such as choking, seizures, anaphylaxis, hypoglycaemia or another condition requiring an emergency response, the care plan must contain clear, individualised instructions based on appropriate professional advice.

8. Recognising a Medical Emergency

Staff must call 999 for an ambulance where there is an immediate threat to life or a serious medical emergency. Examples may include a person who is unconscious or not breathing normally, suspected cardiac arrest, severe breathing difficulty, suspected stroke, severe chest pain, life-threatening bleeding, severe allergic reaction, serious injury, prolonged or unusual seizure, choking that is not resolving, or any situation where the person's condition appears immediately life-threatening. Staff should follow emergency call-handler instructions.

9. Immediate Response

Staff should first check that it is safe to approach. They must assess responsiveness and breathing within their training, summon help, call 999 when required and provide first aid only within their competence. If trained and indicated, staff should begin CPR and use an available automated external defibrillator (AED), following its prompts, until emergency professionals take over or the person shows clear signs of recovery.

10. Choking

Where choking is suspected, staff must act promptly in accordance with their current training and the person's individual care plan. Emergency services must be contacted when the obstruction is severe, the person becomes unresponsive, the episode does not resolve promptly, or professional assessment is otherwise required. All significant choking episodes must be reported and the person's risk assessment reviewed.

11. Seizures

Staff must follow the individual seizure care plan where one exists, protect the person from avoidable injury, time the seizure where possible, maintain dignity and avoid unnecessary restraint. Nothing should be placed in the person's mouth. Emergency services must be contacted in accordance with the care plan and whenever the situation is prolonged, unusual, repeated without recovery, associated with serious injury or breathing difficulty, or otherwise appears life-threatening.

12. Emergency Medicines

Emergency medicines must only be supported or administered in accordance with the person's current medication plan, prescription or authorised protocol and by staff who are trained and competent for the task. Examples may include prescribed adrenaline auto-injectors, rescue medicines for seizures or medicines for hypoglycaemia. Staff must not improvise medication treatment outside their role. Administration and outcome must be recorded and reported in line with the Medicines Management Policy.

13. Falls and Injuries

After a fall or injury, staff must not automatically move or lift the person. They should assess the situation within their competence, seek emergency or clinical advice where indicated and follow the person's falls/moving-and-handling plan. Suspected head, neck, spinal or serious fracture injury, significant bleeding, loss of consciousness or other serious deterioration requires urgent escalation.

14. Consent, Capacity and Emergency Treatment

Where practicable, staff should explain what they are doing and seek consent. If a person lacks capacity in an urgent situation, staff must act in accordance with the Mental Capacity Act 2005, the person's known wishes and any valid advance decision or emergency care information known to them. Nothing in this policy requires staff to delay immediately necessary emergency assistance while seeking routine consent where delay would create serious risk.

15. DNACPR and Advance Care Planning

A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision relates specifically to CPR and does not mean that other appropriate care, first aid or emergency treatment should be withheld. Staff must follow current, valid documentation available for the person and seek urgent clinical guidance if there is uncertainty. Staff must never make or alter a DNACPR decision themselves.

16. Infection Prevention During First Aid

Staff must use appropriate standard infection-control precautions when providing first aid, including gloves and other PPE where indicated and available, safe handling of blood or body fluids, hand hygiene and safe disposal of contaminated materials. Urgent life-saving assistance should not be unnecessarily delayed while reasonable precautions are taken.

17. First-Aid Equipment

First-aid equipment provided by PHSSL Care Limited must reflect the needs assessment, be accessible to relevant staff, stored appropriately and checked regularly. Used, damaged or expired items must be replaced. Medicines should not normally be stored in a general workplace first-aid kit unless specific lawful arrangements and risk assessment support this.

18. Handover to Emergency Services

Staff should provide concise and accurate information to ambulance or other emergency professionals, including what happened, observed symptoms, relevant medical information known from the care plan, medicines given, allergies, timings and any first aid provided. Relevant records or emergency information should accompany the person where appropriate and lawful.

19. Notification of Family or Representatives

The person's agreed emergency contact, family member, representative or advocate should be informed in accordance with the care plan, consent, confidentiality requirements and the seriousness of the event. Emergency treatment must not be delayed solely because a representative cannot immediately be contacted.

20. Recording, Reporting and Escalation

All first-aid events and medical emergencies connected with PHSSL Care Limited's service must be documented accurately and reported to management. The Accident, Incident and Near-Miss Reporting Policy must be followed. Management will determine whether safeguarding, Duty of Candour, CQC notification, RIDDOR or other statutory reporting requirements apply and will ensure care plans and risk assessments are reviewed where necessary.

21. Staff Illness or Injury

A staff member who becomes injured or suddenly unwell at work must receive appropriate immediate assistance. Staff must not continue working where their condition may place themselves or others at risk. Management will arrange appropriate first-aid or emergency support and consider safe transport, medical advice, incident reporting and fitness to return to duties.

22. Training and Competency

Staff will receive emergency and first-aid-related training appropriate to their role and the needs of people they support. Only staff assessed as competent may undertake delegated or specialist emergency interventions. First-aider qualifications and refresher arrangements will be monitored in accordance with the organisation's first-aid needs assessment and current guidance.

23. Staff Responsibilities

Staff must know how to summon emergency assistance; read and follow relevant care plans and risk assessments; work within their competence; keep required training current; report emergencies and near misses promptly; preserve confidentiality; and cooperate with post-incident reviews.

24. Management Responsibilities

Management will maintain appropriate first-aid arrangements; assess foreseeable emergency risks; ensure suitable staffing, training and equipment; make emergency information accessible to staff; support lone and mobile workers; investigate incidents; make required notifications; and ensure learning is reflected in care planning and service improvement.

25. Monitoring and Review

Compliance will be monitored through training records, competency checks, supervision, audits, incident reviews, care-plan reviews and feedback. This policy will be reviewed at least annually and sooner after a significant medical emergency, changes in law or guidance, audit findings or material changes in service delivery.

26. Related PHSSL Policies

- E01 Health and Safety Policy
- E02 Accident, Incident and Near-Miss Reporting Policy
- E03 Fire Safety Policy
- D02 Medicines Management Policy
- D04 Moving and Handling Policy
- D07 Positive Risk-Taking and Risk Management Policy
- B01 Safeguarding Adults Policy
- B02 Safeguarding Children and Young People Policy
- B05 Mental Capacity, Consent and Best-Interest Decision-Making Policy
- A06 Duty of Candour Policy
- A03 Business Continuity and Emergency Planning Policy

27. Document Control

The current approved electronic version is the controlled master. Printed or locally saved copies are uncontrolled unless specifically issued and recorded as controlled copies. Superseded versions must be archived in accordance with PHSSL Care Limited's records-management arrangements.

Approved by	Lade Awosika
Position	Director
Approval method	Approved electronically
Approval date	September 2026
Next review date	September 2027