

## Accident / Incident & First Aid Policy 4.0 – Connections



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#### Purpose & Scope

We have a duty of care to safeguarding the wellbeing of our clients. The clients at Connections Neurological Services have a wide range of medical conditions (often having secondary conditions associated with a primary neurological condition diagnosis) as such, these clients have an increased likelihood of incidents/complications as a result of their medical needs.

In addition to this Connections' Neurological Services create an environment that challenges clients. Whilst every effort is made to ensure this is done in a safe way, the risk of accidents is unavoidably present in daily practice.

Connections General Support Services clients are at lower risk of incident/injury etc... However, this policy has been created to cover all Connections Services.

#### Context

- Connections' services are provided within client's homes, online and within community locations.
- In community locations, where appropriate, we will comply with the policies and procedures of the setting.
- In clients' homes, and when working online, the parent/carer/client will always be sought as the decision maker in Accident/Incident and First Aid situations however we reserve the right to over-ride these decisions should we feel it necessary to do so.

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- Of course, when working online no physical assistance can be provided however support and guidance, as well as contact of emergency assistance can be offered.
- We maintain up to date contact details on Connections Client databases via our OneDrive for emergency contacts if needed.

### **Accident/Incident Procedure**

#### **1. Immediate Action**

- In the first instance the Connections practitioner will ensure that the individual(s) involved receives immediate and appropriate care. If first aid is required refer to the procedure below
- Where medical attention is required, the Connections practitioner will notify the emergency contacts as soon as possible whilst caring for the individual appropriately.

#### **2. Recording**

- Accidents/Incidents will be recorded as soon as the accident/incident is dealt with, whilst the details are still clearly remembered. An *Accident/Incident Form* should be completed in the event of a medium/large incident and then kept within Connections records. For minor injury/ailments a log of the incident can be added to the client's individual online monitoring notes spreadsheet on the Connections OneDrive.
- Where medical treatment is required the Connections practitioner will also inform insurance companies and/or professional bodies in writing as required.
- Parents/carers/clients will be shown the Incident/Accident Report or Record-Keeping Log and informed of any first aid treatment given and asked to sign it/acknowledge this as soon as possible.
- The Connections practitioner will report any accidents of a serious nature to HSE where necessary.
- Accident/Incident logs will be regularly monitored to identify any patterns/particular issues etc... Any patterns will be investigated.
- The Connections practitioner will investigate all accidents/incidents for further action to be taken (i.e., a new risk assessment is required, staff training needed, or report under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)).
- The Accident Files will be kept for at least 21 years and three months.

#### **3. First Aid Procedure**

- The Connections practitioner can take action to apply first aid treatment in the event of an accident involving a client.
- The Connections practitioner reserves the right to call any emergency services in the event of an accident or emergency.
- Connections seek the clients/parents/carers' permission for emergency medical advice or treatment in the Client Agreement before a client commences attendance.

##### **a. Training & Resources**

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- The Connections practitioner will be adequately trained in first aid (which must be renewed every 3 years (or as recommended by training provider/regulatory body)
- The Connections practitioner will have a first-aid kit nearby and charged mobile phone at all times.
- When a client has a family member/emergency contact present and are unable to make decisions for themselves their family member/emergency contact can make decisions regarding actions to be taken. However, the Connections practitioner reserves the right to override this if they feel it is in the best interests of the client.

### **b. Procedure for Transporting to Hospital**

- If a severe injury is sustained, an ambulance will be called for immediately.
- The Connections practitioner will not attempt to transport the sick person in their own vehicle.
- Whilst waiting for the ambulance, if not present, the emergency contact will be contacted, and arrangement will be made to meet them at the hospital.
- The Connections practitioner will if possible/necessary accompany the client in the ambulance and collect together registration forms, relevant medication sheets, medication etc...
- The Connections practitioner must remain calm at all times. Individuals who witness an incident may well be affected by it and may need lots of reassurance after the event.

## **4. Risk Reduction – Clients**

- Connections Risk assessment procedures (as identified in Manual Handling Policy, Lone Worker Policy, Infection Control Policy and Safeguarding Policy) will be utilised in order to identify and reduce risks to practitioners and clients at all times. As part of this:
  - o Clients (or their primary carers) must inform us if a client has a diagnosed condition or has an existing care plan in place.
  - o Clients (or their primary carers) must tell me if there is a change in condition or medication.
  - o Clients (or their primary carers) must tell us if the client has been unwell or has acted differently.
  - o Clients (or their primary carers) must tell us if a client has been given emergency rescue medication (such as Buccal Midazolam) within the last 24 hours
  - o If the client appears well then, they can attend sessions within 24 hours of being given rescue medication however their primary carer **MUST** remain with them to retain responsibility for them during the session.
- The Connections practitioner will also use spontaneous and continuous informal risk assessment throughout service-provision, and react accordingly, in order to keep themselves and the client safe at all times.



## **Service Provision Considerations**

- The active nature of the Connections Neurological Support Services may in very rare cases become unsuitable for a client should it increase the risk of

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incidents occurring with seizures, medical conditions, health needs or episodic behaviour/conditions.

- It may also arise (in rare cases) that the frequency or challenges caused as a result of a client experiencing seizures, medical conditions, health needs or episodic behaviour/conditions that the Connections sessions may be considered as no longer appropriate. In such circumstances, parents/carers/clients will be fully consulted, and decisions will be made on an individual basis.

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