

Trentham Parish Church

First Aid Policy

1. General Statement

The principles of our responsibility:

- To provide help for the purpose of preserving life and minimising the consequences of injury or illness until such time as professional medical support can be obtained.
- Treating minor injuries which would not otherwise receive any treatment or which do not warrant treatment by a medical professional eg Doctor, nurse, paramedic
- To ensure that First Aid arrangements are communicated to all employees and volunteers

2. Risk Assessment

Assessing Hazards:

The types of risks that might present include

- volunteers & visitors: tripping/falling; heart attack; stroke; burns
- employees: (including lone workers see separate 'Safe System for Lone Workers')
 - falling from height; tripping/falling; heart attack
- children: tripping/falling, fainting, choking

Church Risk Assessment Templates contain a section on First Aid for team leaders to consider the risks and what arrangements should be made.

3. First Aid Arrangements

Appointed person:

Carly Prescott, Children and Families' Pastor, Health & Safety Team completed First Aid At Work training (expires Jan 14 2025)

First Aid Kits:

- At rear of Church (children's area)
- Church Kitchen
- Church Office
- Church Centre ground floor
- Church Centre basement
- Mobile kit for use on walks and visits

Additional Equipment

• Defibrillator – fully automatic, can be used on children and adults



4. First Aiders

In addition to the Appointed Person, the Church arranges for other key personnel to be trained. These include both employees and volunteers e.g.

- Church Leaders
- Welcomers & Vergers
- Team leaders

See Appendix for a list of all those trained in First Aid.

5. Accidents

The procedure for dealing with accidents and medical emergencies is as follows

- 1. Report to the Appointed Person or another trained First Aider.
- 2. Assess danger to yourself
- 3. Assess what has happened and what is needed
- 4. Grab First Aid Kit
- 5. Call Ambulance if needed
- 6. Grab Defibrillator if needed
- 7. Treat Patient
- 8. If emergency services are not needed then treat with First Aid Kit.
- 9. If emergency services are needed then treat with defib or put into recovery position and follow emergency instructions.
- 10. Write everything in the Accident Book once everyone is safe.

6. Records

All incidents are recorded in the Accident Book (kept in the Church Office). The Health & Safety Team will review the records twice annually and look for any patterns or areas of concern, which could be acted on.

RIDDOR (reporting of Injuries, Diseases or Dangerous Occurrences 2013) We will report all such occurrences to the Health and Safety Executive *See Appendix for full details*

7. Administering Medicines

In principle, we do not administer medicines.

However, there may be exceptions when we could help someone to administer their own medicine eg an Epipen or Asthma inhaler



Appendix 1 – First Aid Trained Persons

| First Name | Surname | Course taken | Date taken | Date of renewal | Role |
|---------------|---------|--------------|------------|--------------------|------|
| REDACTE | D | | | | |

Appendix 2 RIDDOR

Types of reportable incidents:

Deaths and Injuries

a) If someone has died or has been injured because of a work-related accident this may have to be reported. Not all accidents need to be reported, other than for certain gas incidents, a RIDDOR report is required only when:

- the accident is work-related
- it results in an injury of a type which is reportable

b) Types of reportable injury:

The death of any person

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

c) Specified injuries to workers

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- fractures, other than to fingers, thumbs and toes .
- amputations .
- any injury likely to lead to permanent loss of sight or reduction in sight .
- any crush injury to the head or torso causing damage to the brain or internal . organs
- serious burns (including scalding) which: •
 - covers more than 10% of the body
 - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment •
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which: .
 - leads to hypothermia or heat-induced illness
 - requires resuscitation or admittance to hospital for more than 24 hours .

For further guidance on specified injuries is available.

d) Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period



does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

e) Over-three-day incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

f) Non fatal accidents to non-workers (eg members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital, the report only needs to be made if the injury is a '<u>specified injury</u>' (see above).

Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Further guidance on <u>occupational diseases</u> is available.

Specific guidance is also available for:

- <u>occupational cancers</u>
- diseases associated with biological agents

Dangerous occurrences

a) Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- plant or equipment coming into contact with overhead power lines;
- the accidental release of any substance which could cause injury to any person.

Further guidance on these <u>dangerous occurrences</u> is available.

Additional categories of dangerous occurrences apply to <u>mines, quarries, offshore</u> <u>workplaces</u> and relevant transport systems (<u>railways</u> etc).



b) Gas incidents

Distributors, fillers, importers & suppliers of flammable gas must report incidents where someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with that gas. Such incidents should be reported using the <u>Report of a Flammable Gas Incident - online form</u>.

Registered gas engineers (under the Gas Safe Register,) must provide details of any gas appliances or fittings that they consider to be dangerous, to such an extent that people could die, lose consciousness or require hospital treatment. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- an accidental leakage of gas;
- incomplete combustion of gas or;
- inadequate removal of products of the combustion of gas.

Unsafe gas appliances and fittings should be reported using the <u>Report of a Dangerous Gas Fitting - online form</u>.