

UT COMPLIANCE

A TRADING NAME OF UNIQUE TENDERS LIMITED

POLICY DOCUMENT

Responding to Medical Emergencies Policy

UT Compliance

DOMICILIARY CARE

DOCUMENT REFERENCE

—

EFFECTIVE DATE

30 July 2025

VERSION

DC/RME/001

REVIEW DATE

—

STATUS

Publish

APPROVED BY

CONFIDENTIAL DOCUMENT

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This policy is based on the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Care Act 2014, Data Protection Act 2018, UK GDPR, Health and Safety at Work etc. Act 1974, Equality Act 2010, Human Rights Act 1998, and all other relevant English legislation.

1. Scope

Applicability

This policy applies to all employees, contractors, agency workers, volunteers, and representatives working for in the provision of domiciliary care services across England. It sets out the expectations and responsibilities of all staff when responding to medical emergencies, ensuring consistent, lawful, and safe practice that protects the wellbeing of service users and staff.

Services Covered

The policy applies to all domiciliary care services delivered by , including:

- Personal care and support in the home.
- Assistance with daily living activities such as nutrition, mobility, and medication.
- Support for people with long-term conditions, disabilities, or complex health needs.
- Support for individuals with age-related conditions including dementia and frailty.
- Care and interventions for those experiencing sudden or unexpected deterioration in health.
- Escalation procedures requiring involvement of GPs, NHS 111, community nursing teams, or emergency services.

Individuals Covered

This policy applies to:

- Service users receiving care from , regardless of age, condition, or background.
- Carers responsible for identifying, responding to, and escalating medical emergencies.
- The Duty Manager, who ensures day-to-day compliance and coordination during medical emergencies.
- The Registered Manager (), Safeguarding Lead (), Data Protection Officer (), and Health and Safety Officer (), who hold specific responsibilities for implementation, monitoring, and compliance.

The scope ensures that all staff understand their duty to act swiftly, proportionately, and in line with legal and regulatory requirements whenever a medical emergency occurs.

2. Legal and Regulatory Framework

Term/Regulation	Description/Definition
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Establishes the fundamental standards of care providers must meet, including Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding service users from abuse and improper treatment), and Regulation 17 (Good governance).
Care Act 2014	Provides the statutory framework for safeguarding adults, promoting wellbeing, and ensuring local authorities and care providers deliver safe and effective care.
Data Protection Act 2018 and UK GDPR	Sets out requirements for lawful, fair, and secure processing of personal and sensitive health information, including data shared during emergencies.
Health and Safety at Work etc. Act 1974	Places duties on employers to protect the health, safety, and welfare of staff and service users, including ensuring safe responses to medical emergencies.
Equality Act 2010	Protects individuals from discrimination and ensures equal access to emergency medical support and healthcare.
Human Rights Act 1998	Protects fundamental rights such as the right to life, dignity, and respect, which are central to emergency medical interventions.
CQC Regulation 12: Safe care and treatment	Requires providers to assess risks to health and safety, act to mitigate them, and ensure safe, effective, and timely medical responses.
CQC Regulation 13: Safeguarding service users from abuse and improper treatment	Requires providers to protect people from harm, neglect, or unsafe practices, including in emergencies.
CQC Regulation 17: Good governance	Requires systems and processes to be in place to monitor and improve quality and safety, including emergency medical procedures.

3. Definitions of Key Terms

Term/Regulation	Description/Definition
Medical Emergency	A sudden, serious, and unexpected event requiring immediate action to preserve life or prevent serious harm.
Emergency Medical Assistance	Urgent intervention provided by professionals such as paramedics, doctors, or nurses in response to a life-threatening health condition.
Carer	A member of staff providing domiciliary care and support to a service user within their own home.
Duty Manager	The designated member of staff responsible for overseeing daily operations and ensuring compliance with policies, including during emergencies.
CQC (Care Quality Commission)	The independent regulator of health and adult social care services in England that ensures services meet essential quality and safety standards.
Person-centred Care	An approach that prioritises the individual's needs, choices, and preferences, including during emergency medical interventions.

Term/Regulation	Description/Definition
Safeguarding	Protecting an adult's right to live safely, free from neglect, abuse, or exploitation.
Whistleblowing	The act of reporting unsafe practices, poor standards of care, or risks to safety without fear of reprisal.
Risk Assessment	A structured process of identifying potential risks to health and safety, evaluating their likelihood and severity, and implementing control measures.
First Aid	Immediate and temporary care given to an ill or injured person until professional medical help is available.

4. Policy Statement

Purpose

The purpose of this policy is to provide clear and detailed guidance to ensure that service users receive timely, safe, and effective responses to medical emergencies. It ensures staff understand their role in recognising, responding to, and escalating situations where a service user becomes unwell or requires urgent medical attention.

Commitment

is committed to:

- Protecting the health, safety, and dignity of all service users in line with CQC fundamental standards.
- Ensuring that all staff are trained and competent to recognise signs of medical emergencies and act appropriately.
- Providing person-centred emergency care that reflects the needs, preferences, and rights of each individual.
- Acting in compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding service users from abuse and improper treatment), and Regulation 17 (Good governance).
- Upholding responsibilities under the Care Act 2014 for safeguarding adults at risk and ensuring appropriate escalation to external services.
- Maintaining confidentiality and data protection in accordance with the Data Protection Act 2018 and UK GDPR, while ensuring necessary information is shared with emergency services.
- Supporting staff to respond calmly and confidently during emergencies, including providing debrief and emotional support after distressing incidents.
- Reviewing incidents regularly to identify lessons learned, update care plans, and implement service improvements.
- Promoting a culture of safety, accountability, and continuous improvement across all domiciliary care services.

This policy reinforces the commitment of to delivering high-quality, safe, and person-centred care by ensuring robust and consistent responses to medical emergencies.

5. Roles and Responsibilities

Registered Manager ()	Ensures overall compliance with CQC regulations and relevant legislation, oversees the effectiveness of emergency medical procedures, and ensures staff training is up to date.
Duty Manager	Responsible for ensuring the day-to-day implementation of this policy, providing guidance to carers during emergencies, and coordinating responses when a service user becomes unwell.
Safeguarding Lead ()	Ensures safeguarding concerns identified during emergencies are acted upon, reported, and escalated to relevant agencies as required.
Data Protection Officer ()	Ensures that personal and health information shared with emergency services is managed lawfully and securely under data protection legislation.
Health and Safety Officer ()	Monitors health and safety compliance, ensures appropriate emergency equipment is available, and investigates incidents relating to medical emergencies.
Carers	Identify when a service user is unwell, provide immediate first aid within their training, call for emergency medical assistance (999), notify the Duty Manager, and document all actions taken.
Senior Management of	Provides resources, training, and oversight to ensure staff can deliver safe, effective, and compliant responses to medical emergencies.

6. Procedures

General Principles

All staff must be able to recognise, respond to, and escalate medical emergencies promptly and safely. The first priority is always the safety and wellbeing of the service user. Carers must act within their training and competency, remain calm, and ensure that emergency medical assistance is sought without delay when needed.

Recognising a Medical Emergency

Carers must be able to identify key signs that a service user may be experiencing a medical emergency, such as:

- Sudden chest pain or difficulty breathing.
- Loss of consciousness, seizure activity, or unresponsiveness.
- Severe allergic reaction (anaphylaxis), including swelling of the face, lips, or throat.
- Signs of stroke (facial droop, arm weakness, speech difficulty).
- Excessive bleeding, burns, or serious injuries.
- Severe or sudden onset of confusion.
- Any sudden deterioration in health where urgent assistance is required.

Immediate Actions by Carers

1. **Ensure safety** – Remove immediate hazards from the environment to protect the service user and others.
2. **Call emergency services (999)** – Provide the operator with clear and accurate details:
 1. Service user's location and access information.
 1. Nature of the emergency and symptoms.
 1. Known health conditions, allergies, or medications if available.
3. **Provide first aid** – Deliver immediate first aid within the scope of training until professionals arrive (e.g. CPR, placing in the recovery position, controlling bleeding).
4. **Contact the Duty Manager** – Notify the Duty Manager as soon as possible for support, guidance, and coordination.
5. **Escalate as necessary** – If the Duty Manager is unavailable, escalate directly to the Registered Manager ().
6. **Reassure the service user** – Stay with the person, maintain communication if possible, and provide comfort.
7. **Document the incident** – Record the time, nature of the emergency, actions taken, and services contacted.

Responding to Illness (Non-Emergency Situations)

If a service user becomes unwell but does not present with life-threatening symptoms:

- Monitor the service user closely and record observations (e.g. temperature, level of consciousness, mobility).
- Inform the Duty Manager for guidance and decision-making.
- Contact NHS 111 for advice if the urgency is unclear.
- Arrange GP or community nursing support where appropriate.
- Escalate to emergency services (999) immediately if the service user deteriorates.

Escalation and Coordination

- **Duty Manager**: Ensures staff are supported, confirms correct procedures are followed, and coordinates communication with family and healthcare professionals.
- **Safeguarding Lead ()**: Engaged if the emergency suggests neglect, abuse, or safeguarding concerns.
- **Data Protection Officer ()**: Ensures compliance with data protection principles when sharing personal or medical information.
- **Health and Safety Officer ()**: Investigates any contributing environmental or workplace factors.

Documentation and Reporting

- Record the incident in the service user's care notes immediately.
- Complete an incident report form, ensuring factual detail.
- Submit documentation to the Duty Manager for review and escalation to the Registered Manager.
- Follow reporting requirements for CQC (Regulation 18 notifications), local safeguarding boards, and HSE (RIDDOR) where

applicable.

Post-Emergency Actions

- Conduct a debrief session with staff involved to review practice and identify learning opportunities.
- Update the service user's care plan with new health information or changes required.
- Offer emotional support to staff who may have been affected by the emergency.

7. Training and Development

Induction Training

All new staff must receive induction training which includes:

- Familiarisation with this Responding to Medical Emergencies Policy.
- Recognising symptoms of common medical emergencies.
- Understanding when and how to call for emergency assistance.
- Basic first aid, CPR, and use of the recovery position.
- Fire safety and environmental emergency response.
- Safeguarding responsibilities, including recognising and escalating concerns.
- Recording and reporting requirements following an incident.

Ongoing Mandatory Training

- All staff must complete refresher training annually in first aid, CPR, safeguarding, and health and safety.
- Practical scenario-based training will be carried out regularly to ensure staff can apply learning in real-life situations.
- Training updates will be provided whenever legislation, CQC standards, or clinical guidance changes.

Specialist Training

Staff may require additional training depending on service user needs, including:

- Managing epilepsy and administration of rescue medication.
- Recognising and responding to sepsis, cardiac arrest, or stroke.
- Safe use of emergency equipment such as oxygen therapy or defibrillators (where applicable).
- Supporting people with complex health needs who may be at higher risk of emergencies.

Competency Assessments

- Staff competency in responding to medical emergencies must be assessed through practical demonstrations, scenario testing, and observed practice.
- Competency assessments will be recorded and reviewed as part of staff supervision.
- Any identified gaps in knowledge or practice will result in immediate retraining and support.

Duty Manager and Leadership Training

- Duty Managers will receive enhanced training to ensure confidence in leading emergency responses, providing clear direction to staff, and liaising with external professionals.
- Leadership training will also cover incident reviews, staff debriefing, and ensuring compliance with this policy.

Continuous Professional Development

- encourages all staff to engage in CPD related to emergency care and safeguarding.
- Opportunities for advanced training, such as advanced first aid, clinical awareness, and emergency planning, will be provided.

Monitoring Training Compliance

- The Registered Manager () is responsible for ensuring that training is completed, refreshed, and recorded.
- A central training log will be maintained and audited quarterly.
- Staff will not be permitted to work unsupervised unless they have completed the required training.

8. Monitoring and Review

Monitoring Compliance

- The Registered Manager () has overall responsibility for ensuring compliance with this policy.
- The Duty Manager will monitor daily practice, ensuring that staff follow procedures and respond appropriately to medical emergencies.
- Incident and illness reports will be reviewed weekly to identify patterns, ensure accurate reporting, and monitor staff performance.
- Safeguarding-related emergencies will be monitored by the Safeguarding Lead () to ensure appropriate referral and investigation.
- The Health and Safety Officer () will carry out regular audits of the working environment, equipment, and emergency preparedness.
- Feedback from service users, relatives, and external professionals (e.g. emergency services, GPs) will be used to assess effectiveness.

Review of Policy

- This policy will be formally reviewed annually, or sooner if changes in legislation, CQC regulations, or best practice guidance occur.
- Reviews will incorporate findings from audits, incident investigations, and staff or service user feedback.
- Any updates will be communicated to all staff, and mandatory refresher training will be provided where required.

Continuous Improvement

- is committed to a culture of continuous learning and improvement.
- Lessons learned from incidents will be used to strengthen procedures, update care plans, and prevent recurrence.
- National and local developments in emergency care and safeguarding practice will inform regular updates to this policy.

9. Reporting Concerns

Internal Reporting

- All medical emergencies and illnesses must be reported immediately to the Duty Manager.
- Carers must complete incident and illness records promptly and factually.
- If the Duty Manager is unavailable, carers must escalate directly to the Registered Manager ().

Whistleblowing

- Staff who believe that a medical emergency was mishandled, ignored, or caused by unsafe practices have the right and duty to raise concerns under whistleblowing procedures.
- Concerns may be reported directly to the Registered Manager or externally to the Care Quality Commission, local authority safeguarding teams, or other regulatory bodies.
- Staff will be protected under the Public Interest Disclosure Act 1998 from victimisation or unfair treatment when raising genuine concerns.

Safeguarding Concerns

- If a medical emergency reveals evidence of abuse, neglect, or risk of harm, staff must immediately inform the Safeguarding Lead ().
- The safeguarding process set out in the Care Act 2014 must be followed, including referral to the local safeguarding team where appropriate.
- Records must be factual, detailed, and submitted without delay.

External Reporting

- The Registered Manager is responsible for notifying the Care Quality Commission of serious incidents in accordance with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The Health and Safety Officer () must notify the Health and Safety Executive (HSE) of any incidents that fall under RIDDOR reporting requirements.
- Reports to other agencies (e.g. local authorities, commissioners) must be completed as required.

Confidentiality

- All reports must respect confidentiality and comply with the Data Protection Act 2018 and UK GDPR.
- The Data Protection Officer () will ensure personal data is only shared with authorised bodies and professionals.

10. Responding to Deterioration in Health

General Principles

Medical emergencies are not always sudden; many arise from gradual deterioration in a service user's health. Carers must be able to identify early warning signs and act quickly to prevent escalation into a life-threatening event. requires all staff to follow a structured, evidence-based approach that balances observation, timely escalation, and appropriate clinical input.

Recognising Early Signs of Deterioration

Carers must be alert to the following:

- Changes in physical condition: fever, increased sweating, pallor, shallow breathing, chest discomfort, swelling, or sudden weight changes.
- Behavioural or cognitive changes: sudden confusion, withdrawal, reduced communication, restlessness, or agitation.
- Reduced intake: refusal of food or fluids, persistent vomiting, or signs of dehydration.
- Reduced mobility or strength: difficulty standing, walking, or moving without support.
- Gradual but consistent decline in mood, energy, or general wellbeing.

Step-by-Step Procedure

1. Initial Observation

1. Monitor and record symptoms factually in the service user's daily notes.
1. Use tools where available (e.g. thermometer for temperature, pulse oximeter if authorised and trained).

2. Immediate Action

1. Stay with the service user and provide reassurance.
1. Remove hazards and ensure the environment is safe and comfortable.

1. If symptoms suggest an immediate threat (e.g. chest pain, difficulty breathing, sudden collapse), escalate immediately as a medical emergency (999).

3. Escalation Process

1. Notify the Duty Manager without delay.
1. If the situation appears stable but requires advice, call NHS 111 for guidance.
1. Contact the GP or community nursing team for assessment where appropriate.
1. If deterioration continues or becomes severe, escalate to emergency services immediately.

4. Involving Professionals and Recording

1. Document all observations, advice sought, and actions taken.
1. Ensure communication is clear, accurate, and passed on to healthcare professionals.
1. Update the Registered Manager () for oversight and governance.

5. Follow-Up and Review

1. Monitor the service user regularly until medical advice is obtained.
1. Implement any recommendations given by healthcare professionals.
1. Update the service user's care plan to reflect changes in health needs and interventions taken.
1. Where necessary, review risk assessments to include new or emerging risks.

Responsibilities

- **Carers:** Identify signs of deterioration, provide support, escalate appropriately, and record observations.
- **Duty Manager:** Support carers in decision-making, liaise with healthcare professionals, and ensure escalation is timely.
- **Registered Manager:** Review incidents of deterioration, ensure lessons are learned, and update policy and practice where required.

11. Notification of Next of Kin and Representatives

General Principles

Open communication with families and representatives is an essential part of safe, transparent, and person-centred care. When a service user becomes unwell or experiences a medical emergency, relatives and representatives must be informed promptly, unless the service user has specifically requested otherwise in their care plan. recognises that keeping next of kin updated reduces anxiety, promotes trust, and ensures that those closest to the individual are involved in decision-making where appropriate.

When to Notify

- When a service user becomes unwell, even if it is not yet a medical emergency.
- Immediately when emergency services have been called.

- When a GP, NHS 111, or community nurse has been contacted due to deterioration.
- If the service user is taken to hospital.
- Whenever significant changes to the service user's health status are identified.

Procedure for Notification

1. Identify Contact

1. Use the details recorded in the care plan to confirm who should be notified.
1. Where multiple contacts are listed, follow the priority order indicated in the care plan.

2. Make Contact

1. Telephone is the preferred method to ensure quick and clear communication.
1. If unable to reach the next of kin, leave a polite voicemail (if appropriate) and follow up with a text or email if details are available.
1. Escalate to the Duty Manager if repeated attempts to contact are unsuccessful.

3. Information to Share

1. Provide factual details only, such as:
 1. The service user's current condition.
 1. Actions taken (e.g. GP called, 999 called, service user taken to hospital).
 1. Next steps, including monitoring or hospital care.
1. Avoid speculation and ensure language is clear and professional.

4. Recording Contact

1. Record the name of the person contacted, time of the call, method of communication, and content of discussion in the service user's records.
1. If unable to make contact, document the attempts made and notify the Duty Manager.

5. Escalation

1. If no next of kin or representative can be reached, the Duty Manager must escalate to the Registered Manager () to determine further actions, which may include notifying commissioners or local authority contacts.

Responsibilities

- **Carers:** Notify the Duty Manager and, if delegated, contact the next of kin or representative promptly.
- **Duty Manager:** Ensure families and representatives are contacted, provide updates where required, and record all actions.
- **Registered Manager:** Oversee communication processes, ensure staff follow correct protocols, and review records to ensure compliance.

12. Alignment with Care Plans and Advance Directives

General Principles

Every service user supported by has an individualised care plan that identifies their health needs, risks, and preferences. Effective medical emergency response requires that staff always act in line with these plans, while respecting legal and ethical frameworks such as the Mental Capacity Act 2005 and the Human Rights Act 1998. This ensures care is person-centred, lawful, and consistent with the individual's wishes.

Key Requirements

- **Individualised instructions:** Care plans may contain specific guidance for responding to medical conditions, such as seizure protocols, diabetic care, or asthma management.
- **Advance decisions:** Where a service user has a valid and applicable Do Not Attempt Resuscitation (DNAR) order or advance decision, staff must respect and follow it.
- **Best interests:** Where the service user lacks capacity, actions must be taken in their best interests, involving family, representatives, or advocates as appropriate.
- **Cultural and personal needs:** Care plans may contain religious, cultural, or communication preferences that must be respected during emergencies.

Procedure

1. Check the Care Plan

1. Before taking action, review the service user's care plan for medical conditions, known risks, or emergency instructions.
1. Ensure that allergies, prescribed medication, and specific GP or hospital preferences are taken into account.

2. Follow Documented Protocols

1. Where care plans include emergency medication (e.g. rescue epilepsy medication), administer only if trained and authorised.
1. Record all use of emergency medication in line with the Medication Management Policy.

3. Advance Directives

1. If a DNAR order or advance care plan is in place, staff must act in accordance with the instructions.
1. Where there is uncertainty, provide immediate life-preserving treatment and escalate to medical professionals for clarification.

4. Recording and Updating

1. After an emergency or deterioration, ensure the care plan is reviewed and updated with any new medical advice, changes in health condition, or revised emergency procedures.
1. The Duty Manager will oversee updates, with final review by the Registered Manager ().

Responsibilities

- **Carers:** Follow the care plan, check for emergency instructions, and document all actions.
- **Duty Manager:** Ensure care plans are followed, updated after emergencies, and that staff are aware of instructions.
- **Registered Manager:** Ensure oversight, audits, and governance of care plan compliance.

13. Recording, Documentation and Learning

General Principles

Accurate documentation is essential for safety, accountability, and compliance with CQC regulations. requires that all medical emergencies, illnesses, and incidents are recorded clearly, promptly, and factually. Good record-keeping ensures continuity of care, provides evidence of safe practice, and supports learning across the service.

Documentation Requirements

1. Daily Care Notes

1. Every emergency or illness must be recorded in the service user's daily notes, including:
 1. Date and time of incident.
 1. Symptoms observed.
 1. Actions taken and by whom.
 1. External services contacted (e.g. GP, NHS 111, ambulance service).
 1. Outcome of the incident.

2. Incident/Illness Report Forms

1. A formal report must be completed for each emergency or illness.
1. Reports must be factual, detailed, and signed by the staff member completing them.
1. The Duty Manager reviews each report and escalates to the Registered Manager for oversight.

3. External Notifications

1. The Registered Manager will notify the Care Quality Commission of any serious incidents in line with Regulation 18.
1. Safeguarding concerns will be reported to the local safeguarding team by the Safeguarding Lead ().
1. The Health and Safety Officer () will report to the HSE under RIDDOR where required.

Learning and Improvement

- The Registered Manager will review all incident and illness reports monthly to identify patterns or recurring risks.
- Lessons learned will be shared with staff during team meetings, training, and supervision sessions.
- Where incidents highlight gaps in training or practice, additional training and support will be arranged immediately.

- Feedback will be used to improve care plans, risk assessments, and emergency procedures.

Confidentiality and Data Protection

- All documentation must comply with the Data Protection Act 2018 and UK GDPR.
- Personal health data will only be shared with authorised professionals involved in the person's care.
- The Data Protection Officer () is responsible for ensuring records are secure, accurate, and handled lawfully.

14. Staff Support and Wellbeing

General Principles

Responding to medical emergencies can be stressful and emotionally demanding for staff. recognises its duty of care not only to service users but also to staff, ensuring they receive appropriate support before, during, and after an incident. By embedding a culture of openness, reflection, and no-blame, aims to maintain staff wellbeing and professional confidence.

Immediate Support

- **Debriefing:** Following a medical emergency, the Duty Manager will arrange a debrief session with all staff involved. This provides an opportunity to reflect on what went well, identify challenges, and ensure lessons are captured.
- **Emotional Support:** Staff will be encouraged to share how the incident affected them personally. Where appropriate, reassurance and informal peer support will be provided.
- **Temporary Adjustment:** If a staff member feels unable to resume normal duties immediately, adjustments such as reassignment or additional supervision will be made until they regain confidence.

Ongoing Support

- **Supervision:** Managers will discuss the incident during the staff member's next supervision session, providing space for reflection and identifying any training needs.
- **Counselling:** Where staff continue to experience stress, trauma, or anxiety, will facilitate access to counselling or occupational health services.
- **Wellbeing Resources:** Staff will be encouraged to access available wellbeing resources, such as employee support services or GP referrals.

Building Resilience

- **Reflective Practice:** Reflective learning sessions will be held where staff can analyse real situations, share experiences, and develop coping strategies.
- **Training:** Additional scenario-based training will be offered to strengthen staff confidence in managing emergencies.
- **No-Blame Culture:** Staff will never be criticised for following policy and procedure correctly, even if the outcome is

unfavourable.

Monitoring Wellbeing

- The Registered Manager () will monitor the wellbeing of staff following emergencies and ensure appropriate support is provided.
- Any recurring issues will be escalated for review of policy, training, or staffing levels.
- Records of support provided will be kept confidentially within supervision notes, accessible only to relevant management.

15. Availability of Emergency Equipment and Resources

General Principles

Effective emergency response requires that carers have immediate access to appropriate, safe, and functional equipment. is committed to maintaining the availability and reliability of emergency resources at all times.

Equipment Standards

- **First Aid Kits:** Fully stocked first aid kits must be available and accessible in all offices and vehicles used for domiciliary care. Kits must be maintained in line with Health and Safety Executive (HSE) guidance.
- **Personal Protective Equipment (PPE):** Gloves, masks, aprons, and other essential PPE must be available to all staff responding to emergencies, ensuring infection prevention and control.
- **Specialist Equipment:** Where required for specific service users, emergency equipment such as oxygen supplies, defibrillators, or rescue medication must be available and staff trained in safe use.
- **Communication Devices:** Carers must have access to working telephones or communication systems to ensure emergency services can be contacted immediately.

Responsibilities

- The Health and Safety Officer () is responsible for:
 - Carrying out monthly checks of all first aid kits, PPE supplies, and specialist equipment.
 - Recording inspections and replenishing items as required.
 - Ensuring equipment is stored safely and remains in good condition.
- Carers are responsible for reporting immediately if emergency supplies are missing, damaged, or depleted.

Training in Equipment Use

- All staff will be trained in the safe use of basic first aid kits, PPE, and any specialist equipment required by care plans.
- Only staff who have received approved training may administer specialist interventions such as rescue medication or oxygen.

- Competency assessments will be conducted to ensure safe practice.

Contingency Planning

- In the event of equipment failure, alternative resources must be identified, and the Duty Manager informed immediately.
- Back-up supplies will be maintained to ensure continuity of service.
- Lessons from equipment shortages or failures will be documented and reviewed to strengthen preparedness.

Policy Approval & Review

APPROVED BY	SIGNATURE <i>No signature on file</i>
REVIEW DATE 1 January 1970	NEXT REVIEW DATE 18 February 2027