

# [Actually hurting assignment](https://assignbuster.com/actually-hurting-assignment/)

Within my assignment I will be explaining possible priorities and responses when dealing with two incidents or emergencies in a health and social care setting. I will be discussing health, safety or security concerns that may arise from the incident or emergency. Then I will be discussing how I would respond to them. An emergency is defined as “ a serious, unexpected, and often dangerous situation requiring immediate action. ” (Oxford University Press, 2014).

An incident is defined as “ a relatively insignificant event that might have serious consequences. ” (Collins, 2014). Anna is 56 year old woman who lives in a residential care home because she developed early-onset Alchemist’s a few years ago and her daughter can no longer care for her at home, as her arthritis has also become more severe and she struggles to do basic things by herself now as it can become very painful for her to move at all at a moment’s notice. I am a career who works at the residential care home that she lives in.

A fault with the electrics causes a fire to start in the downstairs of the home. I am upstairs with Anna helping her get changed as she spilt her drink on herself, hen we were alerted to the fire. By the time we were alerted to the fire it had already spread throughout the entire downstairs of the home so it was preventing us from exiting the building down the stairs. There is no other fire exit upstairs to the outside so I have no choice but to separate myself and Anna from the fire.

To do this I take her back into her room as she has a room at the front of the house with a large window. I close the door and roll up her blanket and put it along the gap at the bottom of the door to stop any smoke coming in. This is a good preventative measure s a door can keep a fire back for at least half an hour while we wait for the emergency services to arrive. Unfortunately there is not a room in the home with a fire door as this would be a much better aid as it can keep a fire back for two hours.

Once I have put the blanket under the door and made sure that any gaps there are covered I open the window as wide as it can possibly go and start shouting to alert other careers and residents as well as any other people who are outside that we are trapped inside the building. This way the fire services will make rescuing us a priority hen they arrive. Unfortunately while I am alerting people outside Anna has become very distressed because of the situation and she has fallen over and bumped her head on the table.

I immediately go to her and ask her if she is alright, she doesn’t respond, so I gently tap her on the shoulder. She still doesn’t respond, so as my priority is whether or not she is breathing I check this, fortunately she is breathing normally but her head is bleeding quite a bit, but as my priority is her breathing at the moment I put her in the recovery position with her resting on the side of her dead that is bleeding to apply pressure to it. Once I have checked that she is still breathing normally I move my attention back to the fire, I check the door with the back of my hand to see if it is hot.

It is not, so the fire has not spread up the stairs just yet so I keep the door closed so to not add oxygen to the fire which would only cause it to flare up. I do not touch the handle of the door as it is made of metal and could possibly be extremely hot. I then go back to Anna and check that she is still breathing normally. The home has an automatic link to the emergency services wrought the alarm system so the fire services have already been alerted by the fire alarms going off and should be arriving soon. Moments later the emergency services arrive and they come to the window to help get us out.

As Anna is unconscious and bleeding she is the one who needs immediate care so the priority is to get her out safely first. The fire men safely remove Anna from the room and take her down to the ground where an ambulance is waiting to transport her to the local hospital to receive the care she needs. Once the fire has been extinguished our next priority is o report her fall in the accident book, in case there is any query later on. Within the accident book we record her name, what injuries she suffered, the time and location of it and a record of the first aid treatment she was given.

My name was also recorded as I was the only witness as to what happened. A follow up review is then carried out to understand why the incident happened and to evaluate how effective my response was. This may take a few months in some cases. After the event I have to go and talk to a counselor about what happened to check and make sure that I am to emotionally traumatized. After the incident the care home reviewed their policies and procedures to see how well they worked. The managers review how smoothly things were dealt with and see if it could have been dealt with any better.

In order to avoid the same things happening again if something similar were to happen the care home implemented improvements to the establishment by adding another fire escape route from the upstairs to the outside. (Beryl Stretch, Mary Whitehorse, 2010). Jack is a 26 year old man who lives in a residential care home because he has severe earning disabilities. I am a career who works in the residential care home that he lives in. One day while we are in the day room looking for something to do his behavior starts to change. I notice that he is showing behavioral signs of becoming aggressive.

He is tense and agitated, and when I try to talk to him he is responding loudly and abruptly. The muscles in his Jaw are tensed and his pupils have dilated. His hands are tightly balled into fists and he is leaning over me invading my personal space. By now his behavior has become aggressive towards me and he has started urbanely threatening me. Unfortunately I do not know what has triggered him to become aggressive this time so I do not know what I can do or remove from the situation to try and prevent him getting out of control.

My first response is to try and talk to Jack in a calm voice to try and stop the situation going in a violent direction. I am talking to him calmly without raising my voice to try and get him to calm down and not get too over-worked and distressed. Unfortunately my efforts to try and diffuse the situation by talking to him have not worked, so my next thought is to check or the nearest exit and slowly back away from him, whilst continuing to talk to him. Jack is blocking the only exit from the room and he is becoming increasingly aggressive and I am starting to become worried for my own safety.

Since his behavior is becoming worse and he is showing signs of becoming physically violent, I continue to talk to him in the hope of calming him down, and I also discretely push the panic button to call for help without alerting him to it so that it doesn’t cause him to become anymore agitated or distressed. Unfortunately, he starts throwing things n my direction, like cups and books off the table. He is about to pick up a chair to throw at me when three other careers come into the room.

I continue to talk to Jack in a non-threatening, soft, calm tone to try and reassure him and explain to him and the other careers what is happening. “ Hi guys, Jacks feeling a bit upset today, I think we’re having a little bit of an ‘ off day today, so we Just need to try and calm things down a bit now’. As I am talking to him and the other careers, one of them disarms Jack by taking the chair away from him, and the other two physically restrain him, which allows them to control him without actually hurting him. They are fully trained in the correct way to use restraint techniques.

Restraining him was the last resort as I did try to diffuse the situation by talking to him but this did not work and his behavior became violent and our priority is not only the safety of him, myself and the others careers but also the safety of the other residents. As his behavior became violent we had no choice but to restrain him not only for our own safety, but for his own safety as he could become a risk to himself but also to the other residents as he runs the sis of turning his aggression onto them as well as me.

Once he has been restrained and had time to calm down he is much more placid and is no longer showing signs of aggression. We have to record the incident in the accident book in case there are any queries that may arise at a later date, possibly if he has any marks on him from being restrained. Also, we record it in an incident book for other members of staff, like other careers who work with Jack and also careers who may not work directly with him but may be around him in the home.

This way they can see what has happened, and his way we can keep a record of when and where he becomes aggressive so that we can try and find a pattern to try and figure out what triggers him. So then we can try and prevent it happening again, so if he only becomes aggressive on days he has a certain food, like chocolate then we can try avoiding that particular food and see if it helps at all. Also the home reviewed its policies and procedures and set in place changes so that there must be at least two careers at all times with Jack in case he suddenly becomes aggressive again. (Beryl Stretch, Mary Whitehorse, 2010).