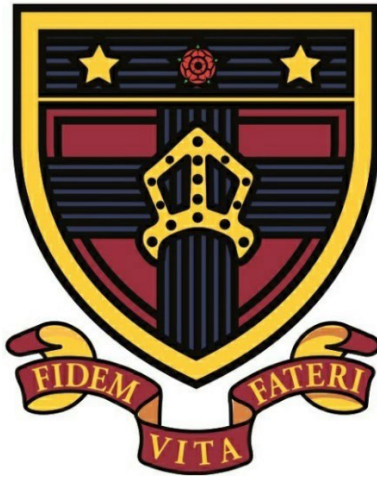


# St. Mary's College



## FIRST AID POLICY 2024/2025

Reviewed by: S. Fairbrother – September 2024  
Date of Next Review: September 2025

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## 1) Aims

Despite the best precautions or attention given to health and safety, accidents do happen, or children become ill. First aid can save lives and prevent minor injuries becoming major ones. The aim of this policy is to provide a framework to ensure that any persons injured whilst at the College or off premises on college visits or other College activities, whether they are staff, pupils, or visitors, receive the quickest, most effective care and attention.

We have several members of staff who are trained and qualified as first aiders, who can give first aid if, for example, your child is injured during sport. The first aid boxes are placed in all the areas of the College where an accident is considered possible or likely (such as a sports hall). We always take first aid boxes with us when groups of pupils go out of school on organised trips or to participate in sporting events.

All new pupils (and staff) are given information on where to go for help in the event of an accident as part of their induction into the College. There are first aid notices around the College.

We keep records of all accidents and injuries and have a procedure in place for ensuring that they are reviewed regularly in order, where possible, to minimise the likelihood of recurrence.

We will always contact you if your child suffers anything more than a trivial injury, or he/she becomes unwell, or if we have any worries or concerns about his/her health. Please do not hesitate to contact your son or daughter's head of year at any time if you wish to discuss any concern that you may have relating to your child's health.

## 2) Responsibilities

### a) The Governing Body

The Governing Body is responsible in law for the safety of all persons on the College premises or whilst involved on college activities. The Governing Body will ensure that: -

- i. The first aid policy is kept up to date, in line with existing legislation and reviewed annually or whenever required.
- ii. Insurance policies are maintained to provide full cover for claims arising from actions of staff, or any insurance policies required by law.
- iii. The statutory requirements for first aid (see below) are met.
- iv. Appropriate training is provided.
- v. The correct procedures are followed including suitable and sufficient risk assessment of first aid provision.

### b) The Principal

The Principal is responsible for putting the governing bodies' policy into practice. They will: -

- i. Select a competent appointed person to oversee the day-to-day implementation of the first aid policy.
- ii. Ensure the appointed person has sufficient time to undertake such training as is required to carry out the tasks competently.
- iii. Ensure that parents and pupils are aware of the first aid policy including arrangements for first aid such as location of equipment, facilities and first aid personnel.
- iv. Evaluate the success of this policy and review the College's first aid need in tandem with the appointed person.

### **c) The Appointed Person**

The College's appointed person will: -

- i. Ensure they receive enough training including refresher training to be competent in undertaking their tasks.
- ii. Undertake a risk assessment (see below) of the College's first aid needs.
- iii. They will need details of any pupil's and staff specific needs or illnesses to undertake this task.
- iv. Appoint enough members of staff to be first aiders as required by needs assessment.
- v. Devise first aid procedures to ensure the College provides reasonable first aid care such as dealing with emergencies, rota of first aiders, information, and training procedures.
- vi. Ensure the staff first aiders receive appropriate and adequate training including refresher training to be competent in undertaking their tasks.
- vii. Ensure that first aid notices are displayed in prominent positions and regularly updated to inform staff and people of first aid procedures.
- viii. Ensure that new employees have a first aid Induction and are aware of first aid procedures, college policy and where to get help in an emergency.
- ix. Be responsible for the security, quantity, and quality of the first aid equipment. This includes first aid on any College visit or events including stocking of minibuses (see below). Please also see the College external trips policy for further information.
- x. Ensure the level of care provided to staff, pupils and visitors does not fall below acceptable standards.
- xi. Ensure that parents provide contact details (including mobile phone numbers) in the case of an injury to a pupil. The appointed person should ask this question of the School Secretary, say on a termly basis and report any break down to the Health & Safety Officer.
- xii. Ensure that first aiders know the telephone numbers for local GPs and hospitals.
- xiii. Ensure there is a suitable room for first aid to be administered.

- xiv. Keep a record of all first aid administered to pupils. The record will include: -
  - a. Date, time, and place of accident
  - b. Name of injured or ill person
  - c. Details of injury/illness and nature of first aid
  - d. What happened to the person immediately after the incident
  - e. Name and signature of the first aider
- xv. Liaise with the health and safety officer about reporting of accidents.
- xvi. Ensure that all first aid provision and equipment is easily identified.

#### **d) First Aiders**

First aiders are volunteer members of staff who should: -

- i) Administer first aid to staff, pupils, and visitors to an acceptable standard.
- ii) Undertake such training including refresher training to be competent in undertaking their tasks.
- iii) Comply with the College first aid procedures set out in annex 1 and this policy including any reasonable requests from the appointed person.
- iv) Whenever any pupils are in school a first aider must be present

The College's qualified first aiders are: -

<b>First Aider</b>	<b>Department</b>	<b>Extension or location</b>
Miss J Forrest	College Reception	0/123 Front office
Mrs J Grant	College office	124
Ms A. Muller	MFL	1st Floor Main building
Mr N Rothnie	History	1st Floor
Miss S Crook	Sport	131
Mr D. Williams	Sport	131
Mr J. Armstrong	Sport	131
Mr T. Manley	Sport	131
Mrs S. Bartolo	SLT/DSL	121
Mr S Fairbrother	Science	161/144/143
Mr S Owen	Science	161/144/143
Mrs O. Collingwood	Maths	Ground floor
Elaine Overend	CCF	159
Brian Welsh	CCF	159
Matthew Scott	CCF	159

### e) Staff

All staff including non-first aid staff have responsibilities. These include ensuring that: -

- i. Pupils are sent to a first aid room if there is any reasonable concern about an injury or illness. Safety is always paramount.
- ii. Pupils are aware of the first aid procedures.
- iii. Ensure a first aider is requested to attend on a sick or injured pupil as soon as possible.
- iv. Via the College office, parents are informed as quickly as reasonably practicable about any injury or illness to pupils. If necessary, the staff (including any first aiders) will ensure that notes are provided to parents about the injury / illness and first aid administered.
- v. If necessary, administer emergency first aid to a pupil. A guide to dealing with an emergency is annex 2 of this document.

### 3) Risk Assessment

The appointed person shall undertake an annual risk assessment to determine the necessary first aid provision for the College. In preparing the risk assessment, the appointed person will consider: -

- The size and nature of the College premises.
- Location of College.
- Any specific hazards or risks both in time and place.
- Specific needs such as epileptic pupils.
- Accident statistics to try to reduce accident numbers.
- Numbers of first aid personnel required both in time and place.

The risk assessment will be discussed with the bursar and will, in turn, be notified to the principal and then, if he/she agrees therewith to the Governing Body which will either accept the assessment or make alterations as it sees fit. It is envisaged that the risk assessment will be provided to the Governing Body at the same time as a report evaluating this first aid policy (see below).

### 4) First Aid Stock

To conform to the British standard for workplace first aid kits BS8599-1:2019. The appointed person will ensure that each first aid container always contains at least the following: -

- 1 x Guidance Leaflet
- 2 x Medium Sterile Dressings
- 2 x Large Sterile Dressing
- 2 x Triangular Bandages
- 2 x Eye Pad Sterile Dressings
- 40 x Sterile Adhesive Dressings (Plasters)
- 20 x Sterile Cleansing Wipes
- 1 x Microporous tape

- 6 x Nitrile Disposable Gloves (Pairs)
- 2 x Finger Sterile Dressings
- 1 x Resuscitation Face Shield
- 1 x Foil Blanket
- 1 x Hydrogel Burn Dressing
- 1 x Shears
- 1 x Conforming Bandage

In addition, the appointed person will ensure there is enough first aid equipment to respond to any specific risks. The appointed person will check the container on a regular basis to ensure it is adequately stocked.

The appointed person will also ensure that any off-College activities take a first aid container, and that the universal first aid container contains at least the following: -

- 1 x Microporous tape 1.25cm x 10m
- 4 x Sterile moist cleansing wipes
- 1 x non-sterile disposable triangular bandage 90cm x 90cm x 130cm.
- 1 x green plastic tweezers 11.5cm
- 2 x Nitrile powder-free gloves, medium (pairs)
- 2 x Eye wash phials 20ml
- 1 x Face shield
- 4 x Burnshield® Burn Blott sachets 3.5g
- 1 x No. 16 sterile eye pad dressing
- 2 x Medium HSE sterile dressings 12cm x 12cm
- 1 x Large HSE sterile dressing 18cm x 18cm
- 2 x Wash proof plasters, standard clear, assorted sizes (packs of 10)
- 1 x First aid in an emergency booklet

For activities that will involve sports or games the appointed person will provide the PE staff with a run-on team first aid kit containing the following: -

- 10 x Antiseptic Wipes
- 1 x Conforming Bandage 7.5cm x 4m
- 2 x Crepe Bandages 5 x 45mm
- 1 x First Aid Guidance Leaflet
- 1 x Foil Blanket
- 1 x Freeze Spray 150ml
- 1 x Gauze Swabs 5pk
- 2 x Latex Gloves (pair)
- 1 x Low Adherent Dressing 100 x 100mm
- 1 x Low Adherent Dressing 50 x 50mm



- 1 x Microporous Dressing Tape 1.25cm x 5m
- 1 x Resus Face Shield
- 6 x Safety Pins
- 1 x Scissors
- 2 x Self Seal Waste Bags
- 1 x Sports Instant Ice Pack
- 1 x Sterile Dressing Large
- 1 x Sterile Dressing Medium
- 1 x Sterile Eye Pad
- 2 x Triangular Bandages
- 20 x Wash proof Plasters
- 1 x Zinc Oxide Tape 2.5cm x 5m
- 1 x Zinc Oxide Tape 5cm x 5m

Furthermore, the appointed person will ensure that all minibuses (with the Site manager being responsible at The Mount and reporting to the appointed person) have the following first aid provision minibus PSV kit: -

- 3 x Sterile Large Dressing 18 × 18cm
- 2 x Sterile Eye Pad
- 20 x Waterproof Assorted Plasters
- 1 x Conforming Bandage 7.5cm
- 2 x Triangular Bandages
- 10 x Non-Alcohol Wipes
- 12 x Safety Pins
- 1 x Stainless Steel Scissors
- 1 x First Aid Guidance Leaflet
- 1 x Vinyl powder free pair gloves Large
- 1 x Green Empty Box 22×22×5cm

## 5) Location of College First Aid Stock

The medical rooms are situated opposite the College office, in the sports hall and at the games field.

First aid kits are in: -

- Medical rooms (ground floor by college office)
- Biology preparation room.
- Chemistry preparation room.
- Physics preparation room.
- Science labs
- Design and technology workshop.
- Sports hall.
- Staff room sports hall

- Gym
- Staff room
- Games field – boys.
- Games field – girls.
- Travelling kit – see external trip co-ordinator.
- Minibus.
- Maintenance Workshop.
- Maintenance bay
- Art prep room
- Music house
- College canteen

The College office and the kitchen have a supply of plasters. If any member of staff discovers a kit that is not fully stocked, they are requested to inform the appointed person as soon as possible.

**6) General Rules on First Aid Kits**

The following rules should be adhered to in relation to first aid kits: -

- The first aid kits should be checked regularly to ensure that they are fully stocked.
- Items for the first aid kits should only be purchased from approved suppliers.
- The first aid kits should always be maintained in a clean condition.
- All staff should be made aware of the location of the first aid kits.
- All kits taken for trips and sports events need to be signed out and returned to the appointed person as soon as practicable to ensure they are restocked
- And fit for purpose.

Note	<p><i>If mains tap water is not readily available for eye irrigation, at least a litre of sterile water or sterile normal saline (0.9%) in sealed, disposable containers should be provided. Once the seal is broken, the solutions should not be kept for reuse. Solutions should not be used beyond their expiry date.</i></p> <p><b>PLEASE ADVISE THE APPOINTED PERSON WHEN YOU USE A STERILE WATER CONTAINER.</b></p>
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**7) Administration of Medicines**

**Members of staff must not, under any circumstances, give medicinal compounds of any description to pupils.** The only adults authorised to give out medicines are the College receptionist, College secretary and admin staff covering office duty who are only allowed to give paracetamol tablets to those pupils whose parents have given permission to the College to do so.

Staff must follow the procedure detailed by the main phone in reception. Care should be exercised in giving out paracetamol to all pupils. (*See also Policy C38: Pupils with Medical Conditions*).

The only exception to this rule should be AAI (Auto Adrenalin Injectors) in cases of severe allergic reaction and Inhalers for severe respiratory difficulty where the causality is having difficulty to administer their own or school emergency medication.

**All medicines given out must be detailed on CPOMS (please see Section 9)**

## **8) Staff taking medicines**

All staff have a responsibility to work with children only where they are fit to do so. This includes circumstances where any medication taken affects their ability to care for children, for example, where it makes a person drowsy. If any staff member believes that their condition, including any condition caused by taking medication, is affecting their ability they must inform their line manager and seek medical advice. The line manager will decide if a staff member is fit to work, including circumstances where other staff members notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment.

Where staff may occasionally or regularly need medication, any such medication must be kept in the person's locker/separate locked container in the staff room or nursery room where staff may need easy access to the medication such as an asthma inhaler. In all cases it must be stored out of reach of the children. It must not be kept in the first aid box and should be labelled with the name of the member of staff.

## **9) CPOMS for use in first aid role**

CPOMS is used for safeguarding, welfare and tracking the use of medicines and first aid issues. This software will allow the first aid user to see if the pupil has any specific requirements and track the use or type of medicine been taken as well as the frequency.

## **10) Evaluation**

The appointed person shall evaluate this policy with the Principal at least annually and whenever necessary. A report should be provided to the Governing Body reviewing the policy and making such amendments as is seen fit. It is envisaged that the report evaluating this policy shall be delivered to the Governing Body at the same time as the risk assessment for the forthcoming year (see above).

Guidance taken from the DfE (Department for Education): Guidance on First Aid in Schools, Early Years, and Further Education document, updated 14<sup>th</sup> February 2022

## Appendix 1

### ACTIONS TO BE TAKEN BY THE QUALIFIED FIRST AIDER

**The First Aider** will: -

- decide what action must be taken.
  - First aiders must ensure they are familiar with the Policy **CP9 - Bodily Fluid and Waste Collection** to ensure they deal correctly with the spillage of bodily fluids.
- call for an ambulance and await its arrival. Walking wounded can be taken home or to hospital by parents but must not be sent home or to hospital on their own.
- arrange for the office staff to contact the parents.
- inform the principal in the case of a serious accident.
- report the accident/incident to the Health & Safety Officer.
- add any relevant details to the accident form.

**The College office** will obtain the feedback information from the parents and add it to the accident report form.

**The appointed person** will inform all those members of staff likely to be involved if any special treatment is needed when the pupil returns to school.

**The Health and Safety Officer** for the school will inform RIDDOR should this be a requirement. Please reference the Health and Safety Policy in the case of any reportable injury/incident.

## Appendix 2

# GENERAL RULES FOR ADMINISTERING EMERGENCY AID

First aid is the help given to someone who is injured or ill to keep them safe and to cause no further harm. The role of a First Aider is to give someone this help.

### The role of the First Aider:

#### What to do

1. **Assess the situation quickly and calmly.**
  - **Safety:** check whether you or the casualty are in any danger. Is it safe to approach them? (Are you wearing protective equipment?)
  - **Scene:** find out what caused the accident or situation and how many casualties there are.
  - **Situation:** find out what has happened, how many people are involved and how old they are. Are there any children or elderly?
2. **Protect yourself and them from any danger.**
  - Always protect yourself first – never put yourself at risk.
  - Only move them if leaving them would cause them more harm.
  - If you cannot make an area safe, call 999 or 112 for emergency help.
3. **Prevent infection between you and them.**
  - Wash your hands with soap and water or rub your hands with alcohol gel.
  - Wear disposable, latex free gloves. Do not touch an open wound without gloves on. If you do not have any gloves, you could use clean plastic bags or ask the casualty to dress the wound if they are able.
  - Do not breathe, cough, or sneeze over a wound or casualty.
4. **Comfort and reassure.**
  - Stay calm and take charge of the situation.
  - Introduce yourself to them to help gain their trust.
  - Explain the situation and anything you are going to do before you do it.
  - Always treat the casualty with dignity and respect.
5. **Assess the casualty and give first aid treatment.**
  - If there is more than one casualty make sure you help those with life-threatening conditions first.
  - Use the primary survey to deal with any life-threatening conditions. When these have been dealt with successfully move on to the secondary survey.

**6. Arrange for help if needed.**

- Inform the appointed person, if possible, who will call 999 or 112 for an ambulance if they think it is serious.
- If a less serious condition, call 111 for medical advice (in England) or seek advice from a GP.
- If there is no emergency, inform the school office and send the pupil to a first aid room or to a qualified first aider.
- Staff are responsible for the pupils in their class and should take the action indicated below for emergencies as they await the arrival of a qualified first aider.

**When to Call an Ambulance**

Before you call for an ambulance, you need to assess the casualty. To do this:

- follow the steps of the Primary Survey, to see if they have any life-threatening or other serious conditions.
- If the area is not safe for you to assess the casualty, then call an ambulance straight away.
- If someone's condition is life-threatening or serious, then call 999 or 112 for medical help.

If someone's condition is not serious, then you need to decide if they need treatment or not, and what options there are, for example, call for a first aider or send them to the school office or call the parents to drive them to hospital.

**When to Call 999 or 112**

Call 999 or 112 if someone needs immediate medical help. For example, if you think they:

- have had a heart attack
- have a spinal injury
- are bleeding severely.

When you get through to the emergency services, you will need to give:

- your name
- a description of the condition of the casualty/casualties
- your telephone number or the best number for them to contact you on
- the exact location of the incident
- a description of the type of incident and how serious it is
- the details of any hazards, such as gas, damage to power lines or bad weather conditions.

**When to take or send the casualty to hospital**

Take or send someone to hospital if they need hospital treatment, but their condition is unlikely to get worse. For example, for a serious burn, a sprain where they cannot use their limb, or an eye injury.

You can either take them in your own car or arrange for a taxi to take them.

**Pupils must only go to hospital with their parents and/or guardians and cannot leave school alone.**

**When calling parents**

Our procedure for notifying parents will be to use all telephone numbers available to contact them and leave a message should the parents not be contactable.

If parents cannot be contacted, and a message has been left, our policy will be to continue to attempt to contact the parents every hour. In the interim, we will ensure that the qualified First Aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

## Appendix 3

# FIRST AID GUIDANCE - WHAT TO DO

### Burns and Scalds

- Stop the burning getting any worse, by moving the casualty away from the source of heat.
- Start cooling the burn as quickly as possible.
- Run it under cool water for at least ten minutes or until the pain feels better.
  - Chemical burns run under water for 20 minutes (Do not use ice, creams, or gels – they can damage tissues and increase risk of infection).
- Assess how bad the burn is. It is serious if it is:
  - larger than the size of the casualty's hand
  - on the face, hands, or feet, or
  - a deep burn
- If it is serious, call 999 or 112 for emergency medical help.
- Remove any jewellery or clothing near the burn (unless it is stuck to it).
- Cover the burned area with kitchen cling film or another clean, non-fluffy material, like a clean plastic bag. This will protect from infection.
- If necessary, treat for shock

### Fainting

- If someone is feeling faint, tell them to lie down.
- Kneel next to them and raise their legs, supporting their ankles on your shoulders to help blood flow back to the brain. Watch their face for signs that they are recovering.
- Make sure that they have plenty of fresh air - ask bystanders to move away and if you are inside then try getting someone to open a window.
- Reassure the casualty and help them to sit up slowly.
- If they do not regain responsiveness again quickly, open their airway, check their breathing, and prepare to treat someone who is unresponsive.

### Eye injuries

- Tell them not to rub the injured eye as this could make it worse.

### If you think they might have something in their eye:

- Ask them to sit down facing a light.
- Gently open their eyelids with your thumbs and ask them to look right, left, up and down as you look closely at the eye.
- If you can see something in there, wash it out by pouring clean water over the inner corner of the eye.
- If this does not work or the eye still hurts, send, or take them to hospital.



**If you think the eye may be bruised or cut:**

- Help them to lie on their back and hold their head to keep it as still as possible.
- Tell them to keep both eyes still, as moving their good eye will also move the 'bad' eye, which could make it worse
- Give them a sterile dressing, or a clean non-fluffy pad to hold over their 'bad' eye.
- If it will be a while before you can get medical help, then you can hold the pad in place with a bandage.
- Now take or send them to hospital.

**Cuts and grazes**

- Clean the wound by rinsing it under running water or using alcohol-free wipes.
- Pat it dry using a gauze swab and cover it with sterile gauze. If you do not have these, then use a clean, non-fluffy cloth.
- Raise and support the part of the body that is injured:
  - If it is a hand or arm, raise it above the head.
  - If it is a lower limb, lay them down and raise the cut area above the level of the heart. This will help stop the bleeding.
- Remove the gauze covering the wound and apply a sterile dressing.
- If you think there is any risk of infection then suggest they see a health care professional.

**Head injuries**

- Sit them down and give them something cold to hold against the injury. You can use a cold compress, or a bag of ice or frozen peas wrapped in a cloth.
- Treat any scalp wounds like a bleed, by applying direct pressure to the wound.
- Check their level of responsiveness, using the **AVPU** scale, below.
- Make a note of their reactions, especially any changes to their level of response, to pass on to the ambulance, in case you must call one.

**The AVPU scale – Alert, Voice, Pain, Unresponsive****A – Alert**

- Are they alert?
- Are their eyes open and do they respond to questions?

**V – Voice**

- Do they respond to voice?
- Can they answer simple questions and respond to instructions?

**P – Pain**

- If they are not alert or they are not responding to your voice:
  - do they respond to pain? Try pinching them.
  - can they move or open their eyes?

**U – Unresponsive**

- Do they respond to questions or a gentle shake?

- If they are **alert or responsive** then they are responsive and their head injury is most likely mild, but you should wait with them until they recover.
- If they are **not alert or responsive**, then they may be partially or fully unresponsive and their head injury could be severe.
- Call 999 or 112 for an ambulance and explain their response to the AVPU test.
- If they lose responsiveness at any point, open their airway, check their breathing, and prepare to treat someone who has become **unresponsive**.
- While you are waiting for an ambulance, keep checking their breathing, pulse, and any changes in their level of response.

### Electrocution

- Assess the situation. Firstly, look to see if the casualty is still in contact with the electrical source and if so, do not touch them as then you are at risk of electrocution.
- Turn off the source of electricity to break the contact between the electrical supply and the casualty.
- Alternatively, move the source away from the casualty. You may need to stand on some dry insulating material (such as a plastic mat or wooden box) and use a broom or wooden pole to push the casualty's limb away from the source.

### Seizures (Adult)

- Do not restrain or move them.
- Protect them from hurting themselves. Clear away any potentially dangerous objects, like hot drinks or sharp objects.
- Make a note of the time when the seizure started and how long it lasts.
- Protect their head by placing something soft underneath it, like a towel, and loosen any clothing around their neck.
- Once the seizure has stopped, they may fall into a deep sleep – if they do, open their airway, and check their breathing.
- If they are breathing, put them in the recovery position.
- If they stop breathing at any point, prepare to treat someone who is **unresponsive and not breathing**.
- Keep checking their breathing, pulse, and level of response.
- Call 999 or 112 for medical help if:
  - it is the casualty's first seizure, or the cause is unknown
  - they are having repeated seizures
  - the seizure lasts more than five minutes
  - the casualty is unresponsive for more than ten minutes.

**Seizures (Children)**

- Do not restrain or move them. Instead, protect them from hurting themselves.
- Clear away any potentially dangerous objects, like hot drinks or sharp objects, and put pillows or soft padding around them.
- Once the seizure has stopped, they are usually very sleepy or unresponsive
  - put them into the recovery position to help them keep their airway open.
  - call 999 or 112 for emergency medical help.
  - Reassure the casualty, and whoever is looking after them, if that is not you.
  - While you wait for help to arrive, keep checking their breathing, pulse, and level of response.

**Unresponsive and Breathing Adult****Step 1: Open the airway**

- Place one hand on the casualty's forehead and gently tilt their head back. As you do this, the mouth will fall open slightly.
- Place the fingertips of your other hand on the point of the casualty's chin and lift the chin.

**Step 2: Check breathing**

- Look, listen, and feel for normal breathing – chest movement, sounds and breaths on your cheek.
- Do this for no more than ten seconds.

**Step 3: Put them in the recovery position**

This will keep their airway open:

- Kneel next to them on the floor.
- The next three steps are for if you find the casualty lying on their back. If you find them lying on their side or their front you may not need all three.
  - a. Place their arm nearest you at a right angle to their body, with their palm facing upwards.
  - b. Take their other arm and place it across their chest so the back of their hand is against their cheek nearest you and hold it there. With your other hand, lift their far knee and pull it up until their foot is flat on the floor.
  - c. Now you are ready to roll them onto their side. Carefully pull on their bent knee and roll them towards you. Once you have done this, the top arm should be supporting the head, and the bent leg should be on the floor to stop them from rolling over too far.

**Step 4: If you suspect spinal injury**

If you think the casualty could have a spinal injury, you must keep their neck as still as possible.

Instead of tilting their neck, use the ***jaw thrust technique***:

place your hands on either side of their face and with your fingertips gently lift the jaw to open the airway, avoiding any movement of their neck.

**Step 5: Call for help**

Once you have put them safely into the recovery position, call 999 or 112 for medical help.

Until help arrives, keep checking the casualty's breathing.

If they stop breathing at any point, call 999 or 112 straight away and get ready to give them CPR (cardiopulmonary resuscitation – a combination of chest pressure and rescue breaths).

**Unresponsive and Breathing Child**

If you think a child is unresponsive, check to see if they are still breathing normally.

If they are unresponsive and breathing, here is what you need to do:

**Step 1: Open the airway**

- Place one hand on the child's forehead and gently tilt their head back. As you do this, their mouth will fall open slightly.
- Place the fingertips of your other hand on the point of their chin and lift it.

**Step 2: Check to ensure they are breathing normally**

- Look, listen and feel for normal breathing – chest movement, sounds and breaths on your cheek. Do this for no more than ten seconds.
- If they are breathing normally, put them into the recovery position to keep their airway open.

**Step 3: First, kneel down next to them on the floor**

The next three steps are for if you find the child lying on their back.

If you find them lying on their side or their front you may not need all three.

- Place their arm nearest you at a right angle to their body, with the palm facing upwards.
- Take their other arm and place it across their chest so the back of their hand is against their cheek nearest you and hold it there. With your other hand, lift their far knee and pull it up until their foot is flat on the floor.
- Now roll the child onto their side. Carefully pull on their bent knee and roll them towards you. Once you have done this, the top arm should be supporting their head, and the bent leg should be on the floor to stop them from rolling over too far.
- Next, check that their airway is open, so they can breathe, and any fluid in their mouth can drain away. To do this:
  - tilt their head back, gently tilt their chin forward and make sure that their airway will stay open and clear.
  - If you think the child could have a spinal injury, you must try and keep their neck as still as possible. Instead of tilting their neck, use the ***jaw thrust technique***:
    - Place your hands on either side of their face and with your fingertips gently lift the jaw to open the airway, avoiding any movement of their neck.

- Once you have put them safely into the recovery position, call 999 or 112 for emergency help.
- Remember that until help arrives you must keep checking that they are still breathing normally.
- If they stop breathing normally at any point, call 999 or 112 straight away and get ready to give them chest compressions and rescue breaths (CPR).

### Swallowed poisons

- If the person is conscious, ask them what they have swallowed, how much and when.
- Look for clues, like plants, berries or empty packaging and containers.
- Call 999 or 112 for medical help and tell them as much information as possible.
- Keep checking their breathing, pulse, and level of response.
- If they become unresponsive, open their airway, and check breathing. Follow the instructions for treating someone who is **unresponsive**.
- Never try to make the person vomit, but if they vomit naturally then put some of their vomit into a bag or container and give it to the ambulance. This may help them identify the poison.

### Allergic reactions

- If you notice these symptoms and you think someone is having an allergic reaction then you need to get emergency help to get them to hospital as fast as you can (even if the symptoms are mild or have stopped).
- Dial 999 or 112 straight away. Tell them you think someone is having a severe allergic reaction and give any information you have on what may have triggered it (e.g. an insect sting, or certain food, like peanuts).
- If the person knows what their allergy is, they may have medication with them, like an auto-injector (for example EpiPen®, JEXT® or Emerade®). This is a pre-filled injection device, containing adrenaline/epinephrine, which when injected can help reduce the body's allergic reaction. Check if they have one, and if they do, help them to use it or do it yourself following the instructions.
- Help them into a comfortable sitting position, leaning forward slightly, to help their breathing.
- If they become unresponsive, open their airway, and check breathing. Follow the instructions for treating someone who is **unresponsive**.

**Asthma attacks**

Reassure the casualty and ask them to take their usual dose of their reliever inhaler (usually blue). Ask them to breathe slowly and deeply.

- If they have a spacer available, ask them to use it with their inhaler. The inhaler is more effective with a spacer, especially when being used for young children.
- If they have no inhaler call 999 or 112 for emergency help.
- Sit them down in a comfortable position.
- A mild attack will normally ease after a few minutes. However, if they do not improve within a few minutes, it may be a severe attack. Ask them to take a puff every 30 to 60 seconds, until they have had 10 puffs.
- Help the casualty to use their inhaler if they need assistance.
- If the attack is severe, and they are getting worse, becoming exhausted, or if this is their first attack, call 999 or 112 for emergency help.
- Monitor their breathing and level of response. If the ambulance has not arrived within 15 minutes, repeat step 3.
- If they become unresponsive at any point prepare to give **CPR**.
- If their symptoms improve and you do not need to call 999, advise the patient to get an urgent same-day appointment to see their GP or asthma nurse.

<b>Important</b>	<p><b>This asthma attack information is not for patients on a Maintenance and Reliever Therapy (MART) plan.</b> This may include a steroid preventer medicine and a certain type of long-acting bronchodilator medicine which can also be used as their emergency reliever. The patient will know which they should use in an emergency and may carry a written plan.</p>
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**High Blood Sugar (hyperglycaemia)**

- Call 999 or 112 straight away for medical help and say that you suspect hyperglycaemia.
- While you wait for help to arrive, keep checking their breathing, pulse, and level of response.
- If they lose responsiveness at any point, open their airway, check their breathing, and prepare to treat someone who has become **unresponsive**.

### Low Blood Sugar (hypoglycaemia)

- If you suspect hypoglycaemia (low blood sugar), help the person to sit down.
- If they have their own glucose gel or glucose tablets, help them take it. If not, you need to give them something sugary, such as:
  - a 150ml glass of fruit juice or non-diet fizzy drink
  - three teaspoons of sugar or sugar lumps
  - three sweets, such as jelly babies.
- If they improve quickly, give them more of the sugary food or drink and let them rest.
- If they have their blood glucose testing kit with them, help them use it to check their blood sugar level.
- A hypoglycaemic patient, where the low sugar has been remedied by sweets/sweet drink is usually short-lived, and they should have something more substantial to eat to sustain their condition.
- Stay with them until they feel completely better.
- If they do not improve quickly, look for any other reason they could be unwell and call 999 or 112 for emergency help.
- Keep monitoring their breathing and level of response while waiting for help to arrive.
- If they are not fully alert, do not try to give them something to eat or drink as they may choke.
- If they become unresponsive at any point, open their airway, check their breathing, and prepare to give CPR.

### If you are unsure whether their blood sugar is high or low

- If you are not sure whether someone has high or low blood sugar, give them something sugary anyway, as this will quickly relieve low blood sugar and is unlikely to do harm in cases of high blood sugar
- If they do not improve quickly, call 999 or 112 for medical help.
- if the person loses responsiveness at any point, open their airway, check their breathing, and prepare to treat someone who has become unresponsive.

### Nose bleeds

If someone is having a nosebleed, your priority is to control the bleeding and keep their airway open.

- Get them to sit down (not lie down) as keeping the nose above the heart will reduce bleeding.
- Get them to lean forward (not backwards), to make sure the blood drains out through their nose, rather than down their throat which could block their airway.
- Ask them to breathe through their mouth and pinch the soft part of the nose, taking a brief pause every ten minutes, until the bleeding stops.

- Encourage them not to speak, swallow, cough, spit, or sniff because this may break blood clots that may have started to form in the nose.
- If the bleeding is severe, or if it lasts more than 30 minutes, call 999 or 112 for medical help.

### **Severe bleeding**

Your priority is to stop the bleeding.

- Protect yourself by wearing gloves.
- If the wound is covered by the casualty's clothing, remove, or cut the clothes to uncover the wound.
- **If there is an object in the wound**
  - do not pull it out, because it may be acting as a plug to reduce the bleeding.
  - Instead, leave it in and apply pressure either side of it with a pad (such as a clean cloth) or fingers, until a sterile dressing is available.
- **If there is no object in the wound**

Follow the steps below for treating severe bleeding.

  - Press it: apply direct pressure to the wound
  - Call 999/112 for emergency help
  - Firmly secure dressing with a bandage
  - Treat for shock
  - Support the injured part

### **Shock**

If they are showing signs of shock:

- Lay them down with their head low and legs raised and supported, to increase the flow of blood to their head. Do not raise an injured leg.
- Call 999 or 112 for medical help and say you think they are in shock and explain what you think caused it (such as bleeding or a heart attack).
- Loosen any tight clothing around the neck, chest, and waist to make sure it does not constrict their blood flow
- Fear and pain can make shock worse, by increasing the body's demand for oxygen, so while you wait for help to arrive, it is important to keep them comfortable, warm, and calm. Do this by covering them with a coat or blanket and comforting and reassuring them
- Keep checking their breathing, pulse, and level of response.
- If they become unresponsive at any point, open their airway, check their breathing, and prepare to treat someone who has become unresponsive.



### Once the causality has recovered

- Complete an accident form – because of the legal implications of accidents in schools to both the individual teacher and the school itself, it is essential that staff involved in accidents or incidents do this ***as soon as possible*** and in as much detail as possible.
- In some cases, a report must be sent to RIDDOR (see Health & Safety policy for guidance).
- Initially, it is the responsibility of the teacher in charge of the pupils at the time of the accident or incident to complete the form.
- If a qualified First Aider is involved, he/she must add any additional details which are relevant to the form.
- Accident forms are available from the school office and must be returned thereafter completion.