# FIRST AID POLICY
# SUMMERSWOOD
# PRIMARY SCHOOL

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Reviewed: Dec 2025

Next Review Date: Dec 2027

**Aims**

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to first aid
- Provide a framework for responding to an incident and recording and reporting the outcomes.

**Roles and Responsibilities**

Appointed person(s) and first aiders.

The school's appointed person is Mrs Pearl Parsons (Lead First Aider). She is responsible for:

- Ensuring there is an adequate supply of medical materials in first aid kits and replenishing the contents of these kits.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- First aiders are trained and qualified to carry out the role and are responsible for acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Upon discussion with SLT, sending pupils home to recover, where necessary
- Filling in an accident report and CPOMS if necessary, on the same day, or as soon as is reasonably practicable, after an incident.
- Keeping the children's medical information (allergies, medical conditions etc) up to date and displaying as appropriate
- Monitoring the children's medication for expiry dates

Our school's first aider's lists are held in the medical room. Their names will also be displayed prominently around the school.

**Governors**

The Governing Body are responsible for ensuring health and safety management systems are in place and effective. They fulfil a strategic role in health and safety and are not expected to be involved in day-to-day management of the school.

**The Headteacher**

The Headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are always present in the school.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents to the HSE when necessary

**Staff**

School staff are responsible for:

- Ensuring they follow first aid procedures.
- Ensuring they know who the first aiders in school are.
- Completing accident reports for all incidents they attend to where a first aider/appointed person is not called.
- Informing the headteacher or their manager of any specific health conditions or first aid needs

**First Aid Procedures**

In-school procedures

In the event of an accident resulting in injury:

- The closest member of first-aid trained staff present will assess the seriousness of the injury and if appropriate, will provide the required first aid treatment.
- The first aider will assess the injury, and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the first aider judges that a pupil is too unwell to remain in school, they must speak to a member of SLT to ascertain further actions and if appropriate parents or a representative nominated by the parent will be contacted and asked to collect their child.
- Upon their arrival, the first aider will update parents/representative and give suggestions of potential next steps. It is for the parents/representative to decide on the next course of action.
- If emergency services are called, this will be by a member of the office team or SLT on a **mobile phone**. A relevant member of staff will seek to contact the parents or emergency contacts as soon as possible.
- If a child needs to go to hospital via ambulance and the parent/carer has not arrived at school a member of the Leadership Team will accompany the child.
- As soon as practically possible the first aider/relevant member of staff will complete an accident report form.

**Off-site procedures**

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit inclusive of individual child's medication i.e., asthma pumps, epi-pens, insulin etc
- Information about the specific medical needs of pupils
- Parents' contact details
- If using a personal vehicle, the correct business insurance

Risk assessments will be completed by the relevant individual prior to any educational visit that necessitates taking pupils off school premises.
There will always be at least one first aider on school trips and visits.

**First Aid Equipment**

A typical first aid kit in our school will include the following:

- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Eye irrigation solution

No medication is kept in first aid kits.

**First aid kits are stored in:**

- The medical room
- School Office
- The school kitchen
- Staffroom

**Record-Keeping and Reporting**

First aid and accident record book

- Medical folders are kept in every class with individual accident reporting forms for each child. These must be completed by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury.
- As much detail as possible should be supplied when reporting an accident, including all the information included in the accident form provided by the first aider. These must be signed completed fully and signed off by the first aider who dealt with the incident.
- Any injury to a child's head/face must be reported to the child's parent/carer immediately and a bump letter must be sent home.
- Minor cuts/grazes must be notified to parent/carer at the end of the day, any significant concern/injury should be reported to the parent/carer immediately.

**Administering of Medication**

School will only administer medication to a child if prescribed by a medical professional.

- The parent must fill in a medicine consent form and the medication must come into school in its original packaging with the dispensary label on displaying the child's name.
- The medication must be in date.

- A copy of the form must go to the School Business Manager for filing.
- The form must be completed each time medication is administered by the relevant member of staff.

**Reporting to the HSE**

The relevant school nominated member of staff will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR. The relevant school nominated member of staff will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Information on how to make a RIDDOR report is available here:
How to make a RIDDOR report, HSE
http://www.hse.gov.uk/riddor/report.htm

**Notifying parents**

The relevant school nominated member of staff (class teacher, support staff or office team) will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day.
Any unexplained injuries to a child will be reported to a DSP.

**Training**

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until. Staff are encouraged to renew their first aid training when it is no longer valid.

**Monitoring Arrangements**

This policy will be reviewed by the School Business Manager every 12 months.
First Aid records are reviewed during Health and Safety walks and are monitored for trends and anomalies.
At every review, the policy will be approved by the Full Governing Body.
This first aid policy is linked to the

- Health and safety policy
- First Aid risk assessment
- Administering medicines in school

**Administering First Aid**

First aid must be administered as per the first aider's most recent training. A Paediatric First Aid guidebook can be found in the medical room for reference.

**Primary Survey**

Always assess a situation before administering first aid and ensure your own safety first.

## Blood Loss

Types of bleeding
Arterial - spurts in time with the heartbeat. Blood loss is rapid and can be life threatening in just 2 minutes.
Venous - flows. Bleeding from a major vein.
Capillary - slow. Bleeding from capillaries occurs in all wounds.

Treatment

- Sit or lay casualty down, appropriate to the location of the wound and the extent of the bleeding.
- Identify the exact point of the bleeding
- Look for foreign objects, such as glass in the wound.
- Apply pressure to the point of bleeding continuously for 10 minutes. If there is an embedded object only apply pressure to either side of the object. DO NOT REMOVE OBJECT.
- A dressing should be sterile and just large enough to cover the wound. It should be absorbent and ideally have a surface that won't stick to the clotting blood. The dressing should not restrict blood flow.
- If a dressing becomes saturated with blood apply a second dressing on top and apply pressure by hand.
- If this doesn't work take both dressings off, put a fresh dressing on and apply direct pressure to the exact point of the bleed.
- Call 999 for assistance.

After an incident:

- Notify the parent/carer/next of kin
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- look after your own well being

## Cuts and Grazes:

**Treatment to stop the bleeding.**

- Sit the casualty down. Stop any bleeding before applying a dressing to the wound.
- Apply pressure to the area using a clean and dry absorbent material – such as a bandage, paper towel or handkerchief – for several minutes if necessary.
- Never remove an object from an open wound.
- If the cut is to the hand or arm, raise it above the head to help reduce the flow of blood.
- If the injury is to a lower limb, lie down and raise the affected area above the level of your heart.

**Clean the wound and apply a dressing**

When the wound has stopped bleeding, clean it and cover it with a dressing to help stop it becoming infected.

- clean the wound with an alcohol-free wipe
- pat the area dry with a clean paper towel
- apply a sterile adhesive dressing, such as a plaster or dressing

**After an incident:**

- Notify the parent/ carer
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- look after your own wellbeing

## Nosebleeds

### Treatment

- sit the child down and lean them forward, with their head tilted forward
- firmly pinch the soft part of the nose constantly for 10 mins, repeating if necessary
- encourage the casualty to breathe through their mouth and spit out any blood
- discourage any sniffing, nose blowing into a tissue or nose breathing after bleeding has stopped
- give the casualty a disposable tissue to mop up any blood while the nose is pinched
- if bleeding is severe or persists more than 30 mins, call 999 and the child's parents
- advise the parent of a child with frequent nosebleeds to visit their doctor

**After an incident:**

- Notify the parent/carer
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- look after your own well being

## Suspected Broken Bone

The three most common signs of a broken bone (also known as a fracture) are:

- pain
- swelling
- deformity

However, it can sometimes be difficult to tell whether a bone is broken if it is not out of its normal position. Signs of a broken bone are:

- hearing or feeling a snap or a grinding noise as the injury happens
- swelling, bruising or tenderness around the injured area
- the child/adult may feel pain when they put weight on the injury, touch it, press it, or move it
- the injured part may look deformed – in severe breaks, the broken bone may be poking through the skin
- casualty may feel faint, dizzy or sick as a result of the shock of breaking a bone.

If the break is small or it is only cracked, the casualty may not feel much pain or even realise that they have broken a bone. If a broken bone is suspected the parent/carer must be called and advised to attend hospital to have child checked.

**Treatment**

- immobilise the casualty and cover open wounds.  Do not straighten a broken bone
- Call the 999 / 112 / parent carer
- Apply an icepack
- Use a support or elevating sling if possible

**After an incident:**

- Notify the parent/carer/next of kin
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- look after your own well being

## Choking

**Choking treatment adult or child over 1 year old**

**Mild choking: encourage the casualty to cough**
if the airway is only partly blocked, the person will usually be able to speak, cry, cough or breathe.  They will usually be able to clear the blockage themselves.

**Severe choking: back blows and abdominal thrusts**
Where choking is severe, the person will not be able to speak, cry, cough or breathe. Without help, they will eventually become unconscious.

Treatment

- encourage casualty to keep coughing to try to clear the blockage,
- ask them to try to spit out the object if it's in their mouth
- don't put your fingers in their mouth to help them as they may bite you accidentally
- If coughing does not work, start back blows.


**Back blows**
Shout for help but do not leave the casualty yet, Lean the casualty forward.
Give up to 5 sharp blows between the shoulder blades with the heel of your hand. Repeat if necessary.

**Abdominal thrusts**
Stand behind the casualty.  Place both arms around them.
Make a fist with 1 hand and place it just above the belly button below the ribs on the casualty.

Grasp the fist with your other hand, then pull sharply inwards and upwards.  Do this up to five times.

If the obstruction is still not cleared

Repeat back blows and abdominal thrusts, keep repeating

**Abdominal thrusts**
**Do not give abdominal thrusts to babies under 1 year old or pregnant women.**

If they lose consciousness and are not breathing you should begin CPR with chest compressions.

**A person must be seen by a health care professional if abdominal thrusts have been administered.**

After an incident:

- Notify the parent/carer/next of kin
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- look after your own well being

## Seizures/Epilepsy

**Call 999 for an ambulance if you know it is their first seizure or it is lasting longer than 5 minutes.**

If a child/adult is having a seizure:

Treatment

- only move them if they're in danger,
- cushion their head if they're on the ground
- loosen any tight clothing around their neck, such as a collar, to aid breathing
- put them into the recovery position after their convulsions stop
- stay with them and talk to them calmly until they recover
- note the time the seizure starts and finishes
- always inform the parent/carer if a child has a seizure

If the child/adult is in a wheelchair, put the brakes on and leave any seatbelt or harness on. Support them gently and cushion their head, but do not try to move them.

Do not put anything in their mouth, including your fingers. They should not have any food or drink until they have fully recovered.

**When to call an ambulance**

Call 999 / 112 and ask for an ambulance if:

- it's the first time the child/adult has had a seizure
- the seizure lasts more than 5 minutes
- the child/adult does not regain full consciousness, or has several seizures without regaining consciousness
- the child/adult is seriously injured during the seizure

**After an incident:**

- Notify parent/ carer
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- look after your own well being

## Shock

The definition of shock is a lack of oxygen to the tissues of the body, usually caused by a fall in blood volume or blood pressure.

Recognition
Pale clammy skin (with blue or grey tinges if severe) dizziness or passing out a fast, weak pulse rapid shallow breathing

**Treatment**

- Treat the cause, i.e. bleeding
- Lay the casualty down.
- If there is no evidence to suggest broken bones, elevate the legs. Call 999 or 112 for emergency services.
- Keep the casualty warm, but do not overheat them.
- Give nothing by mouth Loosen tight clothing and monitor breathing.
- Give calm reassurance.

**After an incident:**

- Notify the parent/carer/next of kin
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- Look after your own well being

## Heart Attack

Some of the common signs of heart attack are

- A vice like pain in the centre of the chest
- The pain can spread into the arms or into the back
- Pale, cold, clammy skin, sometimes grey or blueish lips
- The pulse can vary depending on the attack but could also be normal
- Nausea or vomiting
- Severe sweating shortness of breath
- Dizziness or weakness

**Treatment**

- Sit the casualty down; do not allow them to walk.
- Call 999 or 112

- Remove causes of stress and reassure
- Call for the AED
- Offer an aspirin if available and casualty is conscious and not allergic
- Monitor pulse and breathing
- If casualty becomes unconscious, be prepared to start CPR /use AED

**After an incident:**

- Notify the parent/carer/next of kin
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- Look after your own wellbeing

## Anaphylaxis

Anaphylaxis usually develops suddenly and gets worse very quickly.

The symptoms include:

- feeling lightheaded or faint
- breathing difficulties – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- confusion and anxiety
- collapsing or losing consciousness

There may also be other allergy symptoms, including an itchy, raised rash (hives); feeling or being sick; swelling (angioedema) or stomach pain.

**Treatment**

- Call 999 or 112, stating anaphylaxis
- Lay the casualty down in a comfortable position
- Remove any trigger if possible – i.e. stinger stuck in the skin.
- Administer the casualty's own epi-pen. The casualty should be able to inject this on their own but, if necessary, assist them to use it.
- Monitor airway/breathing and resuscitate if necessary.
- The dose of adrenaline can be repeated at 5-15 minute intervals if no improvement is made

**After an incident:**

- Notify the parent /carer/next of kin
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- Look after your own well being

# Eye Injury

Small particles of dust or dirt can be washed out of an eye with cold water. Make sure the water runs away from the good eye.

**How to wash your eye**

You should:

- use clean water (not hot) – this can be from a tap, shower or bottled water if you're not at home
- hold your eye open
- run lots of water over your eyeball for at least 20 minutes

Make sure the flow of water is not too strong.

**Treatment for a more serious eye injury**

- Keep the casualty still and gently hold a soft sterile dressing over the injured eye. Bandaged in place if necessary.
- Tell the casualty to close their good eye as movement of this will cause the injured eye to move also. If necessary bandage both eyes but lots of reassurance to the casualty would be required to do this.
- Do not try to remove any object that's pierced your eye
- Call 999 or 112 / parent or carer

**Treatment for chemicals in the eye**

- Follow the advice on the packaging if any cosmetics or household products get in your eyes.
- Irrigate the eye with large volumes of clean running water. Running it away from the good eye.
- Gently but firmly try to open the eyelid to irrigate with water.

**After an incident:**

- Inform the parent/carer/next of kin
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- look after your own well being

## Head Injury

Most head injuries are not serious. You do not usually need to go to hospital.

**Treatment for a minor head injury/bump**

- Sit casualty down
- treat bleeding
- hold an ice pack in a tea towel to the injury
- contact parent/carer
- send a bump letter home

**More serious Head injury**

Do not move the casualty unless they are in danger. Call 999 or 112 parent or carer. If the casualty has had any of the following they must go to hospital.

- If they have been knocked out but have now woken up
- been vomiting since the injury
- a headache that does not go away
- a change in behaviour, like being more irritable
- problems with memory
- dilated pupils or uneven pupils
- clear fluid coming from their ears or nose
- bleeding from their ears of bruising behind ears
- numbness of weakness in part of the body
- problems walking, balance, understanding, speaking or writing
- hit their head in a serious accident

These may indicate you could have concussion.

Symptoms usually start within 24 hours, but sometimes may not appear for 2 weeks

**After an incident:**

- Notify the parent/carer/next of kin
- send a bump letter home to the parent
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- Look after your own wellbeing

## Splinters / Insect Bites / Human bites

Splinters are objects that become embedded under the skin. Most often these are tiny pieces of wood, although glass, metal, and plastic can be splinters too.

**Signs and Symptoms**

- a small speck or line under the skin, usually on the hands or feet
- a feeling that something is stuck under the skin
- pain at the location of the splinter
- sometimes redness, swelling, warmth, or pus (signs of infection)

**Treatment**

- The policy at Summerswood is not to remove the splinter.
- If a child is distressed, the parent/carer can be contacted.
- A child can remove the splinter his/herself if not embedded.
- If a splinter is removed by a child, wash the area again and cover it with a bandage.

**Insect sting (bees and wasps)**

**Treatment**

- If the sting is visible carefully scrape it off the skin with the edge of a credit card or similar object (do not use tweezers) as this pumps the venom into the wound
- Elevate the injury if possible and apply an ice pack (wrapped in a tea towel or triangular bandage) For 10 minutes.
- Seek medical advice if swelling persists.
- If the sting is on the mouth or throat suck on an ice cube or drink sips of cold water.
- Watch out for an allergic reaction.

**Animal or human bites**

**Treatment**

Animal or human bites can be infected with bacteria.

- Flush out the wound with water to reduce the risk of infection.
- Treat for bleeding
- Pat wound dry and cover with a dressing
- Seek medical advice

**After an incident:**

- Notify the parent/carer
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- Look after your own well being

## Adult  Resuscitation CPR

Carry out a Primary survey check the scene and the person. Make sure the scene is safe.

- Kneel at the side of the casualty.
- Tap the person on the shoulder and shout "Are you OK?" to ensure that the person needs help.
- Call 999 / 112 for assistance. If it's evident that the person needs help, call (or ask a bystander to call) 999 / 112
- Send someone to get an AED. (If an AED is unavailable, or a there is no bystander to access it, stay with the victim, call 999 and begin administering assistance.)
- Open the airway. With the person lying on his or her back, tilt the head back slightly to lift the chin.
- Check for breathing. Listen carefully, for no more than 10 seconds, for sounds of breathing. (Occasional gasping sounds do not equate to breathing.)
- If there is no breathing begin CPR.
- Place the heel of one hand in the centre of the chest place the other hand on and interlock your fingers.
- Use your body weight to help you administer compressions that are at least 5/6 m deep and deliver 30 compressions at a rate of 100-120 per minute.
- Deliver 2 rescue breaths. With the person's head tilted back slightly and the chin lifted, pinch the nose shut and place your mouth over the person's mouth to make a complete seal. Blow into the person's mouth to make the chest rise. Deliver two rescue breaths, then continue compressions.
- Whilst you  continue to do CPR get a bystander to set up the AED
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*Note: If the chest does not rise with the initial rescue breath, re-tilt the head before delivering the second breath. If the chest doesn't rise with the second breath, re-position the head again. Delay in chest compressions while doing this should not exceed 10 seconds. After each subsequent set of 30 chest compressions, and before attempting breaths, look for an object and, if seen, remove it.*

**After an incident:**

- Inform the next of kin
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book and HCC
- Look after your own well being

## Child Resuscitation - CPR

Carry out a Primary survey Check the scene and the person. Make sure the scene is safe.

- Kneel at the side of the casualty.
- Tap the person on the shoulder and shout "Are you OK?" to ensure that the person needs help.
- Call 999 / 112 for assistance. If it's evident that the person needs help, call (or ask a bystander to call) 999
- Send someone to get an AED. (If an AED is unavailable, or a there is no bystander to access it, stay with the victim, call 999 and begin administering assistance.)
- Open the airway with the person lying on his or her back, tilt the head back slightly to lift the chin. Check for foreign objects (only as far as you can see). If you can see something, remove it if this can be easily done with a finger sweep.
- Check for breathing. Listen carefully, for no more than 10 seconds, for sounds of breathing. (Occasional gasping sounds do not equate to breathing.)
- If there is no breathing begin CPR.
- Give 5 rescue breaths
- Place the heel of one hand in the centre of the chest.
- Use your body weight to help you administer compressions that are at least 5cm deep and deliver 30 compressions at a rate of 100-120 per minute.
- Deliver 2 rescue breaths. With the person's head tilted back slightly and the chin lifted, pinch the nose shut and place your mouth over the person's mouth to make a complete seal. Blow into the person's mouth to make the chest rise. Deliver two rescue breaths, then continue compressions.
- Whilst you  continue to do CPR get a bystander to set up the AED


*Note: If the chest does not rise with the initial rescue breath, re-tilt the head before delivering the second breath. If the chest doesn't rise with the second breath, the person may be choking. After each subsequent set of 30 chest compressions, and before attempting breaths, look for an object and, if seen, remove it.*

**After an incident:**

- Inform the parent/carer
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book and HCC
- Look after your own well being

## Burns

**Treatment**

- Stop the burning process as soon as possible. Use cold running water for a full 20 minutes.
- Avoid Hypothermia, cool the burn but warm the rest of the casualty, especially the elderly or children.
- Remove any clothing or jewellery near the burnt area of skin, including babies' nappies. But do not try to remove anything that's stuck to the burnt skin, as this could cause more damage.

Sit upright as much as possible if the face or eyes are burnt. Avoid lying down for as long as possible, as this will help reduce swelling.

**Sunburn**

- If you notice any signs of sunburn, such as hot, red and painful skin, move into the shade or preferably inside.
- Cool the casualty down.
- Stay hydrated by drinking plenty of water.
- Watch out for signs of heat exhaustion or heatstroke, where the temperature inside your body rises to 37 to 40C (98.6 to 104F) or above. Symptoms include dizziness, a rapid pulse or vomiting.

If a person with heat exhaustion is taken to a cool place quickly, given water to drink and has their clothing loosened, they should start to feel better within half an hour.

If they don't, they could develop heatstroke. This is a medical emergency and you'll need to call 999 for an ambulance.

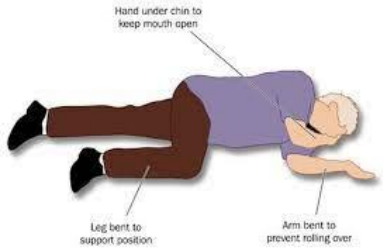
**After an incident:**

- Inform the parent/carer
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- look after your own wellbeing

## Recovery Position

- With the person lying on their back, kneel on the floor at their side.
- Remove the casualties glasses and straighten both legs
- Checks for items in pockets with the back of your hand
- Move the arm nearest you outwards, elbow bent with palm uppermost
- Grasp the far leg just above the knee and pull it up, keeping the foot on the ground. Hold the knee with your nearest hand.

- With your other hand, grasp the casualty's far hand, palm to palm. Bring their hand across the chest and against their cheek.
- Keeping the casualties hand pressed against their cheek pull on the leg to roll them towards you, onto their side
- Adjust the upper leg so that the hip and knee are bent at right angles
- Make sure the head is tilted back and facing downwards to allow fluids to drain from the mouth.
- Call 999 / 112 parent/ carer
- Continually monitor breathing and airway




**If a person is unconscious but is breathing and has no other life-threatening conditions, they should be placed in the recovery position.**

Putting someone in the recovery position will keep their airway clear and open. It also ensures that any vomit or fluid won't cause them to choke.

**Spinal injury**

**If you think a person may have a spinal injury, do not attempt to move them until the emergency services reach you.** If it is necessary to open their airway, place your hands on either side of their head and gently lift their jaw with your fingertips to open the airway. Take care not to move their neck.

You should suspect a spinal injury if the person:

- has been involved in an incident that's directly affected their spine, such as a fall from height or being struck directly in the back
- complains of severe pain in their neck or back
- won't move their neck, feels weak, numb or paralysed, has lost control of their limbs, bladder/bowel

**After an incident:**

- Notify the parent/carer/next of kin
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- look after your own well being

## Stroke

**Recognition**

**B Balance – Is their balance affected?**

**E Eyesight – Have they lost sight in one/both eyes? Do they have problems focusing?**

**F** **Facial Weakness – Can the person smile? Has their mouth or eye drooped?**

**A** **Arm Weakness – can the person raise both arms?**

**S** **Speech Problems – Can the person speak clearly and understand what you say?**

**T** **Time to call 999 / 112**

Other signs are lack of co-ordination, sudden severe headache and onset of confusion.

**Treatment**

- Maintain airway and breathing
- Place and unconscious casualty in the recovery position
- Lay the casualty down with head and shoulders raised
- Reassure the casualty

Monitor and record breathing, pulse and levels of response

**After an incident:**

- Notify the parent/carer/next of kin
- dispose of all soiled items and PPE in the clinical waste bin in the medical room (double bagged)
- sanitise the area and wash hands
- log incident in child's record or adult accident book
- look after your own well being