



RIPPLEVALE

SCHOOL

First Aid Policy

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Ripplevale School is owned and operated by Cavendish Education.

This policy is one of a series of school policies that, taken together, are designed to form a comprehensive statement of the school's aspiration to provide an outstanding education for each of its students and of the mechanisms and procedures in place to achieve this. Accordingly, this policy should be read alongside these policies. In particular it should be read in conjunction with the policies covering equality and diversity, Health and Safety, safeguarding and child protection.

All of these policies have been written, not simply to meet statutory and other requirements, but to enable and evidence the work that the whole school is undertaking to ensure the implementation of its core values:

Ripplevale School provides a caring learning environment where our students make meaningful progress, relative to their individual starting points. Our aim is to encourage them to develop appropriate personal, social and employable skills enabling them to become confident, independent and aspiring young people

While this current policy document may be referred to elsewhere in Ripplevale School documentation, including particulars of employment, it is non-contractual.

The school's policies, unless the specific context requires otherwise, the word "parent" is used in terms of Section 576 of the Education Act 1996, which states that a 'parent', in relation to a child or young person, includes any person who is not a biological parent but who has parental responsibility, or who has care of the child. Department for Education guidance Understanding and dealing with issues relating to parental responsibility considers a 'parent' to include:

- all biological parents, whether they are married or not
- any person who, although not a biological parent, has parental responsibility for a child or young person - this could be an adoptive parent, a step-parent, guardian or other relative
- any person who, although not a biological parent and does not have parental responsibility, has care of a child or young person

A person typically has care of a child or young person if they are the person with whom the child lives, either full or part time and who looks after the child, irrespective of what their biological or legal relationship is with the child.

The school employs the services of the following consulting companies to ensure regulatory compliance and the implementation of best practice:

- Peninsula BrightHR
- Peninsula BusinessSafe (Health and Safety)
- Atlantic Data (DBS)
- Educare (online CPD)

Ripplevale School is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers, pupils and visitors to share this commitment.

All outcomes generated by this document must take account of and seek to contribute to safeguarding and promoting the welfare of children and young people at Ripplevale School.

The policy documents of Ripplevale School are revised and published periodically in good faith. They are inevitably subject to revision. On occasions a significant revision, although promulgated in school separately, may have to take effect between the re-publication of a set of policy documents. Care should therefore be taken to ensure, by consultation with the Senior Leadership Team, that the details of any policy document are still effectively current at a particular moment.

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1. Aims

The aims of our first aid policy are to:

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

2. Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities

In schools with Early Years Foundation Stage provision, at least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times.

3.1 Appointed person(s) and first aiders

The school's appointed person is Jamie Lovett for the Deal site and Shane Donovan for the Broadstairs site. They are responsible for:

- Taking charge when someone is injured or becomes ill
- 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 (see section 7) 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
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day as, or as soon as is reasonably practicable after, an incident (see the template in appendix 2)
- Keeping their contact details up to date

Our school's appointed person is Jamie Lovett for the Deal site and Shane Donovan for the Broadstairs site, first aiders are listed in appendix 1. Their names will also be displayed prominently around the school site.

3.2 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The headteacher

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

- Ensuring that an appropriate number of appointed persons and trained first aid personnel present in the school at all times
- 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 (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders and appointed person in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider or appointed person is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment. Should a first aider be needed the appointed person should be informed.
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives. Guidance on when to call an ambulance is contained within appendix 5
- 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, the appointed person should be informed and parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the appointed person or staff member directed by them will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury
- There will always be one person qualified on site when students are present
- The school provides a suitable room that can be used for medical or dental treatment when required, and for the care of pupils during school hours. The area contains a washbasin and WC, The Education (School Premises) Regulations 1996. Adjacent to this is a medical room which the school keeps its controlled and over the counter medications and records such as medication administration records sheets.

Schools with Early Years Foundation Stage provision add:

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4.2 Individual care plans and risk assessments

- As part of the admissions process, students known allergy and medical conditions are declared and the school parent support advisor (PSA) will work with parents and other relevant organisations to create care plans and risk assessments for use in school, and, on trips.

- Any additional training needed for staff is also sourced. Medical conditions included epilepsy, diabetes and asthma etc. All care plans and risk assessments are sent out to all staff to read once written and also available on the school teacher database and as hard copy in the staff room folders.
- Should any students experience a seizure, whether they are diagnosed with epilepsy or not, the school's policy is to call an ambulance.

4.3 Off-site procedures

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

- A school mobile phone
- A portable first aid kit including, at minimum:
 - A leaflet giving general advice on first aid
 - 6 individually wrapped sterile adhesive dressings
 - 1 large sterile unmedicated dressing
 - 2 triangular bandages – individually wrapped and preferably sterile
 - 2 safety pins
 - individually wrapped moist cleansing wipes
 - 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents' contact details

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the trip organisers and checked and signed by the educational visits co-ordinator (EVC is also the appointed person for the Deal site and a member of the senior leadership team) prior to any educational visit that necessitates taking pupils off school premises.

Schools with Early Years Foundation Stage provision add:

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

There will always be at least 1 first aider on school trips and visits.

5. Hygiene / infection control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. Further guidance is available in the DfE publication HIV and AIDS: A Guide for the Education Service.

5.1 Spillage of blood/body fluids

Instructions

- Cover the spill with absorbent paper towels to avoid stepping in it.
- Block off the area of the body fluids spill to prevent further spread.
- Put on vinyl gloves and carefully wipe up the spill with the paper towels or use absorbent gel and carefully place the mess in a plastic bag.
- Pour a mixture of 1-part disinfectant to 10 parts of water carefully on the area of the spill. Avoid splashing. The disinfectant and water solution should remain in contact with the spill area for at least 20 minutes.
- Carefully wipe up the area with paper towels and avoiding dripping.
- Double-bag all towels from the body fluids spill along with the gloves used to clean the mess and tie the bags closed.
- Dispose of the double-bagged materials in the garbage and wash your hands thoroughly with soap and warm water.

5. First aid equipment

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

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in:

- Reception
- Secondary Class 1 (Art)
- Secondary Class 5 (Science)
- Secondary Class 11 (Food Tech)
- Grab Bag for events and PE (gym)
- Trade Skills, The Hub (R1)
- House Medical Room

- House Kitchen
- House Staff Kitchen
- Outdoor Learning
- Garage
- School Vehicles
- Post 16 Food Tech Room

6. Record-keeping and reporting

6.1 First aid and accident record book

- An accident form will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury. Accidents involving students should be recorded in the student accident book and, staff in the staff labelled accident book. Copies of these forms should be given to the school Health and Safety Officer Karen Castle. Examples of these are in appendix 2 and 3
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form at appendix 2
- For accidents involving pupils, a copy of the accident report form will also be added to the school's recording sheet by the school health and safety officer Karen Castle
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of
- Should an individual need treatment a treatment form should be completed in addition to the accident form. Should treatment need to be given in the absence of an accident then a treatment form only need completing.

6.2 Reporting to the HSE

The school health and safety officer, Karen Castle, will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The school health and safety officer, Karen Castle, will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs

- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the school health and safety officer, Karen Castle, will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g. from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

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)
<http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents

The staff directed by the appointed person or head teacher will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents will also be informed if emergency services are called.

6.4 Reporting to Ofsted and child protection agencies (early years only)

Note: only early years providers are required to report an accident or injury to Ofsted. If your school has Early Years Foundation Stage provision, include this section.

The school health and safety officer, Karen Castle, notify Ofsted of any serious accident, illness or injury to, or death of, a child while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The school health and safety officer, Karen Castle, will also notify the relevant local authority and child protection agencies should any serious accident or injury to, or the death of, a pupil while in the school's care.

7. Training

All school staff are able to undertake first aid training if they would like to.

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 (see appendix 1).

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

Schools with Early Years Foundation Stage provision insert:

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

8. Monitoring arrangements

This policy will be reviewed by the Jamie Lovett, Deputy Head /Appointed Person annually. At every review, the policy will be approved by the Headteacher.

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions

Appendix 1: list of appointed persons and first aiders

Name	Title	Expiry Date
Heather Spalding	Emergency First Aider	Jan-25
Peter Drew	Emergency First Aider	Feb-25
Amy King	Emergency First Aider	Feb-25
Max Shelton	Emergency First Aider	Feb-25
Laina Spicer	Emergency First Aider	Feb-25
Hanna Wilson	Emergency First Aider	Feb-25
Jay Abrahams	Emergency First Aider	Apr-25
Aaron Beech	Emergency First Aider	Apr-25
Karly Belsey	Emergency First Aider	Apr-25
Jo Bushell	Emergency First Aider	Apr-25
Steve Devereux	Emergency First Aider	Apr-25
Donna Dodd	Emergency First Aider	Apr-25
Diana Dunn	Emergency First Aider	Apr-25
Mark Roberts	Emergency First Aider	Apr-25
Hayley Morris	Emergency First Aider	Apr-25
Harrison Hinkins	Emergency First Aider	Apr-25
Anthony Ransley	Emergency First Aider	Dec-25
Charlotte Weller	Emergency First Aider	Jul-26
Michele Wood	Emergency First Aider	Jul-26
Vivienne Richardson	Emergency First Aider	Jul-26
Jemma McFadyen	Emergency First Aider	Jul-26
John Phoenix	Emergency First Aider	Jul-26

Sue Heath	Emergency First Aider	Jul-26
Kieran Blown	Emergency First Aider	Jul-26
Dawn Grinstead	Emergency First Aider	Jul-26
Vanessa Buckle	Safe Handling of Medication	N/A
Karen Castle	Safe Handling of Medication	N/A
Elaine Dix	Safe Handling of Medication	N/A
Simon Jackson	Safe Handling of Medication	N/A
Carly May	Safe Handling of Medication	N/A
Jane Norris	Safe Handling of Medication	N/A
Michele Wood	Safe Handling of Medication	N/A
Jemma McFadyen	Safe Handling of Medication	N/A
Hayley Morris	Safe Handling of Medication	N/A
Jamie Lovett	Safe Handling of Medication	N/A
Peter Drew	Safe Handling of Medication	N/A
Susan Bean	Safe Handling of Medication	N/A
Anthony Ransley	Safe Handling of Medication	N/A

FIRST AIT KIT LOCATED IN THE FOLLOWING AREAS:

Reception, Secondary Class 1 (Art), Secondary Class 5 (Science), Secondary Class 11 (Food Tech), Grab Bag for events and PE (gym), Trade Skills, The Hub (R1), House Medical Room, House Kitchen, House Staff Kitchen, Outdoor Learning, Garage, School Vehicles, Post 16 Food Tech Room, Post 16 (middle room).

LIST TO BE DISPLAYED IN FOLLOWING AREAS:

Reception, Gym Hallway, Post 16 (Building 17 both floor corridors), The Hub, Trade Skills, Meds Room, Food Tech Rooms, House Kitchen, House Hallway, House 1st floor corridor, House 2nd floor corridor.

Appendix 2: accident report form (students)

Report Number (consecutive)

Report Number (consecutive)

+ Accident Record

1. About the pupil who had the accident

Name _____
Year _____
Class or Form _____

2. About you, the individual filling in this record

Name _____
Department _____

3. Details of the accident (Continue on the back of this form if you need to)

When it happened. Date ___/___/___ Time _____

Where it happened. State location _____

How did the accident happen? _____

Give the cause if possible _____

If the pupil who had the accident suffered an injury, give details _____

Have the parents been informed? Yes No How? (eg. copy of Record, Verbally) _____

Sign the record and date it.

Print Name _____ Sign _____ Date ___/___/___

4. For the Head Teacher only

Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

How was it reported? _____

Print Name _____ Sign _____ Date ___/___/___

Appendix 3 : accident report form (staff)

ACCIDENT REPORT

Once completed, this form should be detached from the book and passed to the person responsible for health and safety in your workplace.

1 About the person who had the accident
Give full name, home address and occupation.

FULL NAME _____
 ADDRESS _____

 POSTCODE _____
 OCCUPATION _____

2 About you, the person filling in this book
If you did not have the accident, give full name, home address and occupation.

FULL NAME _____
 ADDRESS _____

 POSTCODE _____
 OCCUPATION _____

3 Please sign and date (the person filling in the book)

SIGNATURE _____ DATE / /
 The person who has had the accident should sign and date if they have not filled in the book (as confirmation that they agree the accident recorded is a true and accurate record).
 SIGNATURE _____ DATE / /

4 By ticking this box I give my consent to my employer to disclose my personal information and details of the accident, as recorded on this form, to safety representatives and representatives of employee safety, in order for them to carry out the health and safety functions given to them by law.

SIGNATURE _____ DATE / /

5 About the accident – when and where it happened

DATE / / TIME _____
 IN WHAT ROOM OR PLACE DID THE ACCIDENT HAPPEN?

6 About the accident – what happened
Say how the accident happened. Give the cause if you can. In the event of any personal injury, say what it is.

HOW DID THE ACCIDENT HAPPEN?

 MATERIALS USED IN TREATMENT _____

7 For the employer only (see page iii)
Complete the box provided if the accident is reportable under Reporting of Injuries, Diseases and Dangerous Occurrences 1995 (RIDDOR).

HOW REPORTED _____

 DATE REPORTED / / EMPLOYER'S NAME AND INITIALS _____
 REPORT PASSED TO PERSON RESPONSIBLE FOR HEALTH AND SAFETY DATE / /

Appendix 4: Treatment form

Date of Occurrence	
Time of Occurrence	
Place of Occurrence	
Name of Injured person	
Pupil or staff	
Details of Injury/Illness	
How did the injury occur?	
Treatment	
What happened to the person immediately afterwards	
Name and signature of first aider or person dealing with incident	
Entered on to Class Charts (if applicable)	
Parents / Carers informed	
Accident Book Completed (if applicable) – Check with KC or JN if unsure	Incident / Accident (cross out as relevant) – If accident enter accident sheet number here: _____
Any follow up by SMT	

Ripplevale First Aid Treatment Sheets – If First Aid Was Applied Following an Accident then you Must Also Complete Accident Book

aff to follow. These will
 re student. Care plans
 n the boys files on the
 d asthma. A care plan

is the individuals first
 t an ambulance should

by a general feeling of
 ppen. Richard Diment,
 false alarm than arrive
 to be safe.

as been stabbed with a
 ally. They may be cold,

an indicate a stroke or
 ut may soon become
 ack of the head with a

tellfish, can indicate a
 The victim often turns

can go into shock and
 evere burn is indicated

It is often difficult to know how much blood a person has lost, says Dr Reyes-Hughes. "A little goes a long way." But if an accident victim has blood coming through his clothes, or there is blood on the ground, call an ambulance.

Broken bones

Broken bones do not always puncture the skin, but often the pain is bad enough to know that an ambulance is necessary. Sometimes the break will cause a lump to form under the skin.

Meningitis

A high temperature, drowsiness and a purplish rash, particularly in a baby, are warning signs of meningitis and mean an ambulance is needed. If meningitis is suspected and there is no rash, use your common sense - is the person's level of consciousness decreasing? A rash does not always indicate meningitis. Try pressing it hard with a clear glass - if it is purplish and does not disappear it is likely to indicate meningitis.

Unconsciousness

If a person cannot be roused, he is probably unconscious. Even if you think he's drunk, says Dr Reyes-Hughes, you should call an ambulance - he might deteriorate further. Unconsciousness is also indicative of other conditions, such as diabetic coma, overdose, stroke and head injury.

Suspected stroke

The victim often experiences a sudden, severe headache and may become confused. Their emotional status could change and they may appear miserable or drunk. Speech becomes slurred and movement may be lost down one side, making the limbs floppy. There may be a sudden or gradual loss of consciousness.

A baby or adult turning blue

"If somebody has actually stopped breathing it is obviously a much more acute emergency," says Dr Fred Kavalier, "but turning blue is a good sign it's time to call an ambulance." Turning blue indicates that a person has stopped breathing or is having difficulty breathing, possibly because they are having a severe asthma attack.

Difficulty breathing

Asthma can be a killer. An asthmatic who is not responding to their inhaler, and whose breathing is getting worse, should call an ambulance. "Generally, if breathing difficulties are making it impossible to speak and are not getting any better after five or 10 minutes, call 999," says Dr Kavalier.

Head Injuries

Children frequently sustain minor head injuries. This advice sheet gives details of what symptoms and signs should be looked for in children who have hit their head whilst at school and when medical advice should be sought.

If after a head injury a child remains unconscious or fits an ambulance should be called immediately and the parents contacted. If a child suffers from any of the following symptoms medical advice must be sought and if advised the child should be taken to see either their GP or to A & E/minor injuries by the parents or by school staff.

- Loss of consciousness
- Vomiting
- Sleepiness
- Fits or abnormal limb movements
- Persisting dizziness or difficulty walking
- Strange behaviour or confused speech

Children may appear well immediately after sustaining a head injury but show signs of complications later in the day. School staff must remain vigilant and take the appropriate action if the child develops a problem. It would be advisable for the child to not take part in any contact games or PE following a head injury. If a child sustains a head injury whilst at school, the following information should be recorded from any witness.

- Was the child behaving in an unusual way before the injury?
- What happened to cause the injury?
- If they fell, how far did they fall?
- What did they hit their head against?
- Did the child lose consciousness? If so, for how long?
- How did they appear afterwards?
- Did they vomit afterwards?
- Was the child observed to have any other problem after the injury?

Regardless of whether the school seek medical advice about the child, this information should be given to parents/carers afterwards. It may be that the child becomes unwell after school and the information will be helpful to parents if they need to see a doctor.

In addition parents will be notified by phone following any minor head injury to their child and invited in to inspect the injury. Each head injury will also be recorded in the accident book and a slip advising of the injury sent home with the child. Both will be completed by the person dealing initially with the accident.

If an accident occurs during break or lunchtime the duty staff must ensure that the class teacher and LSA are aware of the injury.

It is school policy that all accidents & injuries MUST be reported immediately to the Hreadteacher or the Health & Safety Officer

Cardiopulmonary Resuscitation (CPR)

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (in the Police this would be a “dynamic risk assessment”) and adopt appropriate precautions for infection control.

- In adults, it is recommended that If you are trained to do so, after 30 compressions, provide 2 rescue breaths. Alternate between providing 30 compressions and 2 rescue breaths. If you are unable or unwilling to provide ventilations, give continuous chest compressions. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest not due to lack of oxygen). *Resuscitation council adult basic life support guidelines2021*
<file:///C:/Users/jlovett/Downloads/Adult%20basic%20life%20support%20Guidelines.pdf>

Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxial arrest), therefore chest compressions alone are unlikely to be effective.

If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

This statement is for anyone who is performing CPR/defibrillation in an out-of-hospital setting. Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is beset against the inevitability that a person in cardiac arrest will die if no assistance is given.

