First Aid Procedures at Hyde Park Schools

(In accordance with Supporting Pupils with Medical Conditions at Hyde Park Schools)

Updated February 2024

Rationale

This procedure has been put in place in order that the children and adults in our school are safe and secure, and can be certain that appropriate First Aid will be administered quickly, effectively and safely.

Systems have been structured to make the best use of the practical and human resources at our disposal, whilst taking into account the health, safety and emotional wellbeing of the other people on our site.

We hold the aims of First Aid (the 3 Ps) as our guiding principles:

Preserve life
Prevent the situation worsening
Promote recovery

Whilst some injuries may appear to be less dangerous than others, and will not be life threatening, the three aims are still relevant.

All injuries should be treated in a way that should not worsen.
All injuries should be treated in a way which will promote healing, recovery and emotional wellbeing.

Types of Injury

AT ANY POINT OF TREATING AN INJURY (NO MATTER HOW MINOR), IF YOU ARE UNSURE SEEK ADVICE.

Low Level Injuries	Minor Injuries	Serious Injuries
Can be treated by a non-first aider	**First Aider**	**First Aider SLT TO BE INFORMED**
Grazes and cuts (including where the skin is broken and needs a plaster or dressing)	Grazes and cuts (where there are objects, such as grit, embedded in the wound)	Severe cuts, lacerations, degloving, accidents where blood is flowing. (This may require a First Aider to be called rather than finding the First Aider)
	Head grazes (where the skin is not broken and only scuffed) or Head grazes (where the skin is broken and needs dressing)	**Head impacts where there are cuts, bumps or symptoms of concussion.**
Collisions resulting in no visible injury and where the child says they are fine.	**Head impacts, bangs and collisions which are showing no injury and where there are no signs of concussion.**	Burns, bites or stings (from chemicals, insects or plants)
Falls, knocks, twists, pushes or pulls resulting in no visible injury and where the child says they are fine.	Falls, knocks, twists, pushes or pulls resulting in difficulty of movement, swelling, change of shape, or where unusual sounds were noted during the incident.	Ingestion of anything out of the ordinary, allergic reactions or potential allergic reactions, choking or children post-choking, dislocations.

Low Level Injuries

Anyone can treat these

Treatment:

- These should be treated by any member of staff on the scene.
- The treatment will probably involve a bit of TLC, a quiet sit down or conflict resolution.
- Dressings and plasters **must** be applied to any open wound or a wound where skin is broken.

Informing parents:

- The adult dealing with the injury should complete a first aid form and hand it to the adult collecting.
- The child's class-teacher should be informed of the injury and given a brief description of the circumstances and logged in low level injuries book.
- A quick chat with the adult picking them up will alleviate any potential issues that might arise, if the child walks home alone please send an email or message on Class Dojo.

Minor Injuries

These should be treated by first aider

.

- All injuries should be treated according to up-to-date First Aid Training. (Up to date guidance document 'First Aid Made Easy' is available in the First Aid storage area with the First Aid Resources).
- The First Aid Storage area (next to year 1 and year 5) will be resourced with the following:
  - A lockable cupboard
  - Contact details (to be kept up to date by the School Business Manager and First Aid Leader)
  - Related policies and stock.
- The Main First Aid kit is held in each school hall and staffroom. There are also first aid bags in every classroom which **must** be taken wherever the children are. (PE, assemblies, playground etc.
- Most medicines are kept in a locked drawer in the locked cabinet in the welfare rooms. Some medication, such as Epipens and anti-histamines, are stored in the class medical bag so that they are easily accessible.

Informing parents:

Head injuries, bangs and collisions which are showing no injury and where there are no symptoms of concussion:

- A red Head Injury Form (1) **must** be filled out by the First Aider.
- The **copy** of Form 1 should then be given to the teacher who will see the adult collecting at the end of the day. They will pass the form to the appropriate adult and explain the injury, advising that the adult follows the advice on the back of the form and monitors for concussion and to take the child to the doctor if unsure.
- Where face-to-face contact cannot be made the teacher or admin staff (they **must** have all the information) should ring home and either speak directly to the parent or leave a message. This should be noted on the form held in school. In this instance SLT should be told so that a follow up call can be made the following day.
- A Head Injury Advice Sheet is copied on the back of every Form 1.

Other Injuries:

A white, General Injury Form (2) should be filled out by the First Aider.

- A **copy** of Form 2 should then be given to the teacher who will send it home with the child.
- If possible, a quick chat with the adult picking them up will alleviate any potential issues that might arise.

Illness

- If a child becomes unwell with minor symptoms, the class teacher should seek advice from a member of the SLT.
- Children should not be sent home for coughs or colds.
- If a child presents with a temperature(over 38°C (101°F), the parent should be telephoned to collect with the approval from SLT.
- Children who are sick or have diarrhoea should be sent home immediately and remain at home for 48 hours after the last bout.
- Parents can be telephoned to come into school and give medication for a headache, minor allergy symptoms or other minor illnesses.
- A member of SLT should always make the final decision as to whether to send a child home.

Serious Injuries or Medical Symptoms

These should always be treated by a First Aider. SLT TO BE INFORMED

Treatment

- **999 will be dialled immediately if the child or adult is seriously ill or injured, and their life is at risk or if the First Aider assesses that the injury needs immediate medical attention.**
- If the injury requires medical attention but doesn't need an ambulance, parents will be asked to collect and take their child for medical attention. Where the parent cannot be contacted, the Headteacher will make the decision as to whether the child should be taken to Accident and Emergency by two members of staff. Where possible parents will always be consulted.
- Epi-pen treatment for anaphylaxis should be carried out by a member of staff trained to administer the Epi-Pen. A red card will be sent to the office to summon support.
- All injuries should be treated according to up-to-date First Aid Training. (Up to date guidance document 'First Aid Made Easy' is available in the First Aid area with the First Aid Resources).
- Many injuries or medical issues in this category will require the child to see the emergency services, either immediately or as a follow up.

Informing the parents:

Head injuries, bangs and collisions where there are either cuts, bumps or symptoms of concussion:

- A red head injury form (1) **must** be filled out by the First Aider.
- After speaking to a member of SLT, the First Aider will ring the parents, explain the injury and decide on the course of action.
- A Head Injury Advice Sheet is copied on the back of every Form 1.
- Where a child is being sent home or to hospital, a **copy** of Form 2 should be given to parents at the earliest opportunity.
- A Head Injury Advice Sheet is copied on the back of every Form 1.

Other Injuries:

- A white, General Injury Form (2) should be filled out by the First Aider.
- After speaking to a member of SLT, the First Aider will ring the parents, explain the injury and decide on a course of action.
- Where a child is being sent home or to hospital, a **copy** of Form 2 should be given to parents at the earliest opportunity.
- A **copy** of Form 2 should then be given to the teacher who will send it home with the children.
- A quick chat with the adult picking them up will alleviate any potential issues that might arise.

Medical symptoms

- Should be reported to the parents as soon as possible.

Informing the LAT:

In all cases, the First Aider should now refer to the Business Manager who will decide whether to inform OSHENS or the LAT's Estate Manager and the type of report to be made.

Children with known medical conditions

All children with medical conditions identified by parents on Data Collection Sheets will be made known to class teachers at the beginning of the academic year or at other points when parents have notified school of changes. Children with identified medical conditions (such as allergies, asthma requiring hospitalisation or medical conditions which impact on school life or have the potential requirement of emergency action) have a care plan in place which will have been written in liaison with parents. The school nurse can, under some circumstances, provide guidance on writing the care plan.

All staff will be made aware of the care plans, including any supply teacher taking the class.

Monitoring and Reporting

Monitoring Resources

Each member of staff is responsible for keeping the First Aid bags in their areas stocked appropriately. This will be overseen and checked by the lead First Aider in the school**, Heather Mayes or Emily Dove.**

Monitoring Accidents and First Aid

- The Health and Safety Co-ordinator, **Heather Mayes**, will monitor the accident data on a termly basis.
- Information being monitored will be severity of incident, action taken, location of incidents, groups of children involved in accidents and incident trends.

Reporting

- The Health and Safety Co-ordinator will report any issues to the Yvonne Jones as soon as they are aware of them.
- The Health and Safety Co-ordinator will report on data and analysis to the Yvonne Jones on a termly basis.
- The Health and Safety Co-ordinator will report to the Governing Body as requested.

Emergency Equipment Kept in School

Emergency Inhalers are kept in the welfare rooms in a locked cabinet. A list of children with permission to use these is also kept in a file in the school office.
See the Supporting Pupils with Medical Conditions Policy for further information.

An Automated External Defibrillator (AED) is kept in the school office and year 5 welfare room. The majority of staff have had training to use this.

A digital thermometer is kept in the First Aid Cabinet situated in the welfare room and each first aid bag has a forehead thermometer.

Further information on basic First Aid Procedures is included on the following pages.

DO NOT MOVE THE PERSON, THE FIRST AIDER MUST GO TO THEM.

Basic First Aid Advice for Children

(For more information, please see the St John's Ambulance website)

Choking	
What to look for	If you think a child is choking, ask them: 'Are you choking?' to check they're actually choking, not suffering from something else. Can they speak, cry, cough or breathe? If not, they could be choking.
What you need to do	**1. Cough it out** • Encourage them to cough it out. If that doesn't work, try to slap it out. **2. Slap it out** If coughing doesn't work: • Help the child bend forward and use the heel of your hand to give up to five sharp back blows between their shoulder blades. • Check their mouth to see if there's anything in there. If there is, get them to pick it out themselves. **3. Squeeze it out** If the back blows don't work, try giving them up to five abdominal thrusts: • To do this, stand behind the child, making sure they are bending well forward. • Link your hands between their tummy button and the bottom of their chest, with your lower hand clenched in a fist. • Then pull sharply inwards and upwards. **If they're still choking call 999 or 112 for an ambulance.** • Once you've called an ambulance, continue steps 2 ' Slap it out' and 3 'Squeeze it out' until what's in there has cleared, help arrives or they become unresponsive. • If they become unresponsive at any stage, open their airway and check their breathing. If they're not breathing, start CPR - cardiopulmonary resuscitation to try to release whatever's stuck in there. Follow the instructions for someone who's unresponsive and not breathing.
Asthma Attacks	
What to look for	If you think someone is having an asthma attack, these are the five key things to look for: 1. Difficulty breathing or speaking 2. Wheezing 3. Coughing 4. Distress 5. Grey-blue tinge to the lips, earlobes and nailbeds (known as cyanosis).
What you need to do	• First, reassure them and ask them to breathe slowly and deeply which will help them control their breathing. • Then help them use their reliever inhaler straight away. This should relieve the attack. • Next, sit them down in a comfortable position. • If it doesn't get better within a few minutes, it may be a severe attack. Get them to take one or two puffs of their inhaler every two minutes, until they've had 10 puffs. • If the attack is severe and they are getting worse or becoming exhausted, or if this is their first attack, then call 999/112 for an ambulance. • Help them to keep using their inhaler if they need to. 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's become unresponsive.
Emergency Inhalers	**Emergency Inhalers are kept in the welfare rooms. A list of children with permission to use these is also kept in a file in the office.** See the Supporting Pupils with Medical ConditionsPolicy for further information.

Seizures (fits) in children

During a seizure, lots of muscles in the body contract uncontrollably. It's also called a convulsion or fit. Seizures are caused by something interrupting the electrical activity in the brain and they usually make someone lose responsiveness.
Seizures can be a symptom of epilepsy. However, epilepsy is very rare in children.
In children, seizures normally happen as a result of a high temperature, or because of an infection such as a throat or ear infection. This is because the electrical systems in their brain are not developed enough to deal with the body's high temperature.
It can be very worrying for parents to see their child having a seizure, but if dealt with properly it is rarely dangerous. Still, you should always take your child to the doctor afterwards so they can check what may have caused the seizure.

What to look for	If you think a child is having a seizure, there are seven key things to look for: 1. Vigorous shaking with clenched fists and an arched back 2. Signs of fever – hot, flushed skin, and sweating 3. Twitching of their face and squinting, fixed or upturned eyes 4. Holding their breath, with a red, puffy face and neck, and drooling at the mouth 5. Possible vomiting 6. Loss of control of their bowel or bladder 7. Partial or full loss of responsiveness
What you need to do	• Don't 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. Cool them down. Take away any bedding and take off a layer of clothing. Make sure they get some fresh air by opening a door or window, but be careful you don't cool them down too much. • Once the seizure has stopped, they're usually very sleepy or unresponsive, so put them into the recovery position to help them keep their airway open. Then call 999 or 112 for emergency medical help. • Reassure them – and whoever's looking after them, if that is not you. • While you wait for help to arrive, keep checking their breathing, pulse and level of response.
Thermometer	A thermometer is kept in the First Aid Cabinet situated in the welfare rooms. This can be used to check a child's temperature.

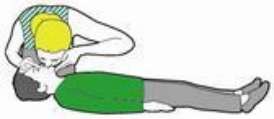
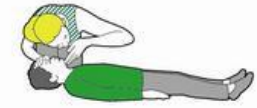
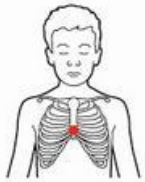
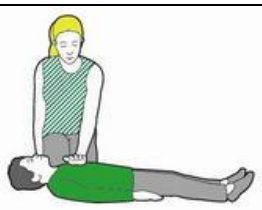
Nosebleeds

What to look for	Most nose bleeds are minor and only last a few minutes, but they can be dangerous if someone loses a lot of blood. If someone has had a blow to the head, the blood may appear thin and watery. This could mean that their skull is fractured and fluid is leaking from around the brain. If that happens, it is very serious and you should call 999 or 111 for emergency medical help. See advice for head injuries.	
What you need to do	If someone is having a nose bleed, 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 111 for medical help.	

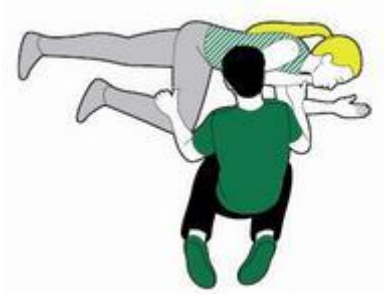
Unresponsive and breathing child	
What to look for	If your child is not responding to you and you think they are unresponsive, ask loudly: 'What has happened?' or 'Open your eyes'. Place one hand on their shoulder and tap gently. If they still do not respond, it's likely they're unresponsive.
What you need to do	If you think your child is unresponsive, check to see if they are still breathing normally. If they are unresponsive and breathing, here's what you need to do: **Step 1 - Open their 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. 1. Place their arm nearest you at a right angle to their body, with the palm facing upwards. 2. 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. 3. Now roll the child onto their side. Carefully pull on their bent knee and roll them towards you. Once you've 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. But, if you think your 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've put them safely into the recovery position, call 999 for emergency help. Remember that until help arrives you must keep checking that they're still breathing normally. If they stop breathing normally at any point, call 999 straight away and get ready to give them chest compressions and rescue breaths – CPR. What you need to do - Unresponsive and not breathing child If someone is with you, get them to call 999 for emergency help. If you're on your own, you need to give one minute's worth of CPR – cardiopulmonary resuscitation - before you call for help. This involves giving chest compressions and rescue breaths to keep the child's circulation going.

How to perform CPR on a child

Kneel down beside the child on the floor, level with their chest.
Give **five initial rescue breaths** before starting the sequence of **30 chest compressions** and **two rescue breaths. Instruct a member of staff to go and collect the AED (Automated External Defibrillator) from the office or KS2 welfare room, whichever is nearest. A trained member of staff (wherever possible) should then operate the AED.**

Step 1	Ensure the child's airway is open.	
Step 2	Pinch their nose firmly closed.	
Step 3	Take a deep breath and seal your lips around their mouth. Blow steadily into the mouth until the chest rises.	
Step 4	Remove your mouth and allow the chest to fall Repeat this four times more. Now Give 30 chest compressions Place the heel of one hand towards the end of their breastbone, in the centre of their chest, making sure you keep the fingers off the ribs.	 
Step 5	Lean over the child, with your arm straight, pressing down vertically on the breastbone, and press the chest down by at least one-third of its depth. Release the pressure without removing your hand from their chest. Allow the chest to come back up fully – this is one compression. Repeat this 30 times, at a rate of about twice a second or the speed of the song 'Staying Alive'. Now give two rescue breaths.	
Step 6	Release the pressure without removing your hand from their chest. Allow the chest to come back up fully – this is one compression. Repeat this 30 times, at a rate of about twice a second or the speed of the song 'Staying Alive'. Now give two rescue breaths.	
Step 7	Remember to call for emergency help after about a minute if you are on your own. Carry on giving 30 chest compressions followed by two rescue breaths for as long as you can, or until help arrives. If the child starts breathing normally again, stop CPR and put them in the recovery position.	

Recovery position



Kneel down next to them on the floor.

Follow the next three steps if you find someone lying on their back. If you find them lying on their side or their front you may not need all three:

1. 1. Place their arm nearest you at a right angle to their body, with their palm facing upwards.
2. 2. 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
3. 3. With your other hand, lift their far knee and pull it up until their foot is flat on the floor. Now you're ready to roll them onto their side. Carefully pull on their bent knee and roll them towards you. Once you've 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.

• Next, it is very important that you check that their airway is open, so they can breathe and any blood or vomit from 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 they could have a spinal injury, you must try to 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've put them safely into the recovery position, call 999 for an ambulance.

• Remember that until help arrives you must keep checking that they're breathing.

• If they stop breathing at any point, call 999 straight away and get ready to give them CPR (cardiopulmonary resuscitation).

If you suspect a spinal injury

If you suspect that they might have a spinal injury and need to place them in the recovery position because you cannot keep their airway open, do your best to keep their spine as straight as you possibly can:

• To open their airway, instead of tilting their neck, use the jaw thrust technique: Place your hands on either side of their face. With your fingertips gently lift the jaw to open the airway, avoid moving their neck

• To roll them onto their side, use the normal technique but do your best to keep their spine as straight as you can. If possible, get up to four helpers, two on each side, to help you keep their head, upper body and legs in a straight line at all times as you roll the body over.

Head injuries	
What to look for	If you think someone has a head injury, there are six key things you should look for: 1. Brief loss of responsiveness 2. Scalp wound 3. Dizziness or nausea 4. Loss of memory of events before or during the injury 5. Headache 6. Confusion For a severe head injury, you also need to look for: • reduced level of response • loss of responsiveness • leakage of blood or watery fluid from the ear or nose • unequal pupil size
What you need to do	1. 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 wrapped in a cloth. 2. Treat any scalp wounds like a bleed, by applying direct pressure to the wound. 3. 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 have to 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're not alert or they're not responding to your voice - do they respond to pain? Try pinching them - do 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're responsive and their head injury is probably mild, but you should wait with them until they recover. If they're not alert or responsive then they may be partially or fully unresponsive and their head injury could be severe. Call 999 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's become unresponsive. While you're waiting for an ambulance, keep checking their breathing, pulse and any changes in their level of response.

Basic First Aid Advice for Adults
(For more information, please see the St John's Ambulance website)

HSE

Health and Safety Executive

Basic advice on first aid at work

This leaflet contains basic advice on first aid for use in an emergency. It is not a substitute for effective training.

This is a web-friendly version of leaflet INDG347(rev2), reprinted 03/12

What to do in an emergency

Priorities

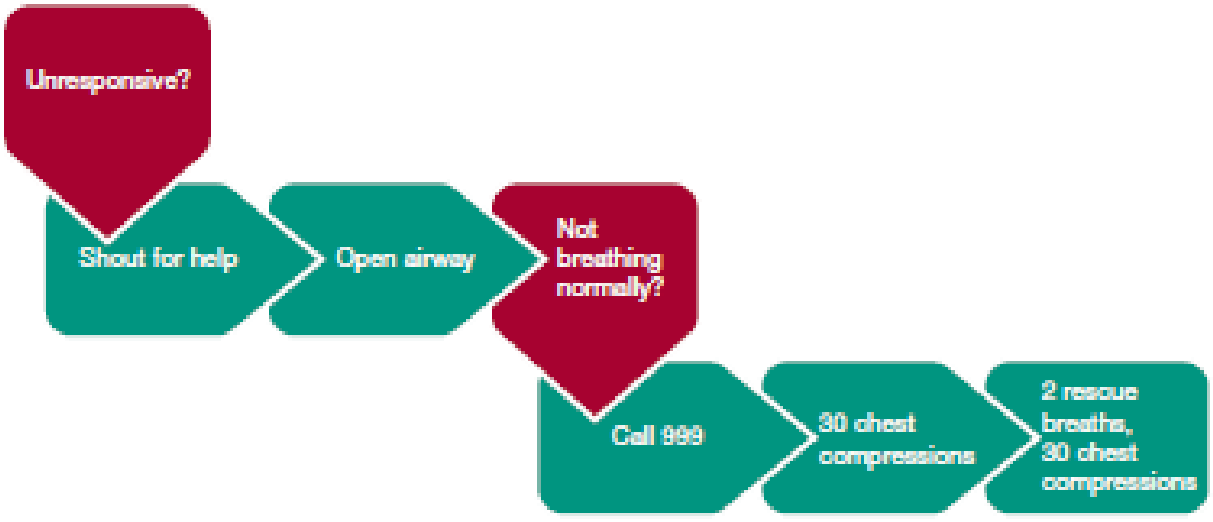
Your priorities are to:

- assess the situation – do not put yourself in danger;
- make the area safe;
- assess all casualties and attend first to any **unconscious** casualties;
- send for help – do not delay.

Check for a response

Gently shake the casualty's shoulders and ask loudly, 'Are you all right?' If there is no response, your priorities are to:

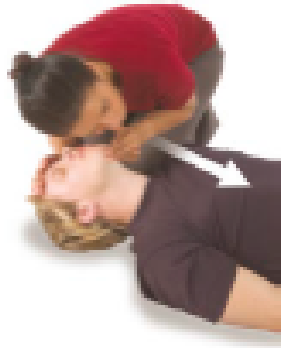
- shout for help;
- open the airway;
- check for normal breathing;
- take appropriate action.



A Airway

To open the airway:

- place your hand on the casualty's forehead and gently tilt the head back;
- lift the chin with two fingertips.



B Breathing

Look, listen and feel for normal breathing for no more than 10 seconds:

- look for chest movement;
- listen at the casualty's mouth for breath sounds;
- feel for air on your cheek.

If the casualty is breathing normally:

- place in the recovery position;
- get help;
- check for continued breathing.

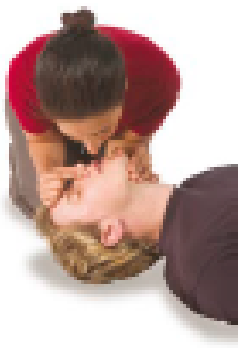
If the casualty is not breathing normally:

- get help;
- start chest compressions (see CPR).

C CPR

To start chest compressions:

- lean over the casualty and with your arms straight, press down on the centre of the breastbone 5–6 cm, then release the pressure;
- repeat at a rate of about 100–120 times a minute;
- after 30 compressions open the airway again;
- pinch the casualty's nose closed and allow the mouth to open;
- take a normal breath and place your mouth around the casualty's mouth, making a good seal;
- blow steadily into the mouth while watching for the chest rising;
- remove your mouth from the casualty and watch for the chest falling;
- give a second breath and then start 30 compressions again without delay;
- continue with chest compressions and rescue breaths in a ratio of 30:2 until qualified help takes over or the casualty starts breathing normally.



Severe bleeding

If there is severe bleeding:

- apply direct pressure to the wound;
- raise and support the injured part (unless broken);
- apply a dressing and bandage firmly in place.

Broken bones and spinal injuries

If a broken bone or spinal injury is suspected, **obtain expert help. Do not move casualties** unless they are in immediate danger.

Burns

Burns can be serious so if in doubt, seek medical help. Cool the affected part of the body with cold water until pain is relieved. Thorough cooling may take 10 minutes or more, but this must not delay taking the casualty to hospital.

Certain chemicals may seriously irritate or damage the skin. Avoid contaminating yourself with the chemical. Treat in the same way as for other burns but flood the affected area with water for 20 minutes. Continue treatment even on the way to hospital, if necessary. Remove any contaminated clothing which is not stuck to the skin.

Eye injuries

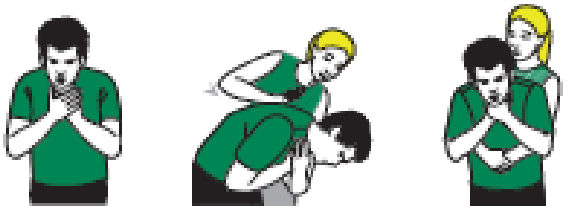
All eye injuries are potentially serious. If there is something in the eye, wash out the eye with clean water or sterile fluid from a sealed container, to remove loose material. **Do not attempt to remove anything that is embedded in the eye.**

If chemicals are involved, flush the eye with water or sterile fluid for at least 10 minutes, while gently holding the eyelids open. Ask the casualty to hold a pad over the injured eye and send them to hospital.

St John Ambulance

FIVE WAYS YOU CAN SAVE SOMEONE'S LIFE

WHAT TO DO IF SOMEONE IS CHOKING



1. Cough it out
- Encourage the person to keep coughing

2. Slap it out
- Give up to five sharp back blows between their shoulder blades.
- Check their mouth

3. Squeeze it out
- Give up to five abdominal thrusts
- If that doesn't work call 999/112.

WHAT TO DO IF SOMEONE IS BLEEDING

1. Press it

2. Call 999/112 for emergency help

3. Secure dressing with a bandage to maintain pressure

4. Treat for shock.

WHAT TO DO IF SOMEONE IS UNRESPONSIVE

1. Open their airway
2. Tilt head

3. Check for normal breathing for up to 10 seconds

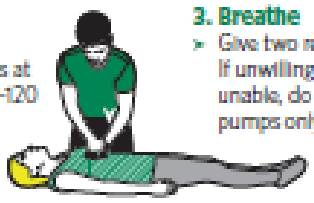
4. If they're breathing normally:
- Put them in the recovery position
- Then call 999/112 for emergency help

If they're not breathing
- Call 999/112 for emergency help
- Start CPR.

WHAT TO DO IF SOMEONE IS UNRESPONSIVE AND NOT BREATHING NORMALLY

1. Call for help
- Tell them to call 999/112 and find an AED

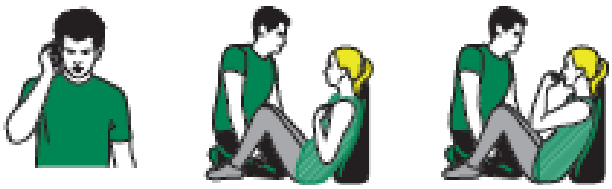
2. Pump
- 30 Chest compressions at a rate of 100–120 per minute



3. Breathe
- Give two rescue breaths. If unwilling or unable, do chest pumps only

Continue to pump and give rescue breaths until help arrives.

WHAT TO DO IF SOMEONE HAS HAD A HEART ATTACK



1. Call 999/112 for emergency help

2. Sit them down
- Rest, supported with knees bent

3. Give them aspirin
- 300mg dose to chew*.

*Do not give aspirin if the person is under 16 or allergic. Help them use their angina medication if they have it.

Make sure you always have life saving knowledge at your fingertips. Download our free first aid app from your app store today.

Learn first aid.
Help save lives.
Be the difference.

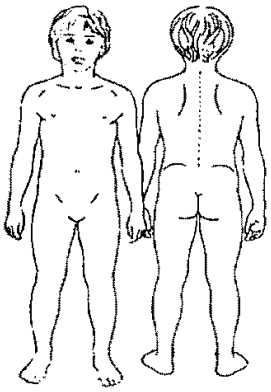
sja.org.uk

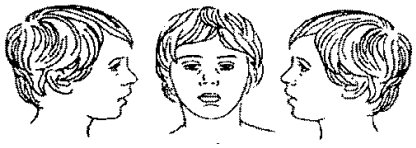
Head Injury Form (1)

Date:	Time:
Name of child: Class:	Name of adults involved:
Was a First Aider seen? Y/N	Name of First Aider:
Last Eaten:	
Location (where incident occurred):	
History (what happened?):	

Details of injury:

Body Map:
(mark with a cross)





AVPU Score		Score
Alert	Fully alert (usually knows the month)	**6**
Voice	Confused	**5**
	Inappropriate words	**4**
	Utters sounds	**3**
Pain	Localises pain	**2**
	Responds to (but doesn't localise) pain	**1**
Unresponsive	Unresponsive to speech and pain stimuli	**0**

Action taken:

Parent spoken to:	Y/N
Parent contacted: (telephone)	Y/N
Form sent home:	Y/N

Follow up information (if provided):

What happened afterwards?

The casualty went:

Home ☐ to hospital ☐ to GP ☐ in ambulance ☐ back to class/work ☐

Other/details:

Please note: It would help us greatly if you could inform the school as soon as possible if medical advice is sought after the child has gone home.

Long Term Problems

Most children recover quickly from a head injury and are back to their normal self and do not develop any long term problems. Some children, however, may develop problems weeks or months after the accident.

If you think things are not quite right (such as continuing poor memory or change in behaviour) please contact your own GP for advice so that your child can be checked over to see if they are recovering properly.

Compliments, comments & complaints

If you'd like to compliment, comment or complain about our service please contact our Customer Services Department:

Customer Services Department
Livewell Southwest
Room AF3, Local Care Centre
200 Mount Gould Road
Plymouth
PL4 7PY

Tel: 01752 435201
Email: customerservicespch@nhs.net

Contact details

The Minor Injuries Units are open every day of the year, including Bank Holidays.

Minor Injuries Unit
Cumberland Centre
Damerel Close
Plymouth
PL1 4JZ

Tel: 01752 434390
Opening times: **8:30am - 9pm**

Minor Injuries Unit
South Hams Hospital
Plymouth Road
Kingsbridge
TQ7 1AT

Tel: 01548 852349
Opening times: **9am - 5pm**

Minor Injuries Unit
Tavistock Hospital
Spring Hill
Tavistock
PL19 8LD

Tel: 01822 612233
Opening times: **8am - 10pm**

www.livewellsouthwest.co.uk

Livewell Southwest @livewellsw

Information & Advice

Child Head Injury

Minor Injuries Unit

Cumberland Centre
South Hams Hospital
Tavistock Hospital

Supporting people to be Safe, Well and at Home

Livewell Southwest

Introduction

A minor head injury and knocks to the head in children are common in the UK with 40 - 50% of injuries sustained by children. Children may be more likely to have a minor head injury because they are more active.

Causes in children

Children sustain a head injuries from falling whilst climbing, from bikes, scooters or rollerblades, from sport or simply falling at home and hitting their head on furniture.

Following the injury, if the child is conscious (awake) and there is no deep cut or severe damage to the head, it is unusual for there to be any damage to the brain.

Minor head injuries should not require treatment. However, be aware you will need to attend your local Accident & Emergency Department if their symptoms change or worsen in the first 48 hours.

What not to worry about

After a bump on the head it is quite common for your child to have a mild headache, feel sick (without vomiting), or be slightly dizzy.

This is likely to be worse if your child is very active and is not resting at all, and should improve with rest. Prolonged periods of watching TV and playing computer games / Wii can make the headaches worse.

Some children will also be a bit grumpy, not concentrating as well as normal, get tired more easily, and not eat as well as they usually do.

However, if any of these symptoms worsen or cause you concern, please either contact your GP or A&E department.

The following are symptoms which may appear after a head injury. Take your child to your local A&E department if:

- They are unusually sleepy or you cannot wake them
- They have a headache that is persistent or is getting worse, despite having taken pain relief
- They are unsteady when walking, dizzy or has a loss of balance
- They have more than 3 episodes of vomiting
- They have a fit
- They develop any problems with their vision (such as a squint or blurred vision, or they start to see double)
- They have blood or clear fluid leaking from their nose or ears
- They have confusion (not knowing where they are, getting things muddled up) or any problems understanding or speaking
- They have new deafness in one or both ears.

A note about sleeping

After a knock on the head, children often cry, be distressed and settle down. It is quite common for them to want to sleep for a short while. This is normal.

However, it will appear to be normal 'peaceful' sleep and they wake up fully, like after a nap. Some parents / carers are afraid to let their children go to sleep at bedtime. Do let them. We do **NOT** recommend waking your child at night after a minor head injury.

What can I do to help my child get better?

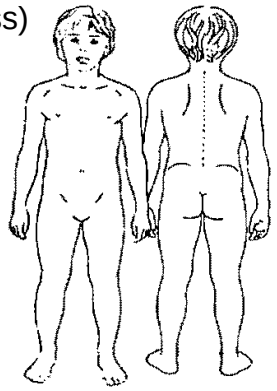
- Give your child regular pain relief (such as paracetamol) if they have a mild headache
- Give your child light meals for the first couple of days
- Ensure your child has plenty of rest
- Avoid getting your child too excited and stressful and keep visitors to a minimum
- School-age children should not return to school until completely better
- Your child should avoid contact sports for at least 3 weeks unless advised by a doctor
- Ensure your child avoids rough play for a few days
- Avoid activities requiring high concentration (such as using a computer or Wii / Xbox or Playstation / hand held console) for 48 hours then limit to short periods for one week. Watching TV should be limited for a few days.

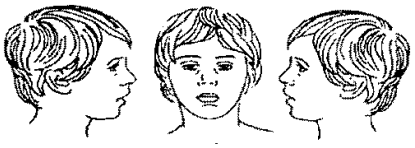
General Injury Form (2)

Date:	Time:
Name of child: Class:	Name of adults involved:
Was a First Aider seen? Y/N	Name of First Aider:
Last eaten:	
Location (where incident occurred):	
History (what happened?):	

Details of injury:

Body Map:
(mark with a cross)





AVPU Score		Score
Alert	Fully alert (usually knows the month)	**6**
Voice	Confused	**5**
	Inappropriate words	**4**
	Utters sounds	**3**
Pain	Localises pain	**2**
	Responds to (but doesn't localise) pain	**1**
Unresponsive	Unresponsive to speech and pain stimuli	**0**

Action taken:

Parent spoken to:	Y/N
Parent contacted: (telephone)	Y/N
Form sent home:	Y/N

Follow up information (if provided):

What happened afterwards?

The casualty went:

Home ☐ to hospital ☐ to GP ☐ in ambulance ☐ back to class/work ☐

Other/details:

Please note: It would help us greatly if you could inform the school as soon as possible if medical advice is sought after the child has gone home.