



EMERGENCY RESPONSE FIRST AID PROCEDURES



**SOUTH
HUNSLEY**
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Asthma Procedure

Signs/Symptoms:

Difficulty breathing; wheezing and coughing; tight chest; distress and anxiety; difficulty speaking; hypoxia (grey-blue lips/nailbeds); exhaustion.

Treatment:

- | | |
|--|---|
| 1. Ask pupil to take usual dose of inhaler (usually blue). Breathe slowly and deeply.
a. A spacer is more effective if they have one. | 3. A mild attack will usually ease after a few minutes. If no improvement, ask student to take a puff of their inhaler every 30 to 60 seconds until 10 puffs. |
| 2. Sit them down, if not already seated. | 4. If worsening, not improving, or first attack, call 999 or 112 . |

If ambulance hasn't arrived within 15 minutes, repeat step 2.

Anaphylaxis Procedure

Anaphylaxis is a life-threatening allergic reaction that happens very quickly - call 999 if suspected.

Signs/Symptoms:

Swelling of throat/tongue; difficulty breathing/fast breathing; difficulty swallowing/throat tightness/hoarseness; wheezing/coughing/noisy; feeling tired, confused, dizzy or faint; skin that feels cold to touch; blue/grey or pale skin, lips or tongue – if you have brown or black skin, this may be easier to see on palms or soles of feet; swollen, raised or itchy rash.

Call 999 if:

Lips/mouth/throat/tongue suddenly swell; struggling to breathe or swallow; skin, tongue or lips turn blue/grey/pale – if you have brown or black skin, this may be easier to see on palms or soles of feet; faints and cannot be woken; child is limp, floppy or not responding as normal; very confused or dizzy.

Treatment

1. Use an adrenaline auto-injector (such as EpiPen) if you have one – instructions are included on the side of the injector.
2. Call 999 for an ambulance and state anaphylactic reaction.
3. Lie pupil down – raise legs, and if struggling to breathe, raise shoulders or sit up slowly.
4. If caused by insect sting, try to remove the sting if in skin.
5. If no improvement after 5 minutes, use second EpiPen.
6. Do not allow pupil to stand or walk, even if feeling better.

EpiPen Use

1. Remove safety cap by pulling straight up.
 2. Hold EpiPen at 90 degrees approximately 10cm away, with the orange tip pointing towards the outer thigh.
- Jab EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.

Head Injuries Procedure

Severe Warning Signs/Symptoms:

Loss of consciousness (even brief); repeated vomiting; seizure or convulsion; severe or worsening headache; confusion or disorientation; slurred speech; unequal pupils; weakness, numbness or difficulty walking; blood/clear fluid from nose/ears; suspected skull fracture.

Concussion Signs/Symptoms:

Headache; dizziness; nausea; sensitivity to light/noise; confusion/memory problems; feeling "not right".

Call 999 if:

Unconsciousness; difficulty staying awake or keeping eyes open; seizure/fit; problems with vision/hearing; bleeding/bruising from ears; a black eye without direct injury to the eye; clear fluid from ears/nose; numbness or weakness; problems walking/balancing/speaking/writing; a wound with something inside it or a dent to the head.

Treatment:

1. Assess pupil responsiveness and awareness, determining severity of pain and injury, such as bleeding, visible deformity, or neck pain.
2. If pupil has any of the severe warning signs/symptoms above, call parents/carers or/and 999 as needed, as pupil may need additional treatment outside school.
3. If mild, apply an ice pack as appropriate and monitor the child. Ask if they are experiencing headache, dizziness, nausea or other symptoms that could indicate concussion.
4. If no symptoms develop, pupil can return to class. State that First Aid should be (re)called if they begin to experience the above symptoms.
5. All head injuries, or suspected head injuries, must be logged on the first aid record, even if no treatment is given. This must include: time and cause of injury; symptoms observed; action taken; name of staff present.
6. Parents/carers must be informed the same day if a pupil sustained a head injury (and if there is any suspicion of concussion). Provide an explanation of what happened, symptoms to watch for, and advise to seek medical attention if symptoms worsen.

Note: there is an Arbor Template to email 'Minor Head Injury Information' that can also act as a conversation guide when informing parents/carers over the phone.

NAME has had a minor head injury in school today. We are not concerned with any acute symptoms associated with this. However, please see actions below if this changes.

If there is any deterioration in their condition or if any of the following symptoms develop, or if you have any concerns at all, call **111** or contact your own GP:

1. A persistent headache that does not go away (despite painkillers such as paracetamol or ibuprofen)
2. Drowsiness
3. Nausea or Vomiting

Attend A&E if the child has:

- A bruise, swelling or cut larger than 5cm
- An open wound on the head
- Been knocked out
- Vomited since the injury
- A headache that does not go away
- A change in behaviour, like being more irritable, losing interest in things or being easily distracted
- Been crying more than usual
- Problems with memory
- Been drinking alcohol or taking drugs just before the injury
- A blood clotting disorder or takes medicine to help prevent blood clots
- Previously had brain surgery

Spinal Injuries Procedure

If you suspect a spinal injury, DO NOT move the affected person. This could cause permanent paralysis and other serious complications.

Signs of Suspected Spinal Injury:

Pain in the neck or back at the site of injury; irregular shape or twist in the normal curve of the spine; tenderness/bruising in the skin over the spine; movement of limbs may be weak or absent; loss of sensation, or abnormal sensations, e.g. burning/tingling; loss of bladder/bowel control; breathing difficulties.

Treatment:

1. Call 999 or 112 and seek multiple First Aid trained staff.
2. Do not move the child and do not tell them to move. Steady and support their head so that their head, neck and spine are in a straight line. Kneel or lie behind their head while resting elbows or knees on the ground to keep steady. Hold each side of their head, spreading your fingers so you do not cover their ears. Support the head in this neutral position.
3. Another person can put rolled-up blankets, towels, or clothes on either side of the head while you maintain this neutral position. Continue to support their head and neck until emergency help arrives.
4. Monitor their breathing and level of response while waiting for help to arrive.
5. If unresponsive, open their airways using the jaw thrust technique – put your fingertips at the angles of the jaw and gently lift the jaw to open the airway. Do not tilt their neck.
6. To check breathing, place your ear above their mouth, looking down at their body. Look, listen, and feel for 10 seconds. If not breathing, begin CPR.

Severe Bleeds Procedure

Treatment:

1. Wear protective first aid gloves to prevent infection.
2. Apply direct firm pressure to the wound using a sterile dressing.
 - a. If the wound is covered, remove or cut clothes to uncover it.
 - b. If there's an object in the wound, don't pull it out.
3. Ask someone to call 999 or 112 for emergency help.
4. Secure dressing with a bandage to maintain pressure, but do not restrict circulation.
5. Check circulation by pressing nail or skin for five seconds until it turns pale, then release the pressure. If colour does not return within two seconds, the bandage is too tight. If necessary, loosen and reapply the bandage.
6. If a child goes into shock, help them to lie down and raise and support their legs, so they are above the level of their heart.
7. If blood comes through the dressing, remove it and reapply pressure with a new dressing or pad to control the bleeding.
8. Support the injured part with a sling or bandage. Keep checking the circulation every 10 minutes.

Burns Procedure

Signs/Symptoms:

Red skin and swelling; pain around the burn; blistering.

Treatment:

1. Hold the burn under cool running water for at least 20 minutes. If chemical, this floods the burn to disperse the chemical and stop it burning.
2. Remove any jewellery or clothing directly connected to the area, unless stuck to the burn, in case of swelling.
3. When the burn has cooled, apply a loose, non-adherent sterile dressing or a burn dressing. Cling film may be used providing the area is totally cooled, placed lengthways over the area.
4. Do not touch or pop any blisters, or use creams, ointment or adhesive dressings.

Types of Burn:

1. Superficial (1st Degree) – affects outer layer of skin and will be red, sore and sometimes swollen.
2. Partial Thickness (2nd Degree) – both layers of skin and will cause blisters and look raw.
3. Full Thickness (3rd Degree) – all the layers of skin and may also have burnt the nerves; no pain at all in this case.

Send to A&E if:

- Burn goes all around the limb; on face, genitals, hands or feet; airway is compromised; larger than a square inch; an electrical burn.

CPR

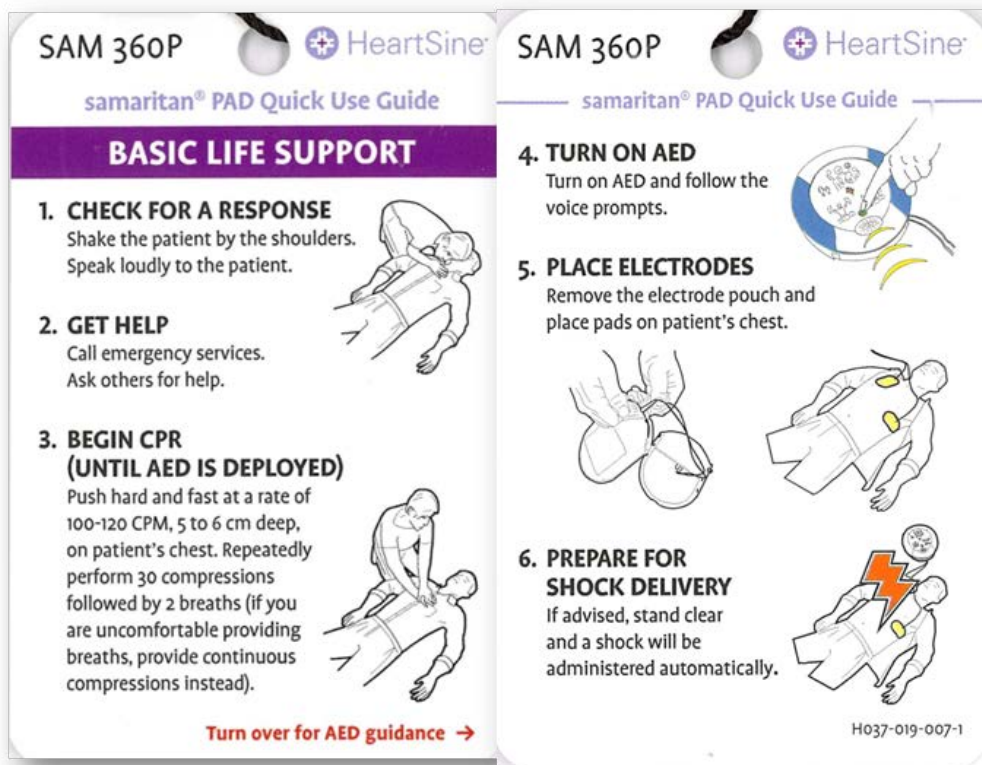
1. Check for danger when approaching someone collapsed.
2. Check for a response by gently shaking shoulders and asking loudly if okay.
3. Look, listen and feel for up to 10 seconds for normal breathing.
4. If not breathing normal, call for additional First Aid and call 999/112. Ask them to find a defibrillator.
5. Start chest compressions. Kneel close to the casualty and put the heel of your hand on the middle of their chest. Put your other hand on top and interlock fingers. Lean forwards, keep arms straight and press down hard to a depth of about 5-6cm before releasing the pressure and allowing the chest to come up.
6. Push at a rate of 100 to 120 per minute.
7. If trained to do so, after 30 compressions, provide 2 rescue breaths. If unable or unwilling to do so, give continuous chest compressions.
8. Alternate 30 compressions with 2 breaths until:
 - a. Emergency help arrives and takes over.
 - b. The person starts showing signs of life and starts to breathe normally.
 - c. A defibrillator is ready to be used.

Defibrillator Use

1. Switch on the defibrillator. Follow its verbal instructions.
2. Clothing should be removed to reach bare chest. Place the pads one to upper right side of chest and the other on the lower left side, below the armpit, while continuing CPR.
3. Once attached, the defibrillator will tell you to stop CPR and analyse the heart's rhythm. Follow its verbal and visual prompts.
 - a. If a shock is needed, tell people to stand back. It will tell you to press the shock button. After, continue CPR for two minutes.
 - b. If it states no shock needed, continue CPR for two minutes.
4. If signs of responsiveness result, such as coughing or speaking, put them in the recovery position. Leave defibrillator attached.

Use of School Defibrillator

Located in Reception near the photocopier
and in the Sports Centre on the side wall behind the desk



Recovery Position

For someone unconscious or unresponsive but breathing, as this maintains an open airway.

1. If the pupil is wearing glasses, remove them.
2. Straighten both legs and bring them together.
3. Bring their nearest arm out towards you and bend the elbow with their palm facing upwards.
4. Bring their far arm across their chest and place their hand (palm outwards) against their near cheek.
5. Bend the leg furthest from you at the knee and, using the knee as a lever and keeping the foot on the floor, bring the knee towards you until they are on their side.
6. Bring the knee up so the knee and hip are at right angles to their body and then tip their head back and open their mouth to ensure their airway is clear.

1.



2.



3.



4.



5.



6.



Fainting Procedure

Signs/Symptoms:

Brief loss of response, often causing them to fall; slow pulse; pale/cold/clammy skin and sweating; feeling hot or cold; dizziness or swaying; feeling unwell.

Treatment:

1. If someone feels or begins to faint, assist them to lie on the floor and raise their legs. Legs can be elevated with a stool/cushion/pillows.
2. Loosen any tight clothing and clear area of bystanders.
3. Stay calm and reassure them until they feel better.
4. Help them to sit up slowly over a few minutes.

Contact parents/carers if a pupil faints, as it is important to be checked by a GP.

Seizures

**If you suspect a seizure,
DO NOT move the affected person unless they're in danger.**

Signs/Symptoms:

Rigidity; may fall to the floor; may arch their back; bluish lips; limbs thrash violently; jaw spasms; frothing at the mouth; eyes roll upwards; lose control of bowels/bladder; breathing may be heavy or sound like snoring.

Call 999 if:

It's their first seizure; it lasts longer than usual for them; the seizure lasts >5 minutes or you don't know what's usual for them; they do not regain consciousness; serious injury during the seizure; difficulty breathing.

Treatment:

1. Protect the head by placing something soft beneath it, e.g. jumper/coat. Loosen any tight clothing to aid breathing.
2. Remove all bystanders and cover lower half of their body to protect dignity.
3. Do not put anything, including fingers, in their mouth, or restrain them.
4. After convulsions stop, turn them on their side in the recovery position.
5. Stay with them and talk to them calmly until they recover.

Follow-Up Procedure:

1. Record the time the seizure starts and finishes.
2. Make note of any useful information regarding the onset of the seizure, such as: what they were doing before; whether any unusual sensations were noted before; mood changes; warning before seizure; colour change to skin; change to breathing; whether any actions were performed, e.g. mumbling.

Diabetes

Diabetic emergencies can result from high blood sugar (hyperglycaemia) or low blood sugar (hypoglycaemia). Both may need hospital treatment.

HYPERGLYCAEMIA

Signs/Symptoms:

Warm, dry skin; rapid pulse/breathing; fruity, sweet breath; excessive thirst; drowsiness, or unresponsive (diabetic coma); may wear medical bracelet.

Treatment:

1. Urgent treatment required. Call 999/112 and state suspected hyperglycaemia.
2. Keep checking their breathing, pulse, and responsiveness.
3. If unresponsive, open their airway, check breathing, and prepare to start CPR.

Diabetes

Diabetic emergencies can result from high blood sugar (hyperglycaemia) or low blood sugar (hypoglycaemia). Both may need hospital treatment.

HYPOGLYCAEMIA

Signs/Symptoms:

Weakness, faintness, or hunger; confusion and irrational behaviour; profuse sweating; pale, cold and clammy skin; rapid pulse; palpitations; trembling/shaking; deteriorating responsiveness; may wear medical bracelet.

Treatment:

1. Sit pupil down. If pupil has their own glucose gel/tablets, help them take it. If not, administer 150ml glass of fruit juice or non-diet fizzy drink, three teaspoons/cubes of sugar, or three sweets such as jelly babies.
2. If improvement, administer more sugary food/drink and encourage rest. Administer something more substantial to sustain this condition. Stay with the pupil until they feel completely better.
 - a. If they have a blood glucose testing kit, check their blood sugar level.
3. If no quick improvement, look for any other reason why they could be unwell. Call 999 or 112 for emergency help. Monitor breathing and responsiveness.
 - a. If not fully alert, do not try feeding/drinking as could choke.
4. If unresponsive, open their airway, check breathing, and prepare to start CPR.

Please inform parents/carers of any episodes involving a change to a pupil's blood sugar levels.

*Document compiled by the
SHS Reception Team
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