FIRST AID POLICY

INTRODUCTION

Appropriate and timely First Aid can save lives and minimise injuries. The aim of this policy is to ensure the safety of children, staff and visitors and to enable all staff to work within the same framework. This policy has been written with reference to the Department for Education (DofE) document "Guidance on First Aid for Schools" and the EYFS Handbook.

Update: Since February 2020 and the COVID-19 pandemic, all first aid interventions have needed to be undertaken with attention to maintaining both parties' safety. Due to the risk of spreading an asymptomatic or symptomatic COVID-19 infection, appropriate PPE should be worn if at all possible and the first aider will be aware of the need to apply social distancing measures as appropriate. The very nature of the need to give close care and attention to a casualty means that in all circumstances, as this First Aid policy is applied, COVID-safe guidelines need to be followed to the best of the individual's ability.

First Aid is just that. It is the action taken when an incident first happens. Initial assessment of the situation is crucial to decide what the course of action should be. The member of staff dealing with the incident should feel confident that they can handle the situation but, if they have any doubts at all, they should contact any one of the qualified first aiders in the school. (Please see **Appendix 7** for a full list). In the event of a more serious incident, the school nurse should be involved or an ambulance called straight away.

In order to ensure adequate First Aid provision:

- There will be sufficient numbers of trained staff and appropriate equipment available to ensure a rapid response when the schools are occupied.
- Brookham staff are trained in Paediatric First Aid (2 day blended course) and Highfield staff are trained in Emergency Aid in Schools. Both courses include AAI and AED training .
- Training will be updated every 3 years for selected staff. Optimum staff cover is decided by the Deputy Head and the Estates Manager with reference to the Head Groundsman, Maintenance manager, Catering Manager and School Nurses.
- Training will be delivered by agencies approved by the Health and Safety Executive (HSE).
- A First Aider is always available during school hours or when boarders are in house.

- Appropriate First Aid arrangements are made whenever staff and pupils are participating in off-site activities.

- There are at least three members of staff who hold the "First Aid at Work" qualification approved by the Health & Safety Executive**.** These include the Head Groundsman and School Nurses.

- There is a Health Centre (HC) comprising of a treatment room, three bedded resting room, washbasin and toilet facilities for the dedicated provision of first aid and the care of the sick and injured.

- All external clubs or organisations using the School facilities, for example using the Astro, are required to have at least one qualified First Aider.

POLICY OBJECTIVES: requirements, responsibilities and risk assessment

It is recommended that the schools should have a minimum of 7 qualified First Aiders.
First Aiders are available in areas of greatest risk (minimum requirements):

- Sports – all games staff and coaches to be qualified First Aiders
- Kitchen –minimum of 1 qualified First Aider on shift.
- Art Department – minimum of 1 qualified First Aider
- Science Department - minimum of 1 qualified First Aider
- Estates & Maintenance Department – minimum of 1 qualified First Aider per department.
- Reception & Administration Department - minimum of 1 qualified First Aider

First Aid Responsibilities

The School Nurses are responsible for ensuring:

- First Aid needs are assessed and addressed, although the deputy head and the estates and facilities manager make final decisions about training.
- Sufficient numbers of suitably qualified First Aiders are available at school when pupils are present
- First aid training needs are met by arranging attendance on external/internal courses provided by recognised training organisations as agreed by the deputy head and estates manager.
- A record of all first aid training undertaken by school staff is kept. **Appendix 7**
- Support is provided to the first aiders while the RNs are on duty
- Liaison with the School Bursar/Health and Safety Committee on first aid issues.
- Provision and regular replenishment of first aid equipment.
- Records of accident reports are kept by both Highfield and Brookham school staff by means of entry onto Schoolbase and archived accordingly.

Qualified First Aiders are responsible for:

- Responding promptly to calls for assistance.
- Providing first aid support within their level of competence.
- Summoning medical help as necessary.

- Recording details of treatment given as a Schoolbase Accident report.

Teachers of Games/PE are responsible for:

- Ensuring appropriate first aid cover is available at all sports activities.
- Ensuring first aid kits and individual pupil's prescription medications are taken to all away matches.
- Carrying a mobile phone with them to summon the nurse promptly as needed.

All Staff are responsible for:

Staff conditions of employment do not include giving first aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. Responsibilities of all staff include:

- Acting in the capacity of a responsible adult in the event of an emergency.
- Accurately and contemporaneously recording all accidents as a Schoolbase accident report.
- Carrying out risk assessments for any off-site trips, ensuring adequate first aid provisions are taken and that a qualified first aider accompanies any school trips.

First Aid Risk Assessment

The Deputy Head at Highfield or the Head of Early Years at Brookham, alongside the School Nurses and Estate Manager carry out a continuous risk assessment of first aid needs. The assessment takes account of:

- How many first aiders are needed based on number of pupils, staff & visitors
- Liaising with the Deputy Head or Head of early Years to arrange cover for absence of first aiders
- High risk areas in layout of buildings/grounds
- What First aid equipment is needed & where it should be located
- Necessary first aid notices and signs
- Good practice in record keeping
- Specific hazards: games lessons, matches, science, art and technology lessons, break time, out-of-hours and off-site activities, large play equipment and ensuring adequate supervision when in use.
- Pupils with special health needs: the RNs will provide advice as appropriate

FIRST AID COVER & ARRANGEMENTS

A Registered Nurse (RN) is on duty from 8.00am to 8.00pm Monday to Friday and from 8.00am to 5.30pm on Saturdays

The RN is the Senior First Aider on site and should be contacted for significant injuries, although if the initial first aider recognises an emergency situation, 999 should be called without waiting for the RN.

RN contact details:
Direct line is 01428 728005
School extension: 8005
Mobile phone: (transferred from HC after 10 rings, please give time to transfer.) 07870 465603

Mobile phones are taken to the sports field by games staff and used to contact the RN if necessary. Mobile phones are also taken on all school visits off site.
External First Aid providers are engaged for extra cover during large sports tournaments or when only one RN is available (Saturdays). This is especially required during rugby, hockey and lacrosse matches and the Highfield Cross Country invitation event.

The duty RN is contactable via the Health Centre (01428 728005): if not answered after 10 rings, the call is transferred to the nurses' mobile (07870 465603). Please give the nurses time to respond to a transferred call. If the School Nurse on duty is required to be off-site, she will arrange for a qualified first aider to provide cover and for contact details to be available to staff and pupils.

First Aid cover when the nurse is off duty is provided by the duty staff and Boarding House Team, many of whom are First Aid qualified.

The GPs at Liphook and Liss Surgery, Station Rd. Liphook (01428 7247680) are responsible for all boarders who are registered at the practice. In addition, the Haslemere Minor Injuries Unit operates a 9.00am – 5.00pm Monday to Friday service; Petersfield Minor Injuries Unit operates 08.00- 17.45 all week and the Accident and Emergency Department at the Royal Surrey County Hospital, Guildford, provides a 24-hour service. Transportation to any of these services is provided by boarding staff (or child's parent if appropriate), once the casualty has been stabilised and deemed fit enough to travel by car. If the casualty is not fit to travel by car then an ambulance must be summoned.

HYGIENE & INFECTION CONTROL

All First Aid qualified staff are aware of basic hygiene procedures e.g. effective hand washing techniques and clean-up/disposal of body fluids. All staff have access to single-use disposable gloves and vomit bags in the first aid kits and a PPE kit of additional gloves, masks and aprons. HSE approved spillage kits are also available to take on coaches for matches and trips. Several smaller response kits are available in both schools for staff to use for this purpose. In addition, there is a Health Centre for treating casualties, with a three bedded resting room and separate bathroom with toilet and hand washing facilities.

Update: Please refer to Highfield and Brookham Infection Control updated policy for details about managing COVID-19 infection.

FIRST AID NEEDS & TRAINING

The School's First Aid needs are reviewed regularly (annually as a minimum) by the RNs, Deputy Head at Highfield and the Head of Early Years at Brookham, alongside the EstateManager.

First Aid training and qualifications are reviewed at the beginning of each school year by the RNs and Deputy Head or Head of Early Years. New staff are made aware of the Schools' First Aid Policy and appropriate training is organised by the RNs in conjunction with a recognised training organisation.

AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

"When a person suffers a sudden cardiac arrest, the chance of survival *decreases* by 7-10 percent for each minute that passes without defibrillation. " (*)

Highfield and Brookham Schools have three defibrillators or AEDs situated in Highfield atrium, Brookham office and the swimming pool visitors area. All staff are offered training in how to use an AED.

FIRST AID KITS & CABINETS

There are 20 First Aid Cabinets located around the School (see **Appendix 1**). The cabinets are checked and replenished routinely at the beginning of each term by the School Nurses. **Any time a staff member uses a First Aid Cabinet they must inform the RNs.**

There are 11 First Aid kits available for First Aid qualified staff to take to the sport's field, sport's fixtures and school visits off site. The contents of the First Aid cabinets and kits comply with HSE recommendations and standards. These numbered kits are kept in the Health Centre on open shelves and there is a sign out/in folder where the staff member can check pupil's SMIs and make sure they collect any relevant prescription medication such as anaphylaxis kits or inhalers. On returning the kit they can also note if it was used so that the RNs can replenish the kit.

The contents list for the First Aid Cabinets and Kits can be found in **Appendix 2**.

REPORTING ACCIDENTS & RECORD KEEPING

Please see the School Health Policy for information about routine record keeping. Entries are made on Schoolbase as an Accident Report either by the RN or the staff member who managed the pupil after the accident. It is the joint responsibility of the School Nurses and Estates to audit the accidents and identify avoidable risks. This audit is discussed at the Health and Safety committee meetings which are held termly.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

Where appropriate any serious injury, occurrence of disease or accident will be reported to the Health and Safety Executive. **Contact 0845 300 9923**

WHAT TO DO IN THE EVENT OF A CHILD BEING HURT.

Most incidents happen during break times when the children are out of the classroom. This means supervision during breaks is very important.

Minor incidents

Brookham: If a child has an accident, the injury should be assessed at the site of the accident. Appropriate action should be taken and the accident reported on Schoolbase; an

email can then be sent to the parents/guardians to inform them of the incident. If an injury is minor in nature the child will sit with their teacher/teaching assistant until they feel better. If further assessment or treatment is required the teacher or receptionist will call the school nurse to ensure she is in the Health Centre prior to bringing the child over.

Highfield: The only change to the above care for a Highfield child is that, if appropriate, the child would be brought directly to the Health Centre to be assessed by the nurses.

More Serious Incidents

If there is any suspicion that the child should not be moved because of possible broken limb etc. then a qualified first aider should be called along with the school nurse. The child should be made as comfortable as possible and blankets used to keep them warm.

Where it is clear that specialist medical treatment will be necessary the parent/carer should be contacted immediately by the nurse, school secretary or Headteacher. They should be told the details of the incident and asked either to fetch the child to take them to hospital or be told where to meet the ambulance if one has been called.

In the event of a parent/carer being unavailable then two school staff and or the child's nominated person will accompany the child to hospital and wait with the child until the parent can attend.

After the event, an accident report should be completed on Schoolbase. In this instance, the parents will have already been contacted and spoken to personally.

Incidents Involving Adults

In the first instance, an initial assessment would be undertaken on site and if medical treatment is required, an ambulance would be called and the adult accompanied to the hospital. The family would be contacted to inform them of the action being taken.

Access for Emergency Services

- There is easy access for the emergency services to the front doors of both Highfield and Brookham schools.
- The Astro is accessible for an ambulance with a 3m wide path and gate leading onto the pitch.
- The Swimming Pool is reached easily by an ambulance with parking adjacent to either the visitors' or pupils' entrance
- There is space for an air ambulance to land on the playing fields if required. The map reference is noted in the school office in case an air ambulance is required.

Swimming Pool

At Highfield, a member of staff per year group has followed the Rescue Teachers Award Course and is always on hand to deal with any emergencies in the water. The qualified swimming coaches are also on hand to deal with any casualties.

At Brookham, the qualified swimming coaches, who teach the children, deal with any emergencies. During the Early Years and Year 1 swimming lessons, an additional member of staff is on poolside to assist as necessary.
Astro

The School requests all external organisations and clubs using the Astro to have at least one trained first aider.

An externally accessed defibrator is available outside the swimming pool visitor's entrance.

The Astro pitch is accessible by an ambulance in the case of an emergency.

Reviewed by SD, PGSE, SB and AK: April 2019
Reviewed by SD: June 2021
Reviewed by SD/PGSE/SEWB/GB September 2021

APPENDICES

Appendix 1: Location of First Aid Cabinets and Kits (available on request)
Appendix 2: Contents of First Aid Kits (available on request)
Appendix 3: Management of an Asthma Attack
Appendix 4: Management of Anaphylaxis/Severe allergic reaction
Appendix 5: Management of an Epileptic seizure.
Appendix 6: Management of Type 1 Diabetes.
Appendix 7: First aid training status of Highfield and Brookham staff (available on request).
Appendix 8: AED policy
Appendix 9: COVID-19 safe steps to doing CPR

REFERENCES & CROSS REFERENCES

Highfield and Brookham Schools Health Policy (2021)

Highfield and Brookham Schools Infection Control Policy (2020)

DofE Guidance on First Aid for Schools (2014)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306370/guidance_on_first_aid_for_schools.pdf

https://www.asthma.org.uk/advice/resources/ Asthma resources

https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/ Allergy resources

https://www.sja.org.uk/get-advice/first-aid-advice/diabetic-emergencies/diabetic-emergency/ Diabetes resources

https://www.epilepsy.org.uk/info/firstaid Epilepsy resources.

https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19 Resuscitation (CPR) resources

APPENDIX 3

Management of an Asthma Attack.

Follow the care plan if available, otherwise follow these general instructions:

• Keep calm

• Encourage pupil to sit up and slightly forward – do not hug or lie them down

• Make sure pupil takes two puffs of reliever inhaler (usually blue), preferably through a spacer

◦If using a spacer: have pupil take 4-5 breathes over 30-60 seconds with each puff

◦If no spacer: have pupil hold breath for as long as possible & wait for a minute between actuations

• Ensure tight clothing is loosened

• Reassure the pupil

If there is no immediate improvement have pupil take one puff of reliever inhaler every minute up to 10 puffs or until their symptoms improve

Call 999 if:

- The pupil's symptoms do not begin to improve within 10 minutes **or before then** if:
    - Pupil is too breathless or too exhausted to talk.
    - Pupil's lips are blue.
    - Pupil seems confused
    - Pupil's breathing is weak and feeble
    - Wheezing stops but the pupil looks worse
    - Pupil not improving and not taking reliever properly
    - You are in any doubt

- Continue to have the pupil take 1 puffs of inhaler every minute until the ambulance arrives.

After an attack (day pupil).

- Notify parents by email or note (if pupil reliable) unless pupil needs to go home (see below)
- If the attack was relieved with only 2 puffs, the pupil may return to school activities when they feel able to do so
- Inform the pupil's parents.

APPENDIX 4

Management of Anaphylaxis: Template Care Plan

Name and Date of Birth of child

Allergies are:

Take Anaphylaxis kit to all away sporting fixtures and school trips

IF S/HE comes into contact with or eats ***** BY MISTAKE: See Treatment under mild/moderate reaction: DO NOT WAIT FOR SYMPTOMS TO DEVELOP**

S/He may develop signs/symptoms of an allergic reaction (see below) even without knowing s/he has come into contact with or eaten *****

Mild to Moderate Allergic Reaction

- Redness or flushing of skin
- Skin rash (urticaria) - red blotchy skin looks like nettle rash/wheals
- Itchiness
- Swelling of eyes, lips, and face
- Tingling, burning, or itching in mouth (may paw at tongue)

Severe Allergic Reaction

- **Airway**
  - Swollen tongue
  - Hoarseness, feeling of lump in throat
  - Difficulty swallowing, drooling
  - Recurrent coughing or choking

- **Breathing**
  - Noisy or difficult breathing, wheezy
  - Breathlessness, unable to speak in sentences

- **Circulation**
  - Pale, clammy skin
  - Blue around lips & mouth
  - Persistent crampy abdominal pain & vomiting
  - Floppy, dizzy or feeling faint
  - Sense of impending doom, agitation
  - Unconsciousness & collapse

Treatment

Mild to Moderate Allergic Reaction NOT involving airway, breathing or circulation OR if s/he comes into contact with or eats any of the above by mistake:

- Direct someone to get the Anaphylaxis kit (yellow bag) + care plan.

- Give *ml of Chlorphenamine Elixir (2mg/5ml) immediately followed by Ventolin inhaler, 4 puffs via her/his spacer (aerochamber) if provided. Not all children have an inhaler in their anaphylaxis kit.

- Stay with the child to see if signs of breathing difficulty or circulatory problems develop and until signs and symptoms have resolved (30-60 minutes)

- Make sure the child knows to let someone know if symptoms return.

Severe Allergic Reaction: problems with breathing, drowsy or signs of shock

- Stay with the child & tell someone to call 999 (mobile 112) & say "anaphylaxis in a child"

- Direct someone to get the child 's Anaphylaxis Kit/Care Plan

- Give the **Epipen** (have the child lie down unless s/he refuses)

    - Follow the directions on the pen and note the time given

- If the child is alert & able to swallow, give * ml of Chlorphenamine Elixir (2mg/5 ml) (UNLESS s/he had it prior to the Epipen)

- If in school: summon school nurse (01428 728005 or 07870 465603)

- The child should remain lying down with legs elevated (unless refuses)

- If no better within 5-10 minutes, use **second epipen**, (followed by **Ventolin 10 puffs** via her/his spacer (aerochamber) if provided). Note time given

- Wait with the child until ambulance arrives and give empty Epipen(s) and a brief history to paramedic

- Contact parents: Phone numbers are written at the bottom of the care plan.

*** See care plan for amount of antihistamine to be given.**

N.B: We are currently updating our care plans to use those recommended by the Anaphylaxis Campaign. The first aid remains the same but the presentation is simpler.

https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

APPENDIX 5

Management of an Epileptic Fit

What to do in the event of an epileptic fit:

- You cannot stop a seizure, so do not try.
- Do not shake or hold the person who is having the seizure.
- Do not put anything in the person's mouth, not even medicine. People do not swallow their tongues during seizures. Trying to give medicine, however, may cause choking.
- Do place something soft, such as a pillow or a rolled-up coat, under the person's head. This action will help protect the head from injury.
- Do try rolling the person on his or her side to keep the airways clear.
- Do loosen ties or shirt collars.
- Remove any nearby hazards, such as knives or hot beverages.
- When the person regains consciousness, he or she may be dazed or tired. Stay calm, be reassuring, and stay beside the person until he or she feels better again.
- If the seizure lasts less than five minutes, ask about a hospital evaluation.

Call 999 (Mobile 112) if:

- The person having the seizure is pregnant, injured, or diabetic.
- The seizure happens in water.
- The seizure lasts more than five minutes.
- A second seizure begins before the person regains consciousness.
- The person does not begin breathing normally and does not return to consciousness after the seizure stops.
- This is a first seizure.

For another version of first aid advice please follow this link.

https://www.epilepsy.org.uk/info/firstaid

APPENDIX 6

Management of Type 1 Diabetes

What is Type 1 Diabetes?

Type 1 diabetes also known as juvenile, early-onset, or insulin-dependent diabetes is the type of diabetes that typically develops in children and young adults. In type 1 diabetes the body stops making insulin and the blood sugar (glucose) level goes very high. Treatment to control the blood glucose level is with insulin injections and a healthy diet.

With type 1 diabetes the illness usually develops quite quickly, over days or weeks, as the pancreas stops making insulin but why does the pancreas stop making insulin?

In most cases, type 1 diabetes is thought to be an autoimmune disease. The immune system normally makes antibodies to attack bacteria or viruses. In autoimmune diseases the immune system makes antibodies against part or parts of the body. If you have type 1 diabetes you make antibodies that attach to the beta cells in the pancreas and these destroy the cells that make insulin. It is thought that something triggers the immune system to make these antibodies. The trigger is not known but a popular theory is that it is caused by a virus.

Because a diabetic person's pancreas can no longer make any insulin they have no way to control their blood glucose levels. To remain healthy, your blood glucose level should not go too high or too low. Insulin is usually secreted by the pancreas in reaction to the rising blood glucose level which happens after we eat and convert our food into glucose. Glucose enters the bloodstream through the gut wall and is normally available to all the cells of our body to use for energy. However, in diabetes, the insulin which enables the glucose to enter the cells is missing and so the glucose stays circulating in the blood stream unable to be used by the cells. This is called **hyperglycaemia.**

Treatment of diabetes (hyperglycaemia) involves giving insulin either in 4 divided doses throughout the day as subcutaneous (just under the skin) injections or as a continuous trickle via a subcutaneous catheter using a special pump. If a diabetic receives too much insulin for their needs or has not eaten enough carbohydrate, which is the main dietary form of glucose, their blood glucose level can drop dangerously low. This is called **hypoglycaemia.** The treatment is to eat quick acting glucose tablets or glucose gel called Hypo stop, followed by a longer acting complex carbohydrate. Whichever method of insulin delivery is used, the diabetic will have to do this for the rest of their lives. There is no known cure at present.

For more detailed first aid advice please follow this link:

https://www.sja.org.uk/get-advice/first-aid-advice/diabetic-emergencies/diabetic-emergency/

APPENDIX 8

Use of an Automated External Defibrillator (AED) Policy

This school policy aims to provide clear and simple instructions for the use of the automated external defibrillators (AEDs) provided at Highfield and Brookham Schools for all first aiders in the case of an emergency.

The AEDs can be found in the Highfield atrium, Brookham office and the swimming pool area outside the office. All are kept in unlocked wall mounted cabinets and are accessible for all emergencies. They are kept fully equipped and are checked termly by the school nurses. This check is recorded on a checklist displayed on the side of the cupboard. AED training will be provided bi-annually by a qualified instructor as part of the January and April first aid training inset days.

This training is recommended to be taken every three years but all staff are encouraged to keep up to date and may request to access this training annually. Training practice for staff that have missed the official training will be available on request where the school nurses can demonstrate the AED.

In the UK approximately 30,000 people sustain cardiac arrest outside hospital and are treated by emergency medical services (EMS) each year.

Electrical defibrillation is well established as the only effective therapy for cardiac arrest caused by ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT).

The scientific evidence to support early defibrillation is overwhelming; the delay from collapse to delivery of the first shock is the single most important determinant of survival. If defibrillation is delivered promptly, survival rates as high as 75% have been reported.

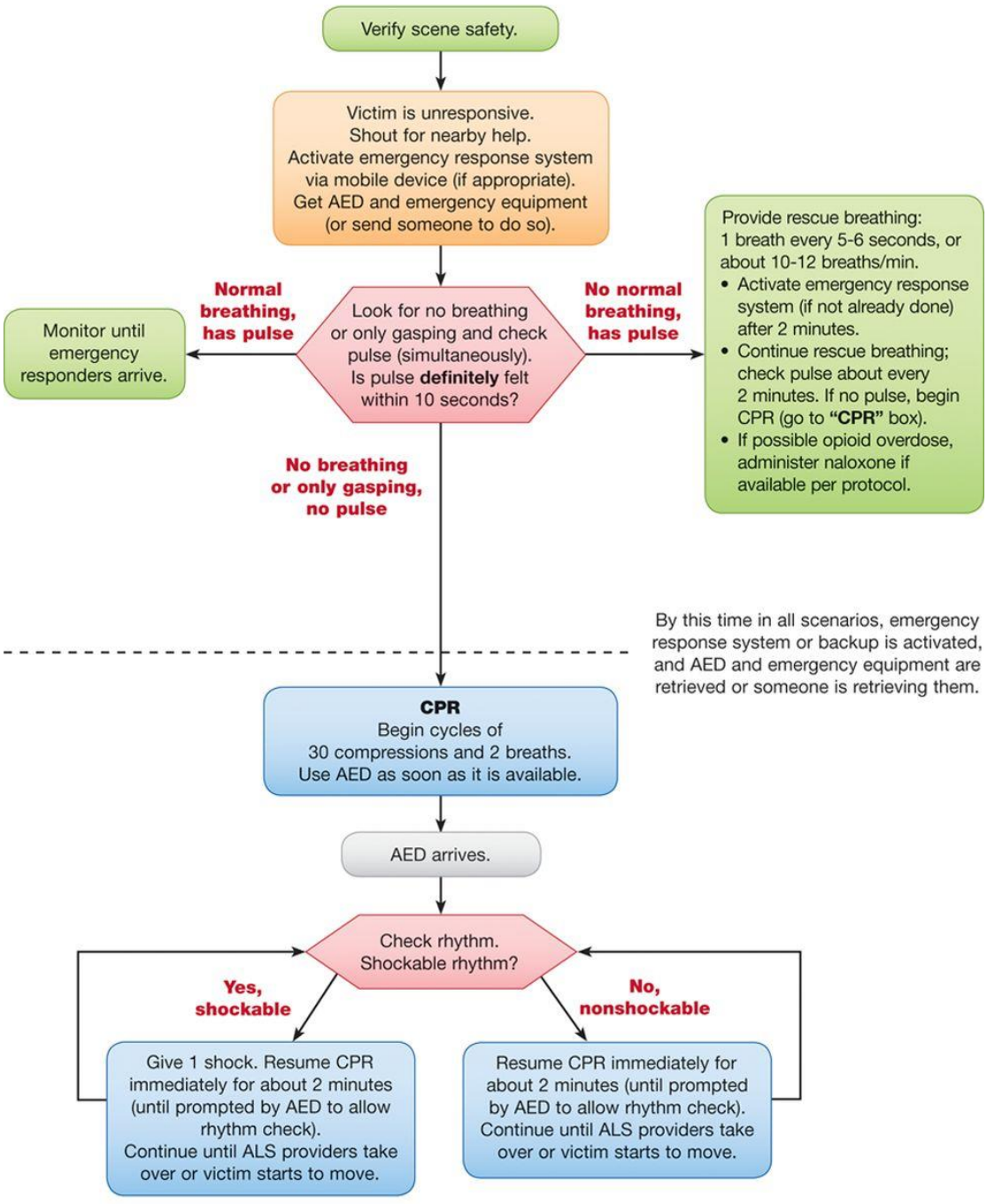
The chances of successful defibrillation decline at a rate of about 10% with each minute of delay; basic life support will help to maintain a shockable rhythm but is not a definitive treatment.

The Resuscitation Council (UK) recommends strongly a policy of attempting defibrillation with the minimum of delay in victims of VF/VT cardiac arrest.
The following sequence applies to the use of both semi-automatic and automatic AEDs in a victim who is found to be unconscious and not breathing normally:

How to use a defibrillator – please access this link or see notes below.

https://www.redcross.org/take-a-class/aed/using-an-aed/aed-steps

BLS Healthcare Provider
Adult Cardiac Arrest Algorithm—2015 Update



1. Follow the adult BLS sequence. Do not delay starting CPR unless the AED is available immediately.

2. As soon as the AED arrives:

- If more than one rescuer is present, continue CPR while the AED is switched on. If you are alone, stop CPR and switch on the AED.
- Follow the voice / visual prompts.
- Attach the electrode pads to the patient's bare chest.
- Ensure that nobody touches the victim while the AED is analysing the rhythm.

3A. If a shock is indicated:

- Ensure that nobody touches the victim.
- Push the shock button as directed (fully-automatic AEDs will deliver the shock automatically).
- Continue as directed by the voice / visual prompts.
- Minimise, as far as possible, interruptions in chest compression.

3B. If no shock is indicated:

- Resume CPR immediately using a ratio of 30 compressions to 2 rescue breaths. N.B. In a child before puberty and with two rescuers present you may use 15 compressions to 2 rescue breaths.
- Continue as directed by the voice / visual prompts.

4. Continue to follow the AED prompts until:

- qualified help arrives and takes over OR
- the victim starts to show signs of regaining consciousness, such as coughing, opening his eyes, speaking, or moving purposefully AND starts to breathe normally OR
- You become exhausted.

Placement of AED pads

Place one AED pad to the right of the sternum (breast bone), below the clavicle (collar bone). Place the other pad in the left mid-axillary line, approximately over the position of the V6 ECG electrode. It is important that this pad is placed sufficiently laterally and that it is clear of any breast tissue.
Although most AED pads are labelled left and right, or carry a picture of their correct placement, it does not matter if their positions are reversed. It is important to teach that if this happens 'in error', the pads should not be removed and replaced because this wastes time and they may not adhere adequately when re-attached.
The victim's chest must be sufficiently exposed to enable correct pad placement. Chest hair will prevent the pads adhering to the skin and will interfere with electrical contact. Shave the chest only if the hair is excessive, and even then spend as little time as possible on this. Do not delay defibrillation if a razor is not immediately available.

Defibrillation if the victim is wet

As long as there is no direct contact between the user and the victim when the shock is delivered, there is no direct pathway that the electricity can take that would cause the user to experience a shock. Dry the victim's chest so that the adhesive AED pads will stick and take particular care to ensure that no one is touching the victim when a shock is delivered.

Defibrillation in the presence of supplemental oxygen

There are no reports of fires caused by sparking where defibrillation was delivered using adhesive pads. If supplemental oxygen is being delivered by a face mask, remove the face mask and place it at least one metre away before delivering a shock. Do not allow this to delay shock delivery.

Minimise interruptions in CPR

The importance of early, uninterrupted chest compressions is emphasised throughout these guidelines. Interrupt CPR only when it is necessary to analyse the rhythm and deliver a shock. When two rescuers are present, the rescuer operating the AED applies the electrodes while the other continues CPR. The AED operator delivers a shock as soon as the shock is advised, ensuring that no one is in contact with the victim.

CPR before defibrillation

Provide good quality CPR while the AED is brought to the scene. Continue CPR whilst the AED is turned on, then follow the voice and visual prompts. Giving a specified period of CPR, as a routine before rhythm analysis and shock delivery, is not recommended.

Voice prompts

The sequence of actions and voice prompts provided by an AED are usually programmable and it is recommended that they be set as follows:

- deliver a single shock when a suitable rhythm is detected;
- no rhythm analysis immediately after the shock;
- a voice prompt for resumption of CPR immediately after the shock;
- a period of 2 min of CPR before further rhythm analysis.

Storage and use of AEDs

AEDs should be stored in locations that are immediately accessible to rescuers; they should not be stored in locked cabinets as this may delay deployment. Use of the UK standardised AED sign is encouraged, to highlight the location of an AED. People with no previous training have used AEDs safely and effectively. While it is highly desirable that those who may be called upon to use an AED should be trained in their use, and keep their skills up to date, circumstances can dictate that no trained operator (or a trained operator whose certificate of training has expired) is present at the site of an emergency. Under these circumstances no inhibitions should be placed on any person willing to use an AED.

Children

Standard AED pads are suitable for use in children older than 8 years. Special paediatric pads, that attenuate the current delivered during defibrillation, should be used in children aged between 1 and 8 years if they are available; if not, standard adult-sized pads should be used. The use of an AED is not recommended in children aged less than 1 year. However, if an AED is the only defibrillator available its use should be considered (preferably with the paediatric pads described above).

References – https://www.resus.org.uk/library/2021-resuscitation-guidelines/adult-basic-life-support-guidelines

SD: June 2021
SD: September 2021

APPENDIX 9

COVID-19 safe steps to giving CPR

Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings

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 set against the inevitability that a person in cardiac arrest will die if no assistance is given. The first things to do are shout for help and dial 999.

Watch this video to see what to do in an emergency:

https://vimeo.com/399707203

- First responders should consult the latest advice on the NHS website (https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov).
- Those laypeople and first responders with a duty of care (workplace first-aiders, sports coaches etc.) that may include CPR should be guided by their employer's advice.
- This guidance may change based on increasing experience in the care of patients with COVID-19.
- Healthcare workers should consult the recommendations from the World Health Organisation and Department of Health and Social Care for further information, and advice by nation is at the conclusion of this statement.
- Resuscitation Council UK Guidelines 2015 state "If you are untrained or unable to do rescue breaths, give chest compression-only CPR (i.e. continuous compressions at a rate of at least 100–120 min^{-1})".

Because of the heightened awareness of the possibility that the victim may have COVID-19, Resuscitation Council UK offers this advice:

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.

- If there is a perceived risk of infection, rescuers should place a cloth/towel over the victim's mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- If the rescuer has access to any form of personal protective equipment (PPE) this should be worn.
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

Paediatric advice

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur.

Therefore, if there is any doubt about what to do, this statement should be used.
It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.