

Jamia Al-Hudaa Nottingham



First Aid Policy

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Medical Advisory Committee/Trustees

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1. Scope of policy

Jamia Al-Hudaa is responsible for the health and safety of students in their care under a range of legislation; the Health and Safety at Work Act etc. 1974 in particular. There are restrictions on what staff may be asked to do, however, teachers and other staff in charge of students have a common law duty to act in a responsible manner to make sure that students are healthy and safe on any of the Jamia's premises and this might, in exceptional circumstances, extend to taking action in an emergency. This duty also extends to teachers leading activities taking place off the school's sites, such as educational visits, outings or field trips.

2. Roles and Responsibilities

First Aid Staff

Person responsible for this policy:

The Jamia will have a First Aid Co-ordinator as well as a number of other qualified First Aiders and Approved Persons. (A list of qualified First Aiders and Approved Persons will be retained in the main office). The First Aid Co-ordinator will maintain this list and organise first aid training as required.

Staff should refer students or staff who have had an accident, or have developed medical problems, to a registered First Aider, who will take appropriate action. In an emergency, staff should call for First Aid support and give assistance as necessary and if appropriate. All staff are covered legally if they make an error while acting in good faith.

First aiders are members of staff who have been trained in accordance with standards set by the HSE.

While the Regulations do not specify the number of first aiders required, the Approved Code of Practice (ACOP) suggests that one first aider when 50 staff are employed with a sliding scale for larger organisations such as an educational establishment.

Whilst the provisions do not specifically apply to members of the public e.g. students and visitors, as they are not at work, governmental guidance and good practice would suggest that they are taken into account when assessing need, this aspect has been considered when deciding on the number of first aiders for the school.

Where first aiders are not available, or not considered a requirement, the relevant manager has a responsibility to appoint a person, or persons, to take charge of the first aid arrangements.

These appointed persons do not have to be formally trained, but need to have sufficient knowledge and information on the first aid provisions to be able to take charge.

To satisfy the assessed need at each site appointed persons will be available to take charge of the situation at times when a first aider is not deemed necessary, including;

- Out of normal hours, a member of the site team will be appointed.
- On educational visits, the visit leader will be appointed.

3. Background

The Jamia will provide adequate and appropriate first aid provision at all times when there are people on the Jamia's premises and for staff and students; ensuring:

- sufficient numbers of trained personnel as appointed persons and First Aiders to meet the needs of the Jamia - there will be at least one appointed person or First Aider person on the premises at any one time
- sufficient and appropriate resources and facilities are available in the Jamia
- HSE regulations on the reporting of accidents, diseases and occurrences are met
- to identify the first aid needs of the school in line with the Health and Safety at Work Regulations
- to ensure that first aid provision is available at all times while people are on the Jamia's premises and also off the premises whilst on educational visits
- to maintain a record of that training and review it annually
- to provide relevant training and ensure monitoring of training needs
- to provide awareness of health and safety issues on educational visits, to prevent where possible potential dangers or accidents
- to inform staff and parents of first aid arrangements
- to report, record and where appropriate investigate all accidents
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

Within the Jamia's Booking Terms and Conditions, it is the responsibility of any Hirer of Jamia facilities to ensure adequate First Aid and medical support is available for their event.

4. Risk Assessment

A formal risk review of the Jamia's First Aid Policy is done annually.

Risk is assessed regularly by the person responsible for Health and Safety in the Jamia. Departments which are classed as higher risk; e.g. Science and P.E. have their own risk assessments which are also reviewed annually.

5. First Aid Provision / Boxes

First Aid Provision is available in the medical rooms. First Aid boxes are also located in the Staff Room, Secretary Office, Main Kitchen, Supervisor's Office, Main Reception Office, Primary Office, with the PE teacher, Library, and in the Science Lab. First Aid supplies will be provided for staff in charge of trips and visits.

6. Illness and Minor Injury

Parents become responsible for their child if the student is unwell or injured. In order to contact parents quickly, it is essential that changes of address or phone number are entered into SIMS as soon as these are known.

Students must not leave lessons for first aid treatment other than in cases of emergency. Any member of staff, who becomes aware that a student is injured, or needs immediate treatment, must send another student or staff member to alert a First Aider for assessment and care.

If necessary, having first informed a member of the Senior Leadership Team, the First Aiders will arrange for the parents to take the student home or to hospital. No-one else should send an ill student home.

7. Emergency and Serious Injury

Normally only the First Aiders will have the responsibility to call an ambulance after being called to an accident or illness, however, any member of staff who may call an ambulance in an emergency. The First Aider will contact the parents/guardians to tell them of their child's injury and whereabouts so that they can go to the hospital. If necessary, the First Aid team may delegate this task to another member of staff. The hospital staff will decide whether to treat the child before the parents arrive.

8. Hygiene procedures in case of body fluid and /or blood spillage

Blood and body fluids for example, faeces, vomit, saliva, urine, nasal and/ or eye discharge may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils practice good personal hygiene and are aware of the procedure for dealing with body spillages.

Staff Contact

- The head teacher will need to be contacted initially so that she can arrange for a member of the team to clean the area appropriately
- The initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure'.

Initial Clean Up Procedure

- Get some disposable gloves from the nearest First Aid kit
- Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner)
- Put more absorbent towels over the affected area and then contact the head teacher for further help
- The bin that has had the soiled paper towels put in then needs to be double bagged tied up and placed in the outside bin
- Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home
- The area then needs to be cordoned off until cleaned
- The area must be cleaned with disinfectant following the manufacturer's instructions.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions
- Wash hands thoroughly
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

Management of accidental exposure to blood

Accidental exposure to blood and other body fluids can occur by:

- Injury from needles, significant bites that break the skin etc.
- Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

Action to take if the above occurs

- If broken skin encourage bleeding of the wound by applying pressure
- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow.
- Rinse out mouth several times.
- Report the incident to the head teacher.
- If necessary take further advice from NHS Direct.
- An accident form will need to be completed in the accident book and it may need to be reported to RIDDOR dependent on the cause and severity of the injury.

9. Record keeping

The First Aiders will log all visits to First Aid by students or staff. For accidents/injuries, the First Aider on duty will also make an entry in the Accident Book.

Staff must make an official record of any injury, minor or major, or 'near miss' in the Accident Book. Any serious injuries such as broken limbs, dislocations and lacerations by contaminated material, must be reported to the Health and Safety Officer. If required, the Health & Safety Officer will report any such injuries on a RIDDOR form which may be followed by an in-depth Health & Safety Report.

10. Reporting an Accident

Any accident occurring or any first aid treatment given on the Jamia's premises or as part of a Jamia related activity should be reported by the member of staff attending the accident and the Accident Book must be filled in.

11. Emergency Service Incident Form

If emergency services are contacted then the members of staff involved will complete an 'Emergency Service Incident Form'. This form is available in the secretary office and supervisor's office.

12. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents must be reported to the HSE. These include;

- The death of the person, and arose out of or in connection with a work activity; or
- An injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment and for Staff an injury that prevents a person from working or coming to work for 7 days including rest days).

The First Aid Co-ordinator will provide the Deputy Head teacher with an analysis of the term's incidents to see if there are any problem areas.

The First Aider on duty will contact parents first by phone if they are available, then by note, to report any seemingly minor injury, e.g. sprains or twists, which the parent may choose to have examined by a doctor.

13.Information about Students' Medical Conditions

It is the responsibility of the parents to inform the Jamia about their child's medical conditions.

Information from parents may be received by the Jamia in a number of ways, such as via the admission form, via letters from parents, via medical form. This information should be input immediately onto SIMS.

Detailed information on medical conditions and emergency contacts will be collected by leaders of residential visits. Parents will be required to complete a declaration agreeing to emergency treatment and confirming that information held by the Jamia is up to date.

14.Students with Medical Needs

Many students will at some time have a short-term medical condition that may affect their participation in activities. Other students have medical conditions that, if not properly managed, could limit their access to education. These medical conditions include diabetes, asthma, epilepsy and anaphylaxis (extreme allergic reaction). Such students are regarded as having medical needs and will be more at risk than their classmates. In a few cases, individual health care plans may be needed.

It is the parents' responsibility to inform the Jamia about the child's medical condition and requirements. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

With particularly serious medical conditions, each case must be treated individually, in relation to the illness and its requirements, to the parents' possible wish for confidentiality and to the child's knowledge of their own condition. A Relevant staff member will talk in confidence to each of the child's regular teachers at the start of each academic year about serious medical conditions and requirements, alerting them to the child's knowledge of their own condition. When the student goes out of the Jamia, for example on work experience, the placement must be informed.



Introduction

Many people say they would be worried about getting involved in an incident in case they got it wrong and made the situation worse, but even a little knowledge can be a really big help. The main thing is not to panic and if it looks like a life threatening incident that you don't know how to handle, call an ambulance. Let's face it, if the most you can provide is comfort and reassurances that help is on the way that in itself is worth a great deal to someone in distress. Firstly, we will look at how to take charge of a life threatening incident and provide basic life support.

Different types of incidents

An incident could be any situation where a person may require first aid. Incidents can range from someone having a bit of a nose bleed, a sprain or strain to a more serious burn or knife cut, right through to someone having a stroke, heart attack or being hit by a car in a collision. Whatever has happened, always remember that your own safety and that of others comes first, so under no circumstances should you put that at risk.

Let's look at the different types of incidents, which typically fall into three categories:

Life threatening

Is it life threatening or do you consider it to be? Road accidents, shock – for example, severe bleeding/blood loss, heart attacks, strokes, crush injuries, choking and stab wounds would fall into this category.

Serious to life threatening

These are serious incidents and could include burns and scalds, falls that could result in broken bones and deeper knife cuts.

Non-urgent

These are non-urgent, day-to-day incidents that befall most of us at some time. Think of insect bites, nose bleeds, sunburn and minor knife cuts, for example when peeling or chopping vegetables.

How to handle a life threatening incident

The first thing to say about these incidents is that they are very rare indeed. The second is that the vast majority of people would not know what to do if they were faced with one. It's a sad fact that if someone collapsed with a heart attack in the street, many people would walk on by for fear of getting involved or a concern that the person may be drunk and/or abusive. Others would be fearful of getting sued if they got it wrong. However no one has been sued for giving first aid to date and according to the British Red Cross, there is a 'low-likelihood of a successful claim being brought against any person performing first aid, who has acted reasonably to the best of their ability'.

Here is what you should do for any life threatening incident - that is any emergency whatsoever where a person is unconscious and not breathing normally (you may hear occasional gasps, but this is not normal breathing).

Stop and assess the situation

Use your common sense to assess the situation and if you feel it's too much to handle, get professional assistance. When you call 999, the operator will be able to give you advice and if necessary, they will send out an ambulance.

In the meantime, if you feel you can help, firstly, ask yourself whether it is safe for you to get involved. The primary rule of first aid is never to become the casualty yourself - that means do not put yourself or others in danger. You must only offer help if it is safe to do so.

Once you have decided that it is safe to assist, consider the following.

- The nature of the incident? - How many people are involved? - Where is the incident (for example on a street or in a supermarket)? - Are there any objects around that could cause danger (for example, cars driving past or glass on the floor)? - How old is the person or people involved? - What seems to have happened?

Your first actions

The first thing to do is judge whether the person is responsive or not. For example, tap them gently and ask if they can hear you. If they respond, leave them in the position you find them provided there is no further danger. Keep them warm and keep talking to them. Try to find out what is wrong and get help if they need it, but be sure to reassess them regularly.

If they are unresponsive shout out to the people around you to ask if there is anyone with any medical or first aid experience present. Also ask if there is an AED (automated external defibrillator) around which will be useful if the person has had a cardiac arrest. If someone brings an AED, they will also have been trained to use it.

If there is no one with any medical or first aid experience, here is what you can do to help.

Turn the person onto their back and check that their airway is clear by simply placing a hand on their forehead and tilting the head back. When you do this, their mouth should automatically open and you should be able to see whether anything is physically blocking their airway. We cover what to do if there is something blocking their airway in module two, under choking. Ensure their mouth (the airway) is open and listen for normal breathing. You can also do this by looking for chest movements, feeling for air on your cheek or listening at their mouth for sounds of breathing.

Often; for example, after a heart attack, a person may be barely breathing or taking infrequent, noisy gasps - this is not normal breathing. Try to determine whether their breathing is normal for no more than 10 seconds.

If they are breathing normally, put them into the recovery position and call an ambulance or better still, remain with the person and organise two people to do it. That's one to phone and the other to check that the call has been made.

If you cannot determine whether they are breathing normally or not, act as though they are not breathing normally.

Not breathing normally and no signs of life

Typically, if there has been an accident and someone is injured and silent, they are the ones to worry about. If a person is unconscious, they are not breathing normally and the ambulance is still to arrive, the best thing you can do whilst you wait is to start chest compressions. The person's blood will still have oxygen in it and chest compressions keep the blood pumping around the body to help to keep them alive.

Hands-only CPR (cardiopulmonary resuscitation)

To carry out a chest compression:

1. Place the heel of your hand on the breastbone at the centre of the person's chest. Place your other hand on top of your first hand and interlock your fingers.
2. Position yourself with your shoulders above your hands.
3. Using your body weight (not just your arms), press straight down by 5 to 6cm (2 to 2.5 inches) on their chest.
4. Keeping your hands on their chest, release the compression and allow the chest to return to its original position.
5. Repeat these compressions at a rate of 100 to 120 times a minute until an ambulance arrives or you become exhausted.

When you call for an ambulance, telephone systems now exist that can give basic life-saving instructions, including advice about CPR.

These are now common and are easily accessible with mobile phones.

Rescue breaths

If you have been trained in CPR, including rescue breaths, and feel confident using your skills, you should give chest compressions with rescue breaths.

If you're not completely confident, attempt hands-only CPR instead.

- If you can, use a plastic face mask to protect yourself from germs or even a plastic bag with a hole punched in the middle will do.
- Support the person's chin and tilt the forehead back which will gently open their mouth.
- Pinch the nose to stop air from entering or leaving it.
- Take a full breath and place your mouth over the person's mouth, making a good seal.
- Breathe steadily for 1 to 1.5 seconds into the person's mouth until you see their chest rise.
- Remove your mouth and watch for their chest falling.
- Give a second breath.
- Keep going with CPR (that is two rescue breaths and 30 chest compressions) until the person starts to breathe normally or professional help arrives. If they do start to breathe normally and start making movements, put them into the recovery position until help arrives.
- Remember if you can't or don't want to perform rescue breaths, just do the chest compressions and keep going until help arrives. Only stop if the person regains consciousness (coughs, opens their eyes, speaks, moves AND breathes normally).

CPR for babies and children

The following advice is for people who are not trained and are not healthcare professionals, but find themselves with a baby or child who is unresponsive and not breathing normally.

- Firstly you must ensure that you yourself are safe from danger before approaching the child.
- You must then check to see if the child is responsive by tapping them on the shoulders and shouting to see if there is any response.
- If you are by yourself you must shout for help so that an ambulance can be called as quickly as possible. If you are alone, you need to do one minute's worth of CPR before going to call an ambulance yourself.

Children – one year and over

For children of over one year, use one or two hands depending on the size of the child.

- Assess the child's breathing. You must first open their airway by tilting the child's head back and look to see if their chest is moving, listen for exhaling breath and feel for any sign of breath on your cheek.
- If there is no sign the child is breathing, give an initial 5 rescue breaths by pinching their nose closed and cover the whole of their mouth with yours and breathe for one second so that the chest rises.
- If there are no signs of life, begin chest compressions by using the heel of one hand in the lower third of the sternum and pushing down a third of the depth of their chest. (If you need to use both hands to achieve the right depth, then do so)
- Continue with chest compressions and rescue breaths at a rate of 30 compressions to two rescue breaths until help arrives.

Babies – one year and below

- First start by placing the baby on a firm surface such as a waist high table or the floor.
- Assess the baby's breathing by opening their airway to a neutral position and look to see if their chest is moving, listen for exhaling breath and feel for any sign of breath on your cheek. Do not put the baby's head too far back as this could compromise their airway.
- If there is no sign the baby is breathing, give an initial 5 rescue breaths by creating a seal with your mouth over the baby's nose and mouth.
- If there are no signs of life, begin chest compressions by using two fingers in the lower third of the sternum and pushing down a third of the depth of their chest.
- Continue with chest compressions and rescue breaths at a rate of 30 compressions to 2 rescue breaths until help arrives.

All of this can sound very daunting, but do remember it would be extremely rare to find yourself in a position where you had to perform CPR on anyone, but it's best to have an idea of what you should do just in case.

Further information

When to call an ambulance:

If the incident is a life threatening, medical emergency, an ambulance should be called. A medical emergency is one where a person is suffering from:

- chest pain
- difficulty in breathing
- unconsciousness
- severe loss of blood
- severe burns or scalds
- choking
- fitting or concussion
- drowning
- Severe allergic reactions.

In summary

We have covered the different categories of incidents that may require first aid treatment. We looked at how to take charge of an incident and determine whether an injured or ill person is responsive or not.

In the event of them being unresponsive and not breathing normally, we covered how to provide basic life support. Chest compressions are the most important part of basic life support. Combining 30 chest compressions with 2 rescue breaths is seen as the 'gold standard' of basic life support, but if you are not willing to provide rescue breaths, chest compressions alone are fine.

Always remember though, if you don't feel confident enough to do anything we've described in this module, call an ambulance and keep the person company until it arrives. You may not know if the person can hear you as you provide comfort and reassurance, but your kind words may make all the difference to them. In the next module, we will cover a range of other life threatening to serious incidents that may require first aid.

Appendix 2 How to Handle Other Life Threatening to Serious Incidents



In Appendix 1 we looked at different types of incident that may require first aid and we covered how to give basic life support to anyone who is not responding and not breathing normally. In this section we will explore other types of life threatening and serious incidents, and we'll start with choking.

Choking adult

We all take breathing and swallowing for granted, so seeing someone choke is particularly distressing and more so for the person involved who will be liable to panic, potentially causing the object to become further embedded. Here is what to do:

- First, encourage the person to cough hard, and in the majority of cases, this will dislodge whatever is stuck.
- If that doesn't work, stand to the side and slightly behind the victim.
- Support the chest with one hand and lean the victim well forwards so that when the obstructing object is dislodged it comes out of the mouth rather than goes further down the airway.
- Give five sharp blows between the shoulder blades with the heel of your other hand.
- Check between blows to see if the object has become dislodged.
- If the person continues to choke, try up to five abdominal thrusts.
- Stand behind the victim and put both arms round the upper part of the abdomen.
- Lean the victim forwards.
- Clench your fist and place it between the umbilicus (navel) and the ribcage.
- Grasp this hand with your other hand and pull sharply inwards and upwards.
- Repeat up to five times.
- If the obstruction is still not relieved, continue alternating five back blows with five abdominal thrusts.

If this fails, call an ambulance. Ensure continuation of rotation between five back blows and five abdominal thrusts until either help arrives or the person becomes unconscious. If the person does become unconscious, perform basic life support, as explained in part A.

Choking – Infants and children

In the case of Children (over 1 year old), apply the same procedure as adults, but with less force. Back blows are more effective if the child is positioned with their head down. A small child may be placed across the rescuer's lap as with an infant. If this is not possible, support the child in a forward-leaning position and deliver the back blows from behind following the below method:

- Give the child up to 5 back blows.
 - If this hasn't worked, give the child up to 5 abdominal thrusts.
 - Stand or kneel behind the child. Place your arms under the child's arms and encircle the torso. Clench your fist and place it between the umbilicus (navel) and xiphisternum (rib cage).
 - Grasp this hand with your other hand and pull sharply inwards and upwards.
 - If this fails, call an ambulance and continue to rotate between five back blows and five abdominal thrust until either help arrives or the child becomes unconscious.
- If the child does become unconscious, perform basic life support, as explained in module one. For infants (under 1 year old)

- Support the infant in a head-downwards position, to enable gravity to assist removal of the foreign body. A seated or kneeling rescuer should be able to support the infant safely across their lap.
 - Ensure the infant's head is supported. Do not compress the soft tissues under the infant's jaw, as this will exacerbate the airway obstruction.
 - Deliver up to 5 sharp back blows with the heel of one hand in the middle of the back between the shoulder blades.
 - The aim is to relieve the obstruction with each blow rather than to give all 5 back blows.
 - Deliver up to 5 chest thrusts. These are similar to chest compressions, but sharper in nature and delivered at a slower rate. You should never, ever perform abdominal thrusts on an Infant (under 1 year old). If this fails, call an ambulance and continue to rotate between five back blows and five chest thrusts until either help arrives or the infant becomes unconscious.
- If the infant does become unconscious, perform basic life support, as explained in part A.

Shock

Shock can lead to a fatal collapse of the body's circulation; the organs literally start to shut down, leading to collapse, coma and death if it is not treated immediately. Shock can be the result of severe bleeding, a bacterial infection, vomiting and diarrhoea, burns or a heart attack, to name a few. It also includes anaphylactic shock, a severe allergic reaction, which we will cover later in the module. Someone suffering from shock will have a greyish/blue tinge about their face, their breathing will be fast and shallow, they may be sweating, weak and dizzy and they may feel sick.

Here is what you can do to help someone who goes into shock.

- First, call an ambulance.
- If the person is conscious, keep them talking.
- Lay the person flat and raise their legs as high as possible to help restore blood pressure.
- Stop any bleeding by applying direct pressure to the wound (unless there is a foreign object embedded in it).
- Don't give them any food or drink in case they vomit.
- Loosen any tight clothing and keep the person warm with whatever is available e.g. blankets or coats, but don't use any artificial heat.
- Monitor breathing, pulse and levels of response.

If the person becomes unconscious and is not breathing normally whilst you are waiting for an ambulance, you may need to help by giving CPR (basic life support, as explained in module one). An object embedded in a wound (other than a small splinter) should not be removed as it

may be stemming bleeding or further damage may result. Use a sterile dressing and bandages to “build up” around the object. This will apply pressure around the wound and support the object.

Anaphylaxis

An allergic reaction can vary between hyper-sensitivity leading to a red, itchy rash right through to anaphylaxis, which is a severe allergic reaction to a something which could have been breathed in, swallowed, absorbed or injected into the skin.

Typically this could be a reaction to nuts or a wasp sting. Someone who has anaphylactic shock will find it difficult to breathe because there may be swelling of the tongue and/or throat, they may develop a red rash and their face may look puffy. Many people are aware that they have an allergy and carry a special pen device with them. This is typically a syringe containing liquid that is injected into the skin to counter the effects of anaphylactic shock.

First, call the emergency services.

- Then, if the casualty feels light headed or faint, lay the casualty down in a comfortable position.
- If the casualty has airway or breathing problems ONLY, they may prefer to sit upright as this makes breathing easier.
- Then, if they have a pen device, help them to use it, if you have to (take the cap off and push the tip of the pen into the outer thigh, push in firmly until you hear it click and hold it there for 10 seconds to dispense the contents). After you have administered it, it is normal for some liquid to be left inside the device, so do not re-inject what is left into the person's leg.

If the person becomes unconscious and is not breathing normally whilst you are waiting for an ambulance, you may need to help by giving CPR (basic life support, as explained in part A.

Drowning

If the nose and mouth are covered by water, people can drown in a surprisingly small amount of fluid. Drowning typically occurs when air cannot get into the lungs because water has entered them so the person suffocates. If you have rescued someone, try to keep their head lower than their body and once on dry land turn them onto their back, open their mouth (airway) and check whether they are responsive and breathing normally. If they are, place them into the recovery position, cover them to keep them warm and call for an ambulance. If they are unresponsive and not breathing normally, you will need to give CPR whilst you wait for the ambulance to arrive.

Seizures

Seizures, such as epilepsy, result from a disturbance of the natural electrical activity in the brain. They can vary from very minor staring right through to collapse with limbs twitching and convulsing. Try to find something soft to place under their head and remove any hazards, to ensure the person does not injure themselves. Apart from reassuring them that help is on the way, there is not much else you can do except wait until it is over, usually in a matter of seconds or minutes and offer them reassurance. If the seizure continues, you should call for an ambulance.

Stroke

A stroke occurs when a blood vessel bursts or a blood clot blocks a vein in the brain. Either one starves the brain of oxygen and is classed as a medical emergency. The National Health Service has run a very effective television campaign over a number of years called:

Stroke – Act F.A.S.T.

- Face - Has their face fallen on one side? Can they smile?
- Arms - Can they raise both arms and keep them there?
- Speech - Is their speech slurred? Time -
- Time to call 999 if you see any of these signs

Remember 'F.A.S.T.' because it really is all you need to know to help someone who is having a stroke.

Once you have called an ambulance, stay with them and reassure them the ambulance is on its way. Continue to maintain airway and breathing.

If the patient is unconscious place them in the recovery position. Lay the casualty down with their head and shoulders raised and reassure them. If the patient becomes unconscious and is not breathing normally whilst you are waiting for an ambulance, you may need to help by giving CPR (basic life support, as explained in part A).

Heart attack

A heart attack usually happens because the blood vessels leading to the heart have become constricted or blocked, preventing the usual flow of blood to the organ. Typically, someone suffering from a heart attack will feel chest pain which can spread to the left arm or jaw and they may suddenly collapse. Their lips may turn blue, they may be breathless and facially, they may look very pale and sweaty. In some cases, they may look grey.

The first thing you should do is call for an ambulance and ask around to see if there is anyone else qualified to help. If not, try to get them into a half sitting position with their back supported against something else, for example a wall or if not, your own body. Ask if they have any medication, and help them to take it if you need to. If they don't have any medication, but you have some aspirin on you, check that they are not allergic to it and if they are not, get them to chew slowly on a 300mg tablet. If the person becomes unconscious and is not breathing normally whilst you are waiting for an ambulance, you may need to help by giving CPR (basic life support, as explained in part A).

Bleeding, burns and broken bones

In first aid, there three general principles to help in many different situations. The principles are:

- i. If it's hot, cool it**
- ii. If it's bleeding, stop it**
- iii. If it's broken, don't move it**

Of course, incidents vary in their severity so the principle needs to be applied proportionally. Also, whenever dealing with accidents, ensure that the cause of the accident is safe.

Looking at principle one - If it's hot, cool it

If the incident is a very severe burn (dry heat) or a scald (wet heat such as steam), you would call an ambulance first. If there is no other qualified help around, try to cool the burn down for at least 10 minutes under cool tepid, running water or soak a towel or other cloth (that doesn't give off fluffy fibres that stick to the wound).

Once it has cooled sufficiently, use strips of plastic cling film and lay them loosely on the wound to protect raw, exposed skin from germs. Clearly, if your hand gets slightly burnt on the cooker or you manage to pour a hot cup of coffee over yourself, you would not call an ambulance, but you would run your hand under a cold tap for at least 10 minutes and apply a clean dressing.

Looking at principle two - If it's bleeding, stop it

Again, it is important to keep things in proportion. If someone has a large gash caused by a knife or other sharp instrument that is pumping blood, call an ambulance and grab any non-fibrous cloth such as a T-shirt (the bigger the better), to apply direct pressure and staunch the flow of blood. A compression bandage (a bandage wrapped very tightly) will do the same job. However if the wound has a foreign object embedded in it such as glass or metal, do not put any pressure on it and do not remove it. Remember, what cuts going in will also cut going out. Raise the wound as high as possible to take pressure off it; pressure will cause more bleeding. A slash wound will bleed externally and look very dramatic, but an impale wound may bleed internally and is by far the more dangerous of the two.

If on the other hand, you cut your finger whilst chopping vegetables, don't call out an ambulance, but do get something clean to hold against the cut and apply pressure to stem the blood flow. In the case of your hand, holding it above your head (or anywhere above the heart) will help it to stop bleeding. The cut may re-open a few times, but systematically staunching the blood flow will eventually cause the blood to coagulate and form a clot. Very severe bleeding can lead to shock which we covered earlier on in the module.

Looking at principle three - If it's broken, don't move it

In general, broken bones should not be moved and this is crucial in the case of a suspected spine or neck injury. If the injury is to a limb, for example an arm, it should be supported and immobilised.

Broken bones and fractures need an x-ray and hospital treatment. If the issue is with a finger, thumb or arm, once it is supported and immobilised, they could be taken to hospital by car. If it looks like it is anything more serious, for example a leg or potentially a broken back, do not move them at all and call for an ambulance. This is because the larger the bone, the more potential there is for internal bleeding and the more serious it is. For example, a break to the large thigh bone (femur) could result in a blood loss of up to four pints.

In summary

In this section, we have covered a range of life threatening to serious incidents that most people say they would not know how to handle.

Remember that in most cases, you won't have to. There is usually someone around with medical or first aid knowledge and if all else fails and it is a life threatening incident, the ambulance service has a target time of eight minutes to get to you. When you call for an ambulance, the operator will also generally give you guidance over the phone.

Finally, we explained three important principles of first aid – if it's hot, cool it, if it's bleeding stop it and if it's broken, don't move it. You will find this advice will cover a multitude of different

sorts of incidents. In the next module, we will explore some of the more common day-to-day incidents that may require first aid.



Introduction

In the last section we covered a range of serious and sometimes life threatening incidents that people say they would be worried about handling. Hopefully we have shown you that although they can appear daunting, most will require little intervention from you until an ambulance arrives.

We also looked at three important principles of first aid – **if it's hot, cool it, if it's bleeding, stop it and if it's broken, don't move it.**

In this section, we will focus on some of the more common day-to-day incidents that may require first aid. We will start with a very common one, nose bleeds.

Nose bleeds

Nose bleeds seem to happen to some children with alarming regularity during their childhood, but they are not usually serious and they are easily treated. Simply sit the person down with their head bent forward and ask them to breathe through their mouth. Pinch the nose just above the nostrils for 10 minutes, reassuring them all the time. If the bleeding hasn't stopped after 30 minutes and it is still severe, call for an ambulance.

Fainting

Fainting occurs when the blood flow to the brain is temporarily reduced. The person may feel sick and feel as if they are going to fall down. Some people do just collapse. If someone is about to faint, get them to lie on the floor with their legs raised. Do not sit them on a chair because there is a real danger they could fall off it and damage themselves. Make sure they have plenty of fresh air and stay with them until they feel well enough to sit up. If someone is prone to fainting regularly, they should visit their doctor to rule out any other causes.

Insect bites

In the UK, insects that bite include midges, mosquitoes, ticks and fleas. When an insect bites, they release saliva that can cause redness and swelling, blisters and irritation. Most people experience a small red, itchy raised lump, but in others the reaction can be more severe and include blisters. As with any swelling, there will also be a certain amount of heat and irritation, so follow the advice in module two, 'if it's hot, cool it' and the symptoms should subside. Most insect bites get better within a few hours, but advise the person to see their doctor if the symptoms persist.

Insect stings

Insects inject venom into the skin when they sting. The area usually swells and is sore and painful for a few days. Treat stings in the same way as you would an insect bite, with cold cloths to prevent further swelling.

The exception to this is a bee sting. Bees leave their sting behind in the skin, along with a venomous sac. Scrape it out immediately with something that has a hard edge, like a credit card or the noncutting edge of a knife and then cool the wound down with cold cloths, as with an insect bite.

Very few people, roughly three in 100, can have an allergic reaction (anaphylactic shock) when they get stung by a wasp. This is a medical emergency because it could prove fatal in a short amount of time. We covered how to deal with it in module two.

We will now take a look at some other types of incident that most people say they would have difficulty handling.

Electrocution (low voltage)

If someone has been electrocuted, first switch off the electricity at the mains to break the contact between the electricity and the person. Do not touch the person until you are absolutely sure the electricity supply has been cut off, otherwise you are liable to receive an electric shock yourself. Once you are sure it is safe, if the person is still conscious and breathing normally, be sure to comfort and reassure them. A low voltage shock could result in a small burn. A trip to the pharmacy or a walk-in centre should suffice.

Should you discover, once the electrical supply has been cut off, that the person is unconscious and not breathing normally, call an ambulance and carry out basic life support (CPR) whilst waiting for the ambulance to arrive.

Sunburn

If it's hot, cool it. Cool the person down with cold cloths to bring down their temperature and if the area affected can be placed under a cold tap, run water over it for 10 minutes or more. Otherwise keep cold cloths on it. Give them sips of water to drink which will help to prevent heat exhaustion. If the sunburn isn't too bad, apply calamine lotion to soothe the area. Seek medical advice if it is a serious burn or very widespread.

Sprains and strains

For the best treatment for sprains and strains, remember **RICE**:

Rest - Rest the injury

Ice - Wrap a cloth around an ice pack and apply it to the injury for 10 minutes.

Compression - To reduce swelling, apply a firm bandage to the injury

Elevation - Elevate the injury to help prevent swelling

If you are unsure about the extent of the injury, recommend that the person seeks medical advice.

Low blood sugar

Low blood sugar is usually associated with diabetes (hypoglycaemia or hypo for short), but it can also result from other conditions. Low blood sugar starves the brain cells of energy and starts a chain reaction where the person starts to feel weak and faint, they may become confused and/or aggressive and eventually they may lose consciousness. To a bystander, the person may appear drunk.

To rectify the low blood sugar, give the person a sugary, non-diet drink, such as a small glass of pure fruit juice, or something to eat, such as a small handful of jelly babies, or at least three glucose tablets and they should respond reasonably quickly. Once they become more alert, give them more food or drink to further stabilize them.

If the person does not respond and they are not breathing normally, call for an ambulance and perform basic life support.

Asthma

When someone is suffering from an asthma attack, their airways become narrowed which makes it hard to breathe. As well as breathing difficulty they may wheeze, find it hard to speak and they may become distressed. In more extreme cases, they may have a blue-grey tinge to their lips and nails.

For many people, managing mild asthma is part of their day-to-day life and most cope very well. To relieve an attack, many people carry a blue inhaler and children often use a spacer device with it too. To help someone having an asthma attack, encourage them to use their blue inhaler and assist them if necessary. A blue inhaler should lessen the attack within a few

minutes. Encourage the person to sit in a comfortable position and breathe slowly and deeply. Do not lie them down.

If they appear to be getting worse in spite of their continued use of the blue reliever, call for an ambulance. Should they lose consciousness and their breathing is not normal, be prepared to administer basic life support (Appendix 1) whilst you wait for the ambulance to arrive.

Advice for non-urgent conditions

There is a wealth of advice for conditions that are not life threatening, for example:

- your local pharmacy can advise you on over-the-counter medications
- you can use a 'walk-in' treatment centre or visit a minor injuries unit
- make an appointment with the GP (who will also have an out-of-hours service available).
- For health advice, visit NHS Choices at www.nhs.uk or when you need medical help fast, but it's not a 999 emergency, call 111 the NHS non-emergency number from any landline or mobile, free of charge.

In summary

In this section we have looked at some of the more common occurrences that may require first aid treatment and what to do if you encounter one of them.

We hope to have shown you that the most serious incidents are extremely rare and in the case of a life threatening incident, anything you can do in the time it takes for an ambulance to arrive will undoubtedly prove valuable. Even a few comforting words will mean a great deal to someone who is suffering.

We also trust that we have given you some knowledge on the more common incidents that you can put to good use in your daily life.

You may also like to further your knowledge by attending a taught first aid course where you can practice basic life support on the life-like dummies they will be able to provide.

Knowing some basics about first aid is a life skill that everyone should have and their family, friends, colleagues and sometimes, even complete strangers, will thank them for it.

Choose well and get the right NHS care

NHS
Nottingham City
Clinical Commissioning Group

Feeling unwell? It's easy to get the right care, first time.

Self Care - Hangover, grazed knee, cough, sore throat



Pharmacy - Fever, stomach upset, aches and pains, headache

GP - Ear pain, back pain, symptoms that won't go away



111 - Surgery closed? Not sure what service you need? Call 111

Urgent Care Centre - Sprains, fractures, minor burns, skin infection



A&E - Loss of consciousness, severe breathing, heavy bleeding – this is an emergency!

For more information about NHS services please go to www.nhs.uk



NHS 111

What is NHS 111?

NHS 111 is a free telephone service available 24 hours a day, 365 days a year. The service is staffed by a team of fully trained advisers, supported by experienced nurses.

How can NHS 111 help me?

If you have an urgent health problem and it is not a 999 emergency you can telephone **111** and speak to a fully trained advisor. They will ask you questions to assess your symptoms then give you the healthcare advice you need or

direct you to the local service that can help you best. If NHS 111 advisers think you need an ambulance, they will immediately arrange for one to be sent to you.

What next?

Make sure you save **111** into your phone and call it when you need healthcare advice or help in accessing the right service.





Do you have:

ear pain / persistent vomiting / a sore tummy / backache / a rash / a high temperature (in adults and children) / regular headaches / blood in wee / any other health problem?

What is a GP surgery?

A GP surgery is where you can receive general healthcare advice and treatment from doctors and nurses who work in your local community.

How can my GP surgery help me?

Doctors (GPs) and experienced practice nurses at your local surgery can help you with a whole range of health problems and conditions, both physical and mental. They can also support you with improving your

overall health, give vaccinations and advise you on giving up smoking. If your doctor cannot deal with your specific problem then you will usually be referred to a consultant with specialist knowledge.

What next?

You will need to register with a local GP surgery which is accepting new patients – to find one that covers the area where you live visit www.nhs.uk.

If you have an urgent medical condition telephone your surgery.

They can offer same day appointments for urgent problems. Outside normal surgery hours you can telephone **111**. They can put you in contact with the GP out of hours service, which can arrange for you to see a doctor or nurse during evenings and weekends if needed.



Do you have:

high temperature (in adults) / aches and pains / stomach upset / diarrhoea / runny nose / painful cough / headache / allergies / hay fever / cough / cold / conjunctivitis / cystitis / earache / or need emergency contraception?

What is a pharmacy?

Your local pharmacy or chemist is where prescriptions from your doctor can be dispensed; you can buy over-the-counter medicines and receive advice from a qualified pharmacist on minor ailments.

How can pharmacies help me?

Pharmacists can give you free expert and confidential advice on many common health issues. They can also help you decide whether you need to see a doctor.

What next?

To find your nearest pharmacy, its opening times and other Nottingham City pharmacies that are open late visit

www.nottinghamcity.nhs.uk

Midnight Pharmacies

Day Night Pharmacy

116 Southchurch Drive,
Clifton, NG11 8AD
Tel: 0115 921 2777

Mon - Fri: 7am - Midnight
Saturday: 9am - Midnight

Midnight Pharmacy

194 Alfreton Road, Radford,
NG7 3PE

Tel: 0115 727 0999

Mon - Sat: 9am - Midnight
Sun: 12pm - Midnight

QMC Pharmacy

Medicines Information,
8 Floor, QMC Campus, Derby
Road, Nottingham, NG7 2UH
Tel: 0115 924 9924

Mon - Fri: 9am - Midnight
Sat & Sun: 10am - Midnight

Boots

Riverside Retail Park, Queens
Drive, NG2 1AL

Tel: 0115 986 4182

Mon - Sat: 9am - Midnight
Sun: 10.30am - 4.30pm



The Emergency Department is for real emergencies only

If you or someone else has: loss of consciousness / severe breathing difficulties / heavy bleeding / severe chest pain / possible broken bones / deep wounds / stroke / swallowed something harmful or poisonous / taken a drug overdose.

What is the Emergency Department?
The Emergency Department at the hospital is for real emergencies only.

How can the Emergency Department help me?
The Emergency Department assesses and treats patients with serious injuries or illnesses.

Remember, if it's urgent but not life-threatening you can visit the NHS Urgent Care Centre, where you are likely to be seen more quickly.

The NHS Urgent Care Centre is at Seaton House, London Road, Nottingham NG2 4LA and is open from 7am to 9pm 365 days a year. You do not need an appointment.



Do you have: toothache / gum swelling / or just need to check the health of your teeth and gums?

What is a dentist?

A dentist is a healthcare professional who specialises in teeth and gums.

How can my dentist help me?

Your dentist can treat a range of general and urgent dental issues to help prevent tooth disease and decay.

What next?

You should have regular check-ups with your dentist to make sure your teeth and gums are healthy. If you are not registered with a dentist visit www.nhs.uk to find a dentist near to you that is taking new NHS patients.

For urgent problems call your usual dentist first. If the surgery is closed, you will hear recorded information on who to contact in an emergency or you can call NHS 111.

An emergency dental service (no appointment) is available Monday to Saturday at the Integrated Dental Unit based at the same location as the Urgent Care Centre on London Road. Visit www.nhs.uk for information and opening times or call **0115 883 8500**.

Please note patients who are not exempt from NHS charges will be asked to pay for treatment.





Urgent Care Centre

Do you have:

An injury (including suspected broken bone or sprain) / minor burn or scald / cut that might need stitches / eye problem / infection / or mild to moderate breathing difficulties

What is an Urgent Care Centre?

The NHS Urgent Care Centre provides assessment and treatment of urgent health problems without an appointment.

How can the Urgent Care Centre help me?

Doctors, specially trained nurses and support staff are available to help if you have an urgent health problem that requires advice or treatment straight away. If you have a suspected fracture, X-ray facilities are available for diagnosis and to help advise what treatment you may need.

What next?

The Urgent Care Centre is open 365 days a year between 7am and 9pm. You don't need an appointment - you can just walk-in. Or you can call NHS 111 if you are unsure which NHS service to use.

The NHS Urgent Care Centre is at:

**Seaton House,
London Road,
Nottingham
NG2 4LA
Tel: 0115 883 8500**



Mental Health

For patients NOT receiving on-going mental health care

If you or someone you know are experiencing mental health problems and are not already receiving on-going care from mental health services, contact your GP. They will be able to refer you to the most appropriate mental health service. If your surgery is closed, call NHS 111 who can contact the GP out of hours service if required.

Your GP can also refer you to Psychological Therapy Services (PTS) or you can contact them direct (see below). PTS can see anyone, aged over 18 years registered with a GP in Nottingham City, suffering from mild to moderate common mental health disorders and offer support in person, online, or over the phone.

- Let's Talk Wellbeing
call **0115 956 0888**
- Insight Healthcare
call **0300 555 5580**
- Trent PTS
call **0115 896 3160**

The Samaritans free helpline number is also available for anyone experiencing mental health problems and/or crisis - call **116 123** (24 hours) or visit www.samaritans.org

For patients already receiving mental health services from Nottinghamshire Healthcare Trust

All patients receiving on-going care should have a crisis care plan in place. Please refer to your plan if you feel you are at risk of deterioration or breakdown of carer arrangements.

If you, or the person you are concerned about, already receive treatment and/or care from Nottinghamshire Healthcare NHS Foundation Trust mental health services and need emergency treatment during office hours, please call your care co-ordinator.

Outside office hours, you should call your local Crisis Resolution and Home Treatment (CRHT) Team for telephone support. The Nottingham City CRHT Team can be contacted on **0300 300 0065** (24 hours).