



## MEDICAL POLICY

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## Introduction

### 1. Policy Purpose

This policy covers the following:

- Illness
- First Aid
- Accidents
- Record keeping
- Medicine

### 2. Policy Compliance

Blanchelande College has regard to

- [‘Guidance on First Aid for Schools’](#) (Department for Education)
- [‘Supporting children at school with medical conditions’](#) (Department for Education)

### 3. First aid needs assessment

The College’s provision is determined by a first aid needs assessment that takes into consideration:

- the physical College environment,
- employees, students and visitors, and
- hazards and risks present

### 4. Management and responsibility for First Aid

Responsibility for the implementation of the provision of first aid at Blanchelande College is delegated by the Trustees and Board of Governors to the Principal who determines the number and training needs of the Appointed Persons.

### 5. The number of appointed persons

The number of appointed persons/ First Aiders is reviewed annually – or more frequently, if required, taking into consideration:

- The age of the children (especially in the EYFS);
- the number of staff (and pupils) present at any one time;
- the number and location of first aid boxes;
- the level of experience of the staff;
- the number of staff and pupils with disabilities or specific health problems;
- the size, nature and location of the school premises to which members of staff normally have access in the course of their employment;



- the level of risk and any unusual or specific hazards (e.g. working with hazardous substances, tools or machinery);
- arrangements for travelling and off-site activities;
- arrangements for out of school hour activities such as wraparound care and parents' evenings;
- the types of activity undertaken;
- the proximity of professional medical and emergency services;
- accident statistics, based on incident reports and near-miss forms.

When selecting staff to be an Appointed Person or First Aider, the Principal will take into account their reliability, communication skills, ability to learn, ability to cope with stressful situations and the ability to leave the work they are doing at the time.

## 6. Illness and Attendance

- Sickness: Any child who is unwell during the school day will be sent to the Medical Room. Parents will be contacted should collection be required, or to seek permission for a specific medical treatment.
- Return to College after sickness - the 48 hour rule: A child who has been off-school with a contagious illness must be *symptom-free for 48 hours* before returning to school. The Principal has the right to refuse a premature return to school following a vomiting bug.

### First Aid **training**

There are three levels of First Aid training within the College:

1. Full Aid at Work: the full statutory training certificate.
2. Emergency First Aid: a one day training certificate.
3. Specific First Aid training, including Pediatric and Outdoor education.

All qualifications are listed in Appendix A.

### **Appointed persons**

A qualified first aider's role is to respond to medical incidents and carry out a basic assessment. If appropriate, this will involve accompanying the injured or sick pupil to the Medical Room. Appropriate treatment and record-keeping are to be carried out. If a pupil is unable to relocate to the First Aid room, the first aider ensures that appropriate First Aid equipment is brought to them. In the case of a major incident or cardiac arrest, an ambulance is to be called (999/112); a defibrillator is onsite.

The designated first aider is someone who has undertaken an advanced 3 day First Aid in the Workplace course. They are responsible for assessing any illness or medical emergencies. They will then make decisions on treatment to be given. They are to keep



clear and concise records on any first aid given or medication administered. This is to be recorded on the Accident Report Form. Copies of the Accident Report Form are kept in the First Aid Room (located by the Main Office).

The College Administrator (who is also a designated first aider) is responsible for keeping the First Aid Room stocked and to stock take any medication.

All staff are responsible for practising infection control procedures e.g. wearing of latex gloves when dealing with bodily fluids. All medical dressings and gloves are to be disposed of in a yellow bag. These can be found in the First Aid Room.

The number of first aiders and level of training is reviewed annually by the Principal.

#### **4. Emergency procedures and informing parents**

Any pupil who sustains an injury on the School premises should be taken to the First Aid Room, if the injury allows it. If the pupil is unable to attend the First Aid Room a designated first aider must be contacted and is to attend the scene.

Parents/guardians must be contacted immediately/at the time if the accident is serious and a decision should be taken about whether to seek hospital attention:

- If the situation is life threatening, an ambulance must be called without delay and the pupil should be transported to hospital. (Although this is at the cost of the parent/guardian, parental permission to call an ambulance is not required.)
- Staff should not take pupils to hospital in their own car other than in exceptional circumstances e.g. if an ambulance is unable to get to the emergency.
- It is the responsibility of every parent/guardian to ensure that the school has their correct contact details.

For any 'bumps on the head' parents will receive a phone call and receive a written record.

For less serious accidents, parents should be informed verbally either by telephone or at collection.

When an accident has taken place in the Nursery that involves further action by a health professional, the Early Years Inspection Team are to be notified within 24 hours of the accident occurring.

#### **5. First Aid facilities**

There are a number of first aid boxes located around the school. The contents of first aid boxes are checked on a regular basis by the College Administrator in each area and any replenishments/replacements are actioned immediately.



Blanchelande College has a designated Medical Room adjacent to the Main Office, on the ground floor by Reception. The Medical Room contains the following facilities:

- Locked cupboard with first aid equipment and medication.
- A bed for those needing medical assistance to rest and receive treatment.
- Hand washing facilities.
- Adjoining the room are bathroom facilities dedicated to the First Aid Room.
- Equipment for the management of infection control.

## **6. First Aid and medication storage**

The First Aid cupboard, which is kept locked, contains stock Medication, e.g. analgesics and antihistamines and pupil-prescribed medication.

Inhalers and epipens are not locked in the medical cupboard because the correct protocol is for these to be readily available at all times. Other readily available items include First Aid Equipment, e.g. dressings, plasters, saline, etc.

## **7. Reporting & record keeping**

All members of the school community should report any accident or incident, however minor, as soon as possible after it has occurred. This should be done by completing an accident form. The Accident Report will be countersigned by the Vice Principal (who is also Vice-Chair of Health and Safety Committee) and/or Bursar (Chair of Health and Safety Committee) before being passed onto the Principal. All Accident Report forms are placed in the Accident Folder by the College Administrator for review by the Health and Safety Committee. If necessary the school's [near miss form](#) should also be completed to aid with policy review.

Parents should be informed about any accident in the following categories:

- where a pupil has had to go to hospital;
- where a pupil is particularly upset by the accident;
- where a head injury is involved.

If, as a result of an accident, a pupil is taken to hospital and becomes absent from school, the Principal /Vice Principal should be notified immediately.

## **8. Statutory requirement to report**

Under the Reporting of *Injuries, Diseases and Dangerous Occurrences Regulations 1995(RIDDOR)* some accidents must be reported to the Health & Safety Executive (HSE).



The Principal must report accidents to the HSE as specified under Guernsey legislation. Details of this are specified in the Guernsey HSE guidance document '*Reporting an injury, disease or dangerous occurrence*'. A copy of this document is kept in the Principal's Office and is available to staff on request.

The Principal must keep a record of any reportable injury, disease or dangerous occurrence which must include the following details:

- date and method of reporting;
- date, time and location of the event;
- personal details of those involved;
- Brief description of the event or disease.

The Principal must ensure that readily accessible accident records, written or electronic, are kept for a **minimum of seven years**.

## 9. Medication

### Parents' responsibilities

The following are the sole responsibility of the pupil parents/guardians:

- Parents must inform the school in writing of the type of medication that needs to be taken and the reasons for this medication
- They must give written consent for Blanchelande staff to administer medication to their child and be explicit as to what type can be administered.
- Make the school aware of any changes in their child's health and wellbeing.
- Ensure the school has any required medication the pupil may need.
- Restock medication as required and ensure that any medication kept at Blanchelande is up to date and has not expired.
- It is helpful for parents to provide the College with a spare inhaler for use in case the original inhaler is left at home or runs out.

### Protocols for medication

Regardless of the medication being prescription or non-prescription (e.g. those providing relief from period pains or hay fever) the following rules apply:

- The College will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administering, dosage and storage.
- Medication must be clearly labelled with the pupil name, dosage and any medical instructions (i.e. when the medication must be administered).
- When no longer required, medications are to be returned to the parent/ guardian for disposal.



- Medication of any type should not be given by any member of staff to a pupil unless written consent has been given by parents/guardians.
- Inhalers may be kept by pupils if they are considered responsible enough to do so.
- Prescription medicines are not administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- All medicines should be stored safely in the medical room. Children of school age should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens (EpiPen) should be always readily available to children and not locked away. This is particularly important to consider when on school trips.
- In line with guidance, children (who will tend in the senior years of the school) who are competent will be allowed responsibility for managing (including carrying on their person and self-administering) their own medicines and procedures, in adherence to an individual healthcare plan or medical letter written/approved by a medical professional/parent. Where children do not have the required maturity/competence, appropriate supervision will be provided.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. The College should otherwise keep controlled drugs that have been prescribed for a student securely stored in the medical cabinet in the main office and only named staff should have access. Controlled drugs should be easily accessible in an emergency.
- A member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction. Staff administering medicines should do so in accordance with the prescriber's instructions.
- The College should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. 'Sharps' boxes should always be used for the disposal of needles and other sharps.



## 10. Record keeping

A record of all administered medication must be kept by the College Administrator and must include the following details:

- Who was the medication administered to and by whom?
- When was the medication given to the pupil (date and time)?
- What medication was administered?
- Why was the medication administered?
- Any side effects of any medication administered should also be noted and parents informed.





## APPENDIX A – First Aiders

Appointed Person	
Appointed Person with responsibility for day to day First Aid provision	Tracy Feehan

First Aid at Work (statutory three day course)			
Qualified staff	Date of qualification	Date of expiry	Contact details
Tracy Feehan	November 17 <sup>th</sup> , 2022	November 16 <sup>th</sup> 2025	Ext 235
Joanne Masterton-Pipet	1 <sup>st</sup> March 2023	26 <sup>th</sup> February 2026	Ext 229

Activity First Aid (2 day course)			
Qualified staff	Date of qualification	Date of expiry	Contact details
Mike Elward	9 <sup>th</sup> February 2023	8 <sup>th</sup> February 2026	Ext 207
Petri Mostert	6 <sup>th</sup> November 2022	5 <sup>th</sup> November 2025	

Emergency First Aid at Work (one day course)			
Qualified staff	Date of qualification	Date of expiry	Contact details
Justine Vlad	December 3 <sup>rd</sup> 2020	December 2 <sup>nd</sup> 2023	Ext 226
Rachel Van Der Linden	December 7 <sup>th</sup> 2020	December 6 <sup>th</sup> 2023	Ext 237
Morna McDougall	November 22 2023 <sup>t</sup> 202	November 23 <sup>rd</sup> 2026	Ext 232
Steve Hutchison	May 4 <sup>th</sup> 2021	May 3 <sup>th</sup> 2024	
Nikki Rihoy	May 6 <sup>th</sup> 2021	May 5 <sup>th</sup> 2024	
Tricia Lewis	May 11 <sup>th</sup> 2021	May 10 <sup>th</sup> 2024	
Maddie Ellert	May 11 <sup>th</sup> 2021	May 10 <sup>th</sup> 2024	
Danielle Potter	October 13 <sup>th</sup> , 2022	October 12 <sup>th</sup> 2025	
Darren Broad	May 31 <sup>st</sup> 2023	May 30 <sup>th</sup> 2026	Ext 205
Matthew Noble	May 31 <sup>st</sup> 2023	May 30 <sup>th</sup> 2026	Ext 262



Paediatric First Aid Training			
Qualified staff	Date of qualification	Date of expiry	Contact details
Scarlett Regan	2 <sup>nd</sup> March 2023	1st March 2026	
Kate Taylor	10 <sup>th</sup> July 2021	9 <sup>th</sup> July 2024	
Charlie Fawkner-Corbet	21 <sup>st</sup> March 2021	22 <sup>nd</sup> March 2024	
Faye Pedersen	15 <sup>th</sup> July 2022	15 <sup>th</sup> July 2025	
Jemima Carr	24 <sup>th</sup> June 2022	24 <sup>th</sup> June 2025	
Jo Hutchison	14 <sup>th</sup> May 2022	13 <sup>th</sup> May 2025	
Romey Le Masurier	18 <sup>th</sup> February 2023	12 <sup>th</sup> February 2026	

National Water Safety Management Programme			
Qualified staff	Date of qualification	Date of expiry	Contact details
Steve Hutchison	June 2021	June 2024	



## **APPENDIX B - Location of First Aid boxes**

First Aid boxes/bags are located in the following places:

- A-Level Lab (Science 4)
- Physics Lab (Science 2)
- Chemistry Lab (Science 3)
- Biology Lab (Science 1)
- Science prep room
- Rosaire Hall Kitchen
- Junior Staff Room
- Cookery Room
- Outside the Infant toilets
- Design and Technology room
- PE office
- Victor House staff kitchen
- Nursery department
- School minibuses x 5

The PE and Nursery staff have first aid kits for outdoor use. Additional portable first aid kits (for taking on offsite activities, etc.) are available from Mrs Low in the Medical Room.



## APPENDIX C - Contents of First Aid boxes

Each first aid box should contain the following items:

- a leaflet giving general advice on First Aid;
- 20 individually wrapped sterile adhesive dressings (assorted sizes);
- 1 sterile eye pad;
- 1 individually wrapped triangular bandage (preferably sterile);
- 6 safety pins;
- 2 medium sized (approximately 12cm x 12cm) individually wrapped sterile wound dressings;
- 1 large (approximately 18cm x 18cm) sterile individually wrapped wound dressing;
- 8 Individually wrapped wound cleansing wipes;
- 1 x 500ml bottle of sterile water;
- 1 crepe rolled bandage;
- 1 pair scissors;
- 2 pairs of disposable gloves;
- 1 foil blanket;
- Tweezers;
- Numerous different sized plasters.



## **APPENDIX D - Anaphylaxis**

An allergy is when the body reacts to foreign substances called allergens, which trigger an exaggerated response from the immune system. An allergic reaction can occur following exposure to many things including food (nuts, fish, dairy products), animals (wasp and bee stings, animal hair), grasses, dust and drugs. The allergic reaction can range from mild to severe (anaphylaxis).

### **The Symptoms of Anaphylaxis**

Any or all of the following symptoms may be present during an anaphylaxis reaction:

- Swelling of tongue and/or throat
- Difficulty in swallowing or speaking
- Vocal changes (hoarse voice)
- Wheeze or persistent cough or severe asthma
- Difficult or noisy breathing
- Stomach cramps or vomiting after an insect sting
- Dizziness / collapse / loss of consciousness (due to a drop in blood pressure)

### **Treatment**

- Treatment of anaphylaxis requires emergency medication. This will be either carried by the student on their own person (if advised by their doctor), or in the First Aid Room.
- Teaching staff will receive Epi-pen training annually and should fully understand what procedures and protocols to follow.
- The First Aider will ensure that Epi-pens and inhalers are clearly named and easily accessible.
- For severe allergy sufferers attending residential trips, the trip leader will liaise with the First Aider and/or the pupil's parents to ascertain the correct management strategy, which will be included in the trip risk assessment.
- If anaphylaxis occurs, medication is to be administered via an Epi-pen. An ambulance is then to be called.



## APPENDIX E – Asthma

### **What is asthma?**

Pupils with asthma have airways which narrow as a reaction to various triggers.

### **What are the triggers of asthma?**

The triggers vary from individual to individual but common ones include: viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in some cases.

### **What are the symptoms of asthma?**

Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly and difficulty in breathing, especially in breathing out. The pupil may become distressed and in very severe attacks the pupil's skin and lips may turn blue.

### **Medication and control**

Medication to treat the symptoms of asthma usually come in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances.

Most pupils with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils to carry their inhalers with them at all times, particularly during PE lessons. If a pupil is too immature to take responsibility for the inhaler, staff should ensure the inhaler is kept in a safe, but readily accessible, place, clearly marked with the pupil's name.

***Pupils with asthma must have immediate access to their inhalers when they need them.***

### **Managing pupils with asthma**

- Staff should be aware of those pupils under their supervision who have asthma.
- PE staff should ensure that all pupils with asthma have their inhaler prior to the commencement of a session.
- If using an inhaler fails to improve the pupil's breathing the pupil should be accompanied to the medical room to seek further treatment/make contact with parents.



## **Offsite activities**

Staff should ensure that all pupils taking part in offsite activities carry their medication with them. Staff supervising the activity must be aware of the pupil's condition and of any relevant emergency procedures.

## **Issues which may affect learning**

Pupils with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities.

Physical activity benefits pupils with asthma in the same way as other pupils. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils, those with asthma should be encouraged to undertake warm-up activities before full physical activity, especially when the weather is cold.

## **What to do if a pupil has an asthma attack**

- Stay calm and reassure the pupil. Speak calmly and listen to what the pupil is saying.
- Try not to leave the pupil alone unless absolutely necessary.
- Make sure that any medication is used promptly.
- Help the pupil to breathe by encouraging the pupil to breathe slowly and deeply.
- Lean the pupil slightly forward.
- If the child does not respond to medication ensure they are accompanied to the medical room.



## APPENDIX F – Diabetes

### What is Diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin.

Normally, the amount of glucose in the bloodstream is carefully controlled by the hormone insulin; in particular, insulin plays a vital role in stopping the blood glucose level from rising too high.

Pupils with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high (hyperglycaemia) a pupil may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low (hypoglycaemia) a pupil may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

### Medication and Control

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range.

In most cases pupils will have their insulin injections before and after school but some pupils may require an injection at lunchtime. If a pupil needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the pupil may require privacy in which to administer the injection. Some pupils may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep a near normal blood glucose level. Pupils will have been given guidance on food choices, which should be reduced in sugar and fat but high in starch. Most pupils with diabetes will also need to eat snacks between meals and occasionally during class time. It is important that this is allowed without hindrance or fuss and that the lunchtime meal is taken at a regular time. A pupil with diabetes may also need access to supplies of fast acting sugar in case of a hypoglycaemic episode.

It is important that there is good communication between parents and the College as many aspects of growth and development will have an impact on pupils with diabetes.





## **Offsite activities**

- Staff should ensure that all pupils taking part in offsite activities carry their medication with them
- Staff supervising the activity must be aware of the pupil's condition and of any relevant emergency procedures

## **Issues which may affect learning**

Pupils with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil with diabetes in maintaining an adequate blood glucose level:

- Encourage the pupil to eat or drink some extra sugary food prior to the activity
- Have glucose tablets or a sugary drink readily available in case the pupil displays symptoms of hypoglycaemia
- After the activity is concluded, encourage the pupil to eat and to take extra fluid

## **What do if a pupil has hypoglycaemic (low blood sugar) episode**

Common causes:

- a missed or delayed meal or snack
- extra exercise
- too much insulin during unstable periods
- the pupil is unwell
- the pupil has experienced an episode of vomiting
- Get someone to stay with the pupil and call for medical help. Do not send them out of the class on their own as their blood sugar may drop further and they may collapse.
- Give fast acting sugar immediately e.g. Lucozade, fresh orange juice, cola, glucose tablets, jam.
- Recovery usually takes ten to fifteen minutes.
- Upon recovery, give the pupil some starchy food e.g. biscuits, a sandwich
- Inform the school office of the episode
- Assess whether the pupil needs to go home

## **What to do if a pupil has a hyperglycaemic (high blood sugar) episode**

- Do not restrict fluid intake or access to the toilet
- Contact the school office if concerned



## **APPENDIX G – Infection Control Procedures**

- Use disposable latex or vinyl gloves and a disposable apron when dealing with any bodily fluid.
- Clean surfaces using disposable paper towels and Sani Cloth Antibacterial Wipes.
- Dispose of all used paper towels and cloths in a yellow bag for incineration
- For non-carpeted areas, sanitise the area using a bleach solution.
- For carpeted areas, clean with detergent and then shampoo within 24 hours.
- Clean non-disposable equipment with a bleach solution.
- Discard gloves and apron into a yellow bag for incineration.
- Thoroughly clean hands with soap and water.



## APPENDIX H - Treatment of Shock

Shock is a life-threatening condition which happens when the body isn't getting enough flow of blood.

This means that the cells don't get enough oxygen to enable them to work properly, which can lead to damage of the vital organs like the brain and the heart.

Shock can be caused by anything that reduces the flow of blood, including:

- Heart problems, such as a heart attack, or heart failure
- Severe internal or external bleeding
- Loss of body fluids, from dehydration, diarrhoea, vomiting or burns
- Severe allergic reactions and severe infection

If someone has any of the conditions above, which can reduce the circulation or blood flow, they could develop shock, so you may need to treat them for this condition as well.

### **What to look for – shock**

If you think somebody could be suffering from shock, there are seven key things to look for:

- Paleness of the face (pallor)
- Cold, clammy skin
- Fast, shallow breathing
- Fast, weak pulse
- Yawning or sighing
- Confusion
- Loss of response (in extreme cases)

### **What you need to do – shock**

If they are showing signs of shock:

- Lie them down with their head low and legs raised and supported, to increase the flow of blood to their head. Do not raise an injured leg.
- Loosen any tight clothing around the neck, chest and waist to make sure it doesn't constrict their blood flow
- Fear and pain can make shock worse, by increasing the body's demand for oxygen, so while you wait for help to arrive, it's important to keep them comfortable, warm and calm. Do this by covering them with a coat or blanket and comforting and reassuring them
- Keep checking their breathing, pulse and level of response.



- If they become unresponsive at any point, open their airway, check their breathing, and prepare to treat someone who has become unresponsive. Call 999 or 112 for medical help and say you think they are in shock, and explain what you think caused it (such as bleeding or a heart attack).



## **APPENDIX I - Bleeding**

When bleeding is severe, it can be dramatic and distressing. If someone's bleeding isn't controlled quickly, they may lose a lot of blood, become unresponsive or develop shock. In this case please follow instructions for treatment of shock, listed in Appendix H.

If someone's bleeding from their mouth or nose, they may find it hard to breathe, so you should monitor them in case they become unresponsive.

With all open wounds, there's a risk of infection, Please adhere to infection control measures e.g. washing hands and using gloves.

### **What you need to do - severe bleeding**

- Your priority is to stop the bleeding. Protect yourself by wearing gloves.
- If the wound is covered by the casualty's clothing, remove or cut the clothes to uncover the wound.

### **Follow the steps below for treating severe bleeding.**

- Press it: apply direct pressure to the wound.
- Firmly secure with a dressing or bandage.
- Treat for shock if necessary.
- Support the injured area.