

RIVERSIDE SCHOOL



First Aid Policy

APPROVED BY GOVERNORS

RESPONSIBLE PERSON – HEADTEACHER

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1. Statement of Intent

Riverside School is committed to providing an efficient, robust and effective emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils, visitors and contractors, in line with the employer's duty of care under the Health and Safety at Work etc. Act 1974.

This policy aims to:

- Ensure that the school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

2. Legal Framework

Riverside will comply with the Health and Safety (First Aid) Regulations 1981, ensuring adequate and appropriate first-aid equipment, facilities, and trained personnel are provided.

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'

- DfE (2023) 'Early years foundation stage (EYFS) statutory framework'
- DfE (2023) 'Automated external defibrillators (AEDs): a guide for maintained schools and academies'

This policy is implemented in conjunction with the following school policies:

- Supporting Pupils with Medical Conditions in School Policy (which includes guidance on Administering Medication, Allergen and Anaphylaxis)
- Regulation Support Policy
- Safeguarding Policy
- Educational Visits Policy
- Health and Safety Policy
- Infection Control Policy
- Data Protection and Data Breach Policies (which include data retention guidance)
- Hydrotherapy Emergency Action Plan and Normal Operating Procedures

3. Roles and Responsibilities

The Governing Board is responsible for:

- The overarching development and implementation of this policy and all corresponding procedures.
- Ensuring that the relevant risk assessments and assessments of the first aid needs of the school specifically, have been conducted.
- Ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g., educational visits or parents' evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff, and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance.
- Ensuring that the school has:
 - A suitably stocked first aid kit;
 - An appointed person to take charge of first aid arrangements; and
 - Information for all employees giving details of first aid arrangements.

The headteacher is responsible for:

- The day-to-day development and implementation of this policy and its related procedures.

- Ensuring that all staff and parents are made aware of the school's policy and arrangements regarding first aid.
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Ensuring that all pupils and staff are aware of the identities of the school first aiders and how to contact them if necessary (please also refer to the Supporting Pupils with Medical Conditions in School Policy – Section 10).
- Information on Riverside's Mental Health First Aiders should also be displayed

Staff are responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Securing the welfare of the pupils at school.
- Making pupils aware of the procedures to follow in the event of illness, accident or injury.

First aiders are responsible for:

- Completing and renewing training.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools.

The first aid appointed person is responsible for:

- Overseeing the school's first aid arrangements.
- Taking charge when someone is injured or becomes ill.
- Looking after the first aid equipment e.g., restocking the first aid container.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Calling the emergency services where necessary.
- Maintaining injury and illness records as required.
- Undertaking an appointed persons' course, emergency first aid training, first aid at work, and refresher training where appropriate, to ensure they have knowledge of:
 - What to do in an emergency;
 - How to assess and monitor a casualty;
 - First aid for the unconscious casualty;
 - First aid for someone who is having a seizure;
 - Maintaining injury and illness records as required; and
 - Paediatric first aid.

4. First Aid Provision

The school will routinely re-evaluate its first aid arrangements through a risk assessment to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school (including satellite sites), the needs of any vulnerable individuals onsite(s), and the nature and distribution of pupils and staff throughout the school and various sites.

The school will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the school will maintain the following minimum provision of first aid items at all sites:

- A leaflet or guidance giving general advice on first aid
- First aid box contents list
- Nitrile gloves
- Triangular bandage (127cm x 90cm)
- Standard eye pad dressing
- Wash-proof assorted adhesive plasters
- Individual sterile moist cleaning wipes
- Finger dressing and adhesive fixing (2.5cm)
- Mouth to mouth resuscitation device
- Foil blanket (130cm x 210cm)
- Hypoallergenic microporous tape (1.25cm x 5m)
- Non-stick dressings (Melonin) 5cm x 5cm
- Non-stick dressings (Melonin) 10cm x 10cm
- Universal shears for cutting clothing
- 20ml eye wash phial
- 6 safety pins
- 100 gauze swabs
- Skin closures
- Burns dressings
- Medical scissors
- Conforming bandages
- Finger stalls
- Emergency spill sachets
- Resuscitation mask

All first aid containers will be identified by a white cross on a green background.

The appointed person will routinely examine the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.

First aid boxes are in the areas detailed below (and in Appendix 1 for St Paul's Cray site):

Site	Locations of First Aid Boxes
Orpington	• The school office

	• Tigers and Cheetahs Classes • Challenger and Lunar Classes • Lighthouse Club and Lighthouse Club Office • Food Tech Room • Pool • AHT and DHT Offices
Beckenham	• The school office • Saturn toilet area • Jupiter class • Mars class • Neptune class • Venus class • Pluto class • Happy Café
West Wickham	• The school office • Leadership office • Staffroom • Hallway near the playground
Phoenix	• The school office • In each classroom • Kitchen

5. First Aiders and Appointed Persons

The main duties of first aiders will be to administer immediate first aid to pupils, staff and visitors, and to ensure that an ambulance or other professional medical help is called when necessary.

The school will ensure that all first aiders hold a valid certificate of competence, issued by an HSE approved organisation, and that refresher training and re-testing of competence is arranged for first aiders within the school before certificates expire.

The school will be mindful that many standard first aid at work training courses do not include resuscitation procedures for children, and will consequently ensure that appropriate training is secured for first aid personnel where this has not already been obtained.

First aiders will ensure that their first aid certificates are kept up-to-date through liaison with the SBM or HR Officer.

Where a first aid box is located, the appointed person will be responsible for ensuring all first aid kits are properly stocked and maintained. The appointed person will also be responsible for maintaining supplies.

First aid notices will be clearly displayed throughout the school with information on the names and locations of first aiders to ensure that pupils and staff know who they must

contact in the event of illness or injury.

The list of current first aid appointed person(s) is available from the HR team, or from the phase leader/ assistant headteacher at each site.

The school will ensure that there is always a sufficient number of first aid personnel available on site at all times to provide adequate cover to all areas of the school.

Early Years Foundation Stage

In line with government guidance, and taking into account staff: child ratios, the school will ensure that there are at least 5 members of staff with a current and full paediatric first aid (PFA) certificate on the premises and available at all times when pupils are present, and accompanying pupils on any and all outings taken.

The school will ensure that PFA certificates are renewed every three years, and that training meets the criteria set out in Annex A of the 'Early years foundation stage (EYFS) statutory framework'.

The school will display staff PFA certificates or a list of staff who have a current PFA certificate, and will make this information available to parents if deemed appropriate and necessary.

All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role.

When selecting first aiders, the school will follow the criteria laid out in government guidance, considering the individuals':

- Reliability and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Availability to respond immediately to an emergency

Where possible or appropriate, the school will ensure that first aid training courses cover mental health in order to help them recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe. Pupils will be supported in accordance with the school's Social, Emotional and Mental Health procedures. The school's wider leadership team are trained as Mental Health First Aiders, to provide specific support in this regard.

Automated External Defibrillators (AEDs)

The school has procured an AED through the NHS supply chain, which is located in the school office at our Orpington site. Other sites will have an AED soon.

Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device. A general awareness briefing session or bulletin, to promote the use of AEDs, will be provided to staff on an annual basis. Use of the AED may be promoted to pupils during PSHE lessons.

Please refer to appendix 2 for further guidance.

6. Accommodation

The school does not have specific first aid rooms, however appropriate and suitable areas are identified accordingly; namely classrooms or the Nurse's Office (SPC only). Any additional medical accommodation will be available in accordance with the school's first aid needs assessment.

The identified areas will be used to enable the medical examination and treatment of pupils and for the short-term care of sick or injured pupils. There will be a wash basin and a toilet nearby.

Identified areas will:

- Be large enough to hold an examination or medical couch.
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean, tidy, accessible and available for use at all times when employees are at work.
- Have a sink with hot and cold running water.
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door which advises the names, locations and if appropriate, contact details of first aiders.

7. Emergency Procedures

If an incident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

If called, a first aider will assess the situation and take charge of first aid administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

Where necessary, a trained staff member will administer emergency help and first aid to

all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. IN some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims. Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member (administrator) calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid by an appropriate person.
- Where an ambulance is required, a staff member accompanies the pupil in the ambulance if the family is unable to do so. The family of the pupil are called as soon as possible to inform them of the course of action taken. The staff member remains with the pupil at the hospital until a responsible adult arrives.
- Where an ambulance is not required, but medical attention is needed, the pupil is only taken to a hospital if the need for care is urgent, using a staff car (if business use insured), accompanied by at least two staff members. One staff member will drive the car and the other staff member will be a qualified first aider, to sit in the back of the car with the pupil and attend to their medical needs. The pupil's family is called and this action can only take place if consent is received. At least one of the staff members remains with the pupil at the hospital or doctor's office until a parent arrives.
- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or, if they are fit to be moved, by removing injured persons from the scene.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to:

- The appropriate assistant headteacher/ phase leader; and
- The family of the victim(s).

The school is aware that responding to an incident can be stressful for the first aider, and that following an incident, the first aider may require support. This may take the form of a debrief from any ambulance crew on scene, an appointment with their GP, or mental health support from external helplines and websites located at the bottom of the government page [‘Promoting and supporting mental health and wellbeing in schools and colleges’](#).

8. Reporting Accidents and Record Keeping

In the event of incident or injury to a pupil, a parent will be informed as soon as practicable and depending on the nature of the injury. Staff will complete an entry in the

appropriate Minor Injuries book.

In the event of a serious injury or an incident requiring emergency medical treatment, the pupil's class teacher will telephone the pupil's parent as soon as possible. Parents will be informed in writing of any injury to the head, whether minor or major, and be given guidance on the action to take if symptoms develop. Staff will need to report the incident by completing an AR3 form, which should be emailed to the in-school HR Office immediately.

Incidents meeting the criteria under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 will be reported to the Health and Safety Executive and Local Authority without delay.

A list of emergency contacts is available from the school office and located on the school's information management system (SIMS).

The appointed person, identified administrator and HR officer will ensure that records are kept of any injuries, accidents or illnesses, as well as any first aid treatment that is given – this will include:

- The date, time and place of the incident.
- The name and class of the injured or ill person.
- Details of the injury or illness and what first aid was given.
- Details of what happened to the person immediately afterwards e.g., whether they were sent home or went back to class.
- The name and signature of the first aider or person dealing with the incident.

HR Manager will ensure that any injury or accident that must be reported to the HSE and LA under RIDDOR obligations is reported in a timely and detailed manner.

All records will be filed and stored in line with the records management guidance in the Data Protection Policy.

9. Offsite Visits and Events

Before undertaking any offsite visits or events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

The school will take a first aid kit on all offsite visits which contains at a minimum:

- First aid instruction leaflet
- Meningitis information
- 4 x cleansing wipes
- Conforming bandages
- 2 x disposable thermometers
- Eyewash solution

- Instant cold packs
- 2 x low adherent dressings
- 6 x safety pins
- Microporous tape
- 2 x pairs disposable gloves
- 2 x burn relieving gel
- 40 x skin tone plasters (light and dark)
- Resuscitation mask

Additionally, the school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition which contains:

- Guidance leaflet
- 1 x large trauma dressing
- 2 x medium trauma dressings
- 2 x confirming bandages
- 2 x triangular bandages
- 20 x cleansing wipes
- 20 x sterile adhesive plasters
- 5 x disposable gloves
- 2 x resuscitation face shields
- 3 x foil blankets
- 2 x adhesive dressings
- 4 x burns dressings
- 1 x first aid hears
- Resuscitation mask

For more information about the school's educational visit requirements, please see the Educational Visits Policy.

10. Storage of Medication

Medicines will be stored securely and appropriately in accordance with individual product instructions, save where individual pupils have been given responsibility for keeping such equipment with them. Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.

Medicine brought in by pupils will be returned to their parents for safe disposal when they are no longer required or have expired.

An emergency supply of medication will be available for pupils with medical conditions that require regular medication or potentially lifesaving equipment e.g., an EpiPen.

Parents will advise the school when a child has a chronic medical condition or severe

allergy so that an IHP can be implemented and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes and anaphylaxis. A disclaimer will be signed by the parents in this regard.

Pupils will have any medication stored and, where appropriate administered, in accordance with their EHCP and the school's Supporting Pupils with Medical Conditions in School Policy.

11. Illness and Allergies

When a pupil becomes ill during the school day, their parent/ carer will be contacted and asked to pick up their child as soon as possible.

A quiet area will be set aside where possible, for withdrawal and for pupils to rest while they wait to be picked up. Pupils will be monitored during this time.

Where a pupil has an allergy, this will be addressed via the school's Supporting Pupils with Medical Conditions in School Policy.

The school will manage any emergencies relating to illness and allergies in accordance with section 8 of this policy (Emergency Procedures).

12. Consent

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details of allergies and chronic conditions – these forms will be updated at the start of each school year.

Staff will not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interest of the pupil in mind – guidelines will be issued to staff in this regard.

13. Monitoring and Review

This policy will be reviewed annually by the Governing Board, and any changes will be communicated to all members of staff.

Staff will be required to familiarise themselves with this policy as part of their induction programme. Staff will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities and personnel.

Appendix 1 – First Aiders List

FIRST AIDERS

Paediatric & Emergency FIRST AIDERS

February 2026

Primary

Annette Royal – Tigers – **132 BOX**

Claire Irwin – Leopards – **136 BOX**

Lucy Godley– Office- **139 BOX**

Adam Thomas – Zebras – **129 BOX**

Secondary

Lisa Mason - Riverside Lounge – **169 BOX**

Clare Collett – Office -**119 BOX**

Helen Movahedi – Office – **139 BOX**

Dawn Shurmer – Lunar – **145 BOX**

Nancy Gibson – Challenger – **174 -BOX**

June Sullivan - **140**

Adult Emergency FIRST AIDERS only

Mel Benton-Lavers – **195 BOX**

FIRST AID BOXES



RIVERSIDE LOUNGE
TIGERS
LEOPARDS
MEL BENTON-LAVERS

OFFICE
POOL
EXTENDED SERVICES
LUCY GODLEY & HELEN MOVAHEDI

CHALLENGER
CLARE COLLETT
LUNA
ZEBRAS

DEFIBRILATOR FIRST AIDERS

Nancy Gibson -Challenger-174

Dawn Shrumer – Luna – 145

Helen Movahedi – Office – 117

James Fuller – Endeavour – 182

Deirdre Lambert – Lions – 131

Lisa Mason – Riverside Lounge – 169

Clare Collett – Office - 119

Sheena Jones – Office - 122

Sandra Algar – Cosmic - 172

Appendix 2 – Defibrillator Procedures

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e., when the heart stops beating normally.

Location of Defibrillators

In view of the importance of responding swiftly to a cardiac arrest, AEDs should be located strategically to ensure that they can be accessed quickly in an emergency.

Devices should ideally be situated no further than a maximum of two minutes' brisk walk from the areas where they are most likely to be needed.

Site	Location
St Paul's Cray	School Office
Beckenham	TBC
West Wickham	TBC
Phoenix	TBC



Areas will be clearly marked using the standard sign for AEDs:

If the AED is temporarily removed from its usual location other than in an emergency (for example, in order to provide cover at a sports event elsewhere on the school site) a prominent notice will be displayed to this effect in its usual location, giving details of an appropriate telephone number on which the member of staff who holds the AED can be contacted.

Training

AED's, as work equipment, are covered by the Provision and Use of Work Equipment Regulations 1998 (PUWER), and as such this places duties on employers in respect of employee training and the provision of information and instructions in the use of such equipment.

AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the AED at the time of use.

At Riverside School, staff have been identified who will operate the equipment. A list of names can be viewed in the school office and other key offices across the site. If other staff wish to be trained on a voluntary basis, the school will provide a general awareness briefing and will receive regular updates as appropriate and required. Staff are encouraged to review the manufacturer instructions.

Resuscitation Action Plan

If one person is on the scene, they should immediately call the emergency services (step

1 of the chain of survival) and start CPR immediately afterwards (step 2).

If two people are on the scene, one should call the emergency services while the other starts CPR. The person administering CPR should not leave the casualty unless absolutely essential.

The AED to be brought to the scene by someone already close to its usual location, as this is likely to be quicker than sending somebody to fetch it. If this is not practical, the rescuer should remain with the casualty and a second individual should be sent to fetch the AED.

How to Use the Defibrillator

The machine gives clear spoken instructions.

- Once the defibrillator is open and in position, all you have to do is follow the spoken instructions. The defibrillator detects the heart's rhythm - it won't deliver a shock unless one is needed.
- You'll need to press the shock button although some fully automatic defibrillators will deliver the shock themselves. You should resume CPR as soon as instructed by the defibrillator (Refer to Appendices for specific AED machine)

After an Incident

Assisting an individual who has suffered a cardiac arrest can be a stressful experience for the rescuer. Should a rescuer need support after an incident, they may be able to request a debriefing from the local ambulance service. Alternatively, they can seek help from their GP. Most AEDs will store data, which can subsequently be used to assist with ongoing patient care. Schools should therefore contact the local ambulance service after an AED has been used and make arrangements for the data to be downloaded. In the meantime, the AED may still be used if required, but care should be taken not to turn it on and off unnecessarily as this could potentially erase the data.

Schools should ensure that the AED is ready for use again by replacing pads and other consumables as required, and ensure that it is not displaying any warning lights or messages.

Schools should also be aware that where a cardiac arrest occurs as a result of an accident or act of physical violence arising out of or in connection with work, this may constitute a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Reporting requirements will differ according to whether the individual suffering the cardiac arrest is an employee (e.g., a teacher or member of support staff) or a non-employee (e.g., a pupil, parent or visitor).

Safety Considerations

AEDs are safe to use for all those involved, and will give a verbal warning instructing the

rescuer to stand back when analysing heart rhythm and prior to delivering a controlled electric shock.

Standard AEDs are suitable for use on people of all ages, except small children aged under 12 months. For children aged 1-8, it is recommended that AEDs be used in paediatric mode or with paediatric pads.

Rescuers should not hesitate to use an AED on a pregnant woman in cardiac arrest, as resuscitation of the pregnant mother is the only way to also keep her unborn child alive. Early defibrillation can therefore help provide the best chances of survival for both the unborn child and the mother. When calling 999, it is advisable to notify the operator that the casualty is pregnant, as this may determine which response crew/ vehicle is required.

An AED will only administer a shock if the patient's heart is in a shockable rhythm. The application of CPR can maximise the opportunities for defibrillation to be administered effectively. The AED will continue to analyse the patient's heart rhythm after each shock and will provide ongoing instructions about continuing CPR.

Some cardiac arrest patients will not present with a shockable rhythm (i.e., one which is suitable for defibrillation), and the AED will not administer a shock. In such cases, it is essential that CPR is maintained until the emergency services arrive.

A rescuer may accidentally be subjected to a defibrillation shock if he or she does not heed this warning, but this is unlikely to cause significant harm

Maintenance

Modern AEDs undertake regular self-tests and, if a problem is detected, will indicate this by means of a warning sign or light on the machine.

Daily Checks

The AED should be checked daily for a working status indicator. The persons responsible by site are:

Site	Responsible Person
St Paul's Cray	Office staff/ Assistant Site Manager
Beckenham	No AED on site
West Wickham	No AED on site
Phoenix	No AED on site

Monthly and/ or annual checks to ensure that they are functioning correctly/ have adequate pads (ensure at least 1 spare set) – refer to Manual for details – are to be carried out by the Appointed Person and recorded in the log book confirming:

- Pads are not opened or expired;

- Accessories such as scissors, razors, gloves, a pocket mask and wipes are present (this should be checked on the same frequency as first aid boxes);
- Connections are in good working condition (annual check).

Replacing Consumables

Pads, safety razors, protective gloves and pocket masks need to be replaced after every incident.

Some manufacturers may also advise that the battery is replaced after an incident, whether or not the charge level on the battery indicator is showing as low. Staff should check the device user manual for details.

Even when an incident has not taken place, batteries and pads have finite service lives, and should be replaced after the period of time specified by the manufacturer.

This will usually be upon reaching the expiry date indicated on each consumable, or in the case of batteries, when the battery indicator shows that the battery is low – whichever is the sooner. Care should be taken to ensure that replacement consumables are the correct ones for the device. Consumables designed for different AEDs are not usually compatible with one another.

Software Updates

New UK and European resuscitation guidelines are issued every five years. This may mean that it is necessary to update the AED software accordingly. The manufacturer of the AED should be able to arrange to do this.

Sources of Further Information

Department advice and guidance

- Supporting pupils at school with medical conditions: statutory advice for governing bodies of maintained schools and proprietors of academies in England; publication ref. DFE-00393-2014 – <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
- Guidance on first aid in schools, early years and further education – <https://www.gov.uk/government/publications/first-aid-in-schools>

Other publications

- A guide to Defibrillation; Resuscitation Council UK – <https://www.resus.org.uk/public-resource/defibrillation>

- 2021 Resuscitation Guidelines; Resuscitation Council UK – <https://www.resus.org.uk/library/2021-resuscitation-guidelines>
- Adult basic life support Guidelines; Resuscitation Council UK – <https://www.resus.org.uk/library/2021-resuscitation-guidelines/adult-basic-life-support-guidelines>

Free resources

- National Defibrillator Network - The Circuit; British Heart Foundation – <https://www.thecircuit.uk/>

Learn CPR in 15 minutes for free with RevivR; British Heart Foundation – <https://revivr.bhf.org.uk/>

- Download and print the updated signage; Resuscitation Council UK – <https://www.resus.org.uk/library/additional-guidance/guidance-defibrillators/guidance-standard-sign>

- Lifesaver; Resuscitation Council UK – <https://www.resus.org.uk/public-resource/how-we-save-lives/lifesaver-learning/lifesaver>

- Scan it. Learn it. Save a life. A new CPQR symbol that could save lives; Resuscitation Council UK – <https://www.resus.org.uk/about-us/news-and-events/scan-it-learn-it-save-life-new-cpqr-symbol-could-save-lives>

- How to use a defibrillator; St John Ambulance – <https://www.sja.org.uk/get-advice/first-aid-advice/how-to/how-to-use-a-defibrillator/>

Local ambulance services

You can find your local ambulance service on the Association of Ambulance Chief Executives' website at: <https://aace.org.uk/uk-ambulance-service/>

External organisations

- Arrhythmia Alliance – <http://www.heartrhythmcharity.org.uk>
- Association of Ambulance Chief Executives – <http://www.aace.org.uk>
- British Heart Foundation – <http://www.bhf.org.uk>
- British Red Cross – <http://www.redcross.org.uk>
- IMPS (Injury Minimization Programme for Schools) – <http://www.impsweb.co.uk>
- Resuscitation Council UK – <http://www.resus.org.uk>
- Royal Life Saving Society UK – <http://www.rlss.org.uk>

- SADS UK – <http://www.sadsuk.org>
- St John Ambulance – <http://www.sja.org.uk>
- The Oliver King Foundation – <http://www.theoliverkingfoundation.co.uk>

Contact details for defibrillators supplied by DfE

All defibrillators supplied by the department are supplied by Lyreco.
Lyreco can be contacted between 8am and 6pm Monday to Friday (excluding bank holidays) on 01952 621508 or by email at WISE.CS.Education@lyreco.com

Appendix 3 – Operation Guide

Cardiac Arrest and Heart Attacks

It is important to understand the distinction between a heart attack and cardiac arrest as they are not the same and require different interventions.

Cardiac Arrest

A cardiac arrest is a life-threatening emergency where a person's heart has suddenly stopped pumping blood around the body. The person will be unconscious, unresponsive and will not be breathing normally, if at all. It is essential to call 999 immediately for an ambulance.

While waiting for the ambulance, anyone can help to save the person's life by delivering CPR and using a defibrillator. CPR can help to circulate oxygen to the body's vital organs, which will help prevent further deterioration so that defibrillation can be administered.

Cardiac arrest can happen at any age and at any time. Possible causes include:

- heart and circulatory disease (such as a heart attack or cardiomyopathy);
- loss of blood volume;
- trauma (such as a blow to the area directly over the heart);
- electrocution;
- sudden arrhythmic death syndrome (SADS; often caused by a genetic defect).

Heart Attack

A heart attack happens when a blood clot blocks an artery around the heart. The person will usually experience chest pain or tightness that can radiate to the left arm and/ or the neck. They may also feel sweaty or nauseated. They do not usually lose consciousness, and continue breathing.

It is vital that you call an ambulance immediately, as this is a life-threatening situation.

If the person is still conscious, this means their heart is still beating and CPR and/ or the use of a defibrillator is not appropriate. A defibrillator is only appropriate when the heart has stopped beating.

If the heart attack deteriorates into cardiac arrest, then it is appropriate to start CPR and use a defibrillator.

The Chain of Survival

In the event of a cardiac arrest, defibrillation can help save lives. To be effective, it should be delivered as part of the chain of survival.



Figure 1: The chain of survival

There are four links to the chain of survival, and these should happen in order. When carried out quickly, they can drastically increase the likelihood of a person surviving a cardiac arrest. They are:

1. **Early recognition and call for help** – dial 999 to alert the emergency services. Place your phone on speaker so your hands are free. The emergency services operator can stay on the line and advise on giving CPR and using a defibrillator.
2. **Early CPR** – to create an artificial circulation. Chest compressions push blood around the heart and to vital organs like the brain. If a person is unwilling or unable to perform rescue breaths (also known as 'mouth-to-mouth'), they may still perform compression-only CPR.
3. **Early defibrillation** – to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body. Some people experiencing a cardiac arrest will have a 'non-shockable rhythm'. In this case, continuing CPR until the emergency services arrive is paramount.
4. **Early post-resuscitation care** – to stabilise the patient.

Anyone is capable of delivering stages 1 to 3 at the scene of the incident. It is important to emphasise that life-saving interventions such as CPR and defibrillation (stages 2 and 3) are only intended to help buy time until the emergency services arrive, which is why dialling 999 is the first link in the chain of survival. Unless the emergency services have been notified promptly, the person will not receive the post-resuscitation care that they need to stabilise their condition and restore their quality of life (stage 4).

The chain as a whole is only as strong as its weakest link. Defibrillation is a vital link in the chain, and the sooner it can be administered, the greater the chance of survival.

Defibrillation and cardiopulmonary resuscitation (CPR)

When a person suffers a cardiac arrest, it is essential to call 999 immediately and for effective CPR to start as soon as possible. The person performing CPR should not stop except where this is necessary in order to attach the pads or when instructed to do so by the defibrillator, usually before it delivers a shock. If possible, someone else should attach the pads to the patient while CPR continues. Please check the advice on your device for the preferred pad placement.

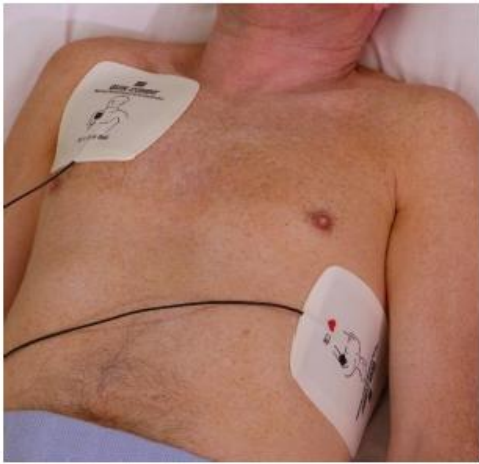


Figure 2 – Adult defibrillator pad placement



Figure 3 – Example 1: paediatric defibrillator pad placement (for use on children aged up to 8 years of age or weighing under 25kgs)

The aim is to place the pads so that the heart is in a direct line between the of the two pads. In infants and small children, it is best to apply the pads to the centre of the chest, one on the child's front and one on the child's back (see below), if they cannot be separated adequately in the standard positions shown here (in figure 3).

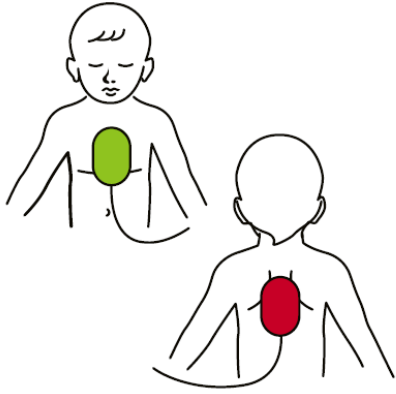


Figure 4 – Example 2: paediatric defibrillator pad placement (for use on children aged up to 8 years of age or weighing under 25kgs)

If you are alone, you should not retrieve a defibrillator and instead, stay with the person in cardiac arrest and perform CPR as the ambulance service will bring a defibrillator to you.