**Supporting school first aiders in their decision making – a guide for SSN staff**

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*General principles regarding management of first aid and illness within special schools*

A similar document has been provided to all SEN schools served by Solent NHS Trust to assist Head Teachers and School Governors when reviewing the content of school first aid/managing children with health needs policies to ensure that where possible they contain processes and practices as commissioned and provided to the schools by Solent NHS Trust.

Schools advise ensuring that their first aid/managing children with health needs policy contain the following statements or similar to those suggested below. This provides reassurance to school staff and clarity.

* The school will provide interim care and first aid for pupils that are unwell or injured (including decisions regarding Covid-19).
* Most presentations should be managed by school staff without the need to consult elsewhere and schools will follow DfE guidance regarding the provision of first aid and emergencies in education settings (1, 2).
* Accordingly, the school will ensure they have appropriate numbers of staff trained to meet common adult and child first aid presentations, to include basic life support.
* The Special School Nursing (SSN) team will support school staff in the management of life-threatening emergencies and serious/complex illness or injury *when on site* in schools.
* The emergency red bag is available to school staff to use the automated external defibrillator (AED) when the school nurse is not present on site, all other contents are to be used by the SSN team according to individual competence.
* It is acknowledged that there will be occasions when school first aider may seek to request additional support from the SSN team who will act in accordance with their individual scope of practice. This will primarily involve signposting to appropriate onward providers.
* The SSN team and school will work collaboratively, the SSN team empowering school staff to make and act upon their decisions, whilst each party remaining responsible for their own actions or omissions.
* It is best practice that school first aiders/senior school staff contact parents/caregivers *at the earliest opportunity* to report episodes of illness/injury. If further review from onward providers is advised, the school first aider/senior school staff should call parents/caregivers and advise them to take this specific action (e.g., 111/own GP/Pharmacy) *in the first instance*, unless deemed more urgent or parent/caregiver unobtainable. Ultimate responsibility for the decision to act on this advice remains with the parent/caregiver. Any safeguarding concerns should be reported and acted upon utilising agreed local procedures within the school environment.

*Scope of practice and how the SSN team will support school first aiders in their decision making.*

It is important that both SSN staff and school staff understand the concept of ‘scope of practice’ in relation to first aid. A similar explanation as described below has been provided to school headteachers/governors so that they understand why SSN staff cannot be expected to take on these duties.

Each registered nurse is accountable for their own actions and omissions (or those actions and omissions delegated to non-registrants such as healthcare support workers or school staff). It is important that registered nurses work within the limits of their own competence (or delegate according to that individual’s own competence). This will vary between individuals based on their experience and training. The Nursing & Midwifery Council makes this very clear (3):

*13 Recognise and work within the limits of your competence*

*To achieve this, you must, as appropriate:*

*13.1 accurately identify, observe, and assess signs of normal or worsening physical and mental health in the person receiving care*

*3.2 make a timely referral to another practitioner when any action, care or treatment is required*

*13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence*

*13.4 take account of your own personal safety as well as the safety of people in your care*

*13.5 complete the necessary training before carrying out a new role*

(NMC, 2015)

**General first aid training is not included in nurse training; however, Basic Life Support is – when on site the SSN team will support SEN schools in emergencies.**

In practical terms, this simply means it is important that you do not take on any additional responsibilities that you have not been trained to do, and that you signpost onwards at the earliest opportunity to appropriate support. You do not necessarily need to make this referral yourself. Indeed, in terms of empowering school staff to manage a similar event when your not there, it’s better to support them to make that referral when you are present. It is best practice for school staff to contact parent/caregivers and pass on this specific advice, respecting that those with parental responsibility shall make any final decision on action.

For example, *a child falls heavily in the playground on their ankle which is swollen, and the child is reluctant to weight bear*. *The school first aider is worried that it may be serious and is asking you to support their decision making by assessing the injury, the child has limped into the nurse’s room.*

* You have not been formally trained to assess a child’s lower limb injury, but from the history of the injury a possible diagnosis could be fracture; you would need that person to be assessed by someone who was suitably trained as soon as possible.
* In this circumstance, it is not your role to make formal assessment as you do not have the training to do so (nor the ability to request an x-ray, review it and refer to orthopaedics etc.)
* It would therefore be best practice to simply signpost and support the school first aider to call the parent/caregiver, and advise that they call 111 to arrange further assessment, the first aider would need to inform the headteacher/senior leader and the parent/caregiver would need to attend and accompany the student on transfer for further assessment.
* You may offer analgesia if advised by 111 and stay with the child to monitor their condition until either school staff/caregiver takes them for further assessment, if an ambulance was called you would provide a handover of the care you have delivered.
* You may need to liaise with other professionals (e.g., 111 or headteacher) or caregivers – but try to empower school first aider to manage independantly (they might not have you around next time).
* You would then document your involvement, including the specific advice you gave and to whom in the child’s notes. If there were any safeguarding concerns raised you would follow local agreed procedures within the school and follow Trust policy.

*Flow chart to guide response to injury/illness with SSN support*

The following page contains a flowchart that could be added to a first aid policy as an appendix to provide clarity on how the SSN team will support SEN schools in managing emergencies and serious/complex scenarios. This should also reassure headteachers and governors of the value of the SSN team as a resource to the school. To ensure a consistent approach is maintained, please follow this, and refer to it to avoid doubt regarding roles and responsibilities.

School first-aider called to attend & provide initial assessment:

**LIFE THREATENING EVENT?**

NO

YES

**SCHOOL STAFF to call 999 immediately**

Inform ambulance service AED available

**SSN TEAM ON SITE?**

NO

YES

School first aider requests SSN team to attend with EMERGENCY RED BAG

School first aider to continue management as per school first aid policy

**SERIOUS/COMPLEX CASE** **& SSN team on site?**

YES

NO

School first aider to request SSN team to support decision making

**1 – School staff/caregivers to accompany student to onward provider (as required)**

**2 - Inform caregiver/senior leadership team ASAP**

**3 –** **Headteacher/senior leader to inform SSN team same day if AED used**

SSN team *signposts school first aider* to appropriate onward provider (as required) (1)

**Student/Staff injury or illness suspected**

*Specific signposting guidance to support school first aider decision making*

Whilst the SSN team are not specifically commissioned to provide first aid services to schools, it is recognised that there will be occasions when the school first aider may seek to request additional support from the SSN team. This will be for helping school staff to navigate the complexities of an unfamiliar healthcare system or when a student/staff member is seriously unwell.

*‘Active signposting’* is commonplace in first contact primary care settings and case studies have proven this significantly improves patient and professionals’ experiences of navigating the healthcare setting freeing up GP appointments whilst ensuring the most appropriate clinician reviews cases (4,5). The general principles of signposting can be transferred easily into the special school environment when supporting school staff to make more complex decisions regarding illness/injury.

The following is a guide to immediate indicators of serious illness/injury and who to signpost to onward provision of appropriate services. The aim is twofold. Firstly, this will assist school first aiders in their decision making, whilst secondly assist the SSN team member to work within their scope of practice and give more confidence in providing the right signposting advice alongside easily available links (references and resources should be checked regularly for updates). The following common presentation will be covered:

* Stings and bites
* Bone, muscle and joint injuries
* Head, neck and back injuries
* Burns and scalds
* Extremes of heat and cold
* Fainting
* Poisons and what to do if someone has been poisoned
* Ears, eyes and nose injuries
* Minor and severe bleeding

*Stings and bites*

Most animal bites are from domestic cats and dogs (often to the hand), if the bite has penetrated the skin, drawn blood, or caused significant crush injury then prophylactic antibiotics are mandatory (6), and the case should be reviewed by a prescribing clinician who can also consider tetanus status and risk of rabies etc. **Signpost to Urgent Treatment Centre/Walk in Centre or own GP**

For human bites (much more common in SSN settings), the advice is that prophylactic antibiotics are not usually needed (7):

*NICE suggested that " if a human bite has not broken the skin, antibiotic prophylaxis should not be offered. If it has broken the skin and drawn blood, antibiotic prophylaxis should be offered... for people with a human bite that has broken the skin but not drawn blood, antibiotic prophylaxis is not routinely needed. However, they agreed that it can be considered for bites in high-risk areas or in people at risk of a serious wound infection because of a comorbidity…"* **Signpost to Urgent Treatment Centre/Walk in Centre or own GP**

Bee and wasp stings are the most common presentation in schools, in the main this causes localised reactions which responds well to simple ice or mild steroid cream and careful removal of a bee sting ensuring the venom sac is not squeezed - anaphylaxis remains the biggest risk (8) and this should be managed as per DART training. Otherwise, **Signpost to Pharmacy**

More information can be found at: <https://www.nhs.uk/conditions/insect-bites-and-stings/>

*Bone, muscle, and joint injuries (including back)*

General joint pain and swelling (without history of injury) is often due to overuse or “wear and tear” and responds well to rest, ice and over the counter analgesics such as NSAIDS (9). **Signpost to Pharmacy**. Determining soft tissue injuries from bony injuries/fractures is very difficult without the availability of x-ray facilities. Generally, the simple principles of “look, feel, move assessment” gives a good indication on the severity of injury – i.e., if the injury site looks deformed, feels extremely painful to touch and/or is difficult to move then it is more likely to be significant. Musculoskeletal assessment is complex even for experienced clinicians. It is best to support the injured site, preventing movement and ask for help. **Signpost to Urgent Treatment Centre/Walk in Centre or own GP is usually the best advice.**

For more information on what to do for soft tissue injuries:

[*https://www.redcross.org.uk/first-aid/learn-first-aid/strains-and-sprains*](https://www.redcross.org.uk/first-aid/learn-first-aid/strains-and-sprains)

For more information on what to do for broken bones:

[*https://www.redcross.org.uk/first-aid/learn-first-aid/broken-bone*](https://www.redcross.org.uk/first-aid/learn-first-aid/broken-bone)

*Head and neck injuries*

Assessing for neck injury is complex; risk of cervical spine fracture is dependent on age, mechanism of injury and neurological signs (10) and should only be attempted by a suitable trained professional. If in any doubt, then simply prevent the student/staff member from moving their head (stabilise with hands either side of head) **and call an ambulance by phoning 999.**

Head injuries are much more commonplace in schools, and cause great concern to education staff, who have their own system in notifying caregivers. Take a history, noting any loss of consciousness, amnesia or any neurological symptoms which would indicate more serious cases needing further assessment (11). Most registered nurses will be familiar with assessing GCS or AVPU, so it would make sense to utilise this competence, documenting and handing over to other professionals/caregivers (as required). Most head injuries do not need further assessment, and should be dealt with the school first aider without routine school nursing assessment, however any concerns the SSN team have should be passed back to school first aider and the case signposted to **111/Urgent Treatment Centre/Walk in Centre** for same day assessment**.**

For more information on what to do for head injuries:

[*https://www.redcross.org.uk/first-aid/learn-first-aid/head-injury*](https://www.redcross.org.uk/first-aid/learn-first-aid/head-injury)

*Burns and scalds*

Hopefully a rare event in the school environment but still possible due to readily available sources (particularly in science labs). Response is twofold – stopping the process and cooling the burn site (12). Heat, chemical and electrical sources must be removed as soon as safely possible (noting responders’ own safety is paramount). Carefully remove clothing (particularly if contributing to scald or chemical burn) and jewellery (which might act as torniquet). Cool the site with cool flowing water for as long as possible (at least 20 mins minimum). Wrapping the area in clingfilm protects the site from infection. Further assessment is recommended as deep tissue damage is often hidden by what appears as minor. Arrange same day review by signposting to **111/Urgent Treatment Centre/Walk in Centre.**

For more information on what to do for burns:

[*https://www.redcross.org.uk/first-aid/learn-first-aid/burns*](https://www.redcross.org.uk/first-aid/learn-first-aid/burns)

*Extremes of heat and cold*

Young children are particularly at risk, as they are less able to regulate body temperature, especially on hot days outside. Heat exhaustion (fatigue, excessive thirst, and reduced urine output) can be resolved with these simple actions (13): Moving the student/staff member to a cool place. Get them to lie down and raise their feet slightly. Get them to drink plenty of water. Sports or rehydration drinks are OK. Cool their skin – spray or sponge them with cool water and fan them. Cold packs around the armpits or neck are good, too. Stay with them until they're better. They should start to cool down and feel better within 30 minutes. If not treated quickly this can progress to heat stroke (collapse), necessitating clinician assessment and advanced management (e.g., intravenous rehydration) (14). **Depending on severity - arrange urgent ambulance via 999 or signpost to 111/Urgent Treatment Centre/Walk in Centre.**

Children are more likely to become hypothermic due to a single traumatic event (e.g., sudden immersion in water); key principles of minimising further heat loss by removing cold wet garments, using blankets and warming slowly by rescuer lying next to casualty will improve outcomes (15). Also be aware to move the casualty gently as the heart is particularly vulnerable to stress. **Depending on severity - arrange urgent ambulance via 999 or signpost to 111/Urgent Treatment Centre/Walk in Centre.**

For more information on what to do for heat exhaustion:

[*https://www.redcross.org.uk/first-aid/learn-first-aid/heat-exhaustion*](https://www.redcross.org.uk/first-aid/learn-first-aid/heat-exhaustion)

For more information on what to do for hypothermia:

[*https://www.redcross.org.uk/first-aid/learn-first-aid/hypothermia*](https://www.redcross.org.uk/first-aid/learn-first-aid/hypothermia)

*Fainting*

In most cases, the individual recovers immediately without further need for investigation. In CYP often a sign of severe dehydration and heat exhaustion or stroke. It is important to note the history prior to the event - particularly if there is an emerging trend or concerns regarding the specific focus (e.g., first seizure) (16). In this circumstance, the student/staff member should be **signposted to own GP or 111 for further advice and monitoring.** Orthostatic hypotension is common reason for fainting - A laying/standing BP comparison assessment can be useful for the 111 clinicians (*only* *if they request this)*.

For more information regarding fainting:

[*https://www.nhs.uk/conditions/fainting/*](https://www.nhs.uk/conditions/fainting/)

*Poisons and what to do if someone has been poisoned*

Sources of poisoning are varied and treatment often complex involving specialist resources. It is important not to try and treat without asking for help. If possible, retain information regarding the suspected source (e.g., package). Signs of severe reactions such as being sick, loss of consciousness, drowsiness or seizures need urgent assessment (17). **Depending on severity - arrange urgent ambulance via 999 or signpost to 111/Urgent Treatment Centre/Walk in Centre.**

For more information on what to do for suspected poisoning:

<https://www.redcross.org.uk/first-aid/learn-first-aid/poisoning>

*Ears, eyes and nose injuries*

Often children will put foreign objects in ears or nostrils. It’s important to keep the child calm to prevent further injury whilst awaiting further assessment. Most injury to these specific areas will usually need further assessment with specialist equipment to access the site (e.g., ophthalmoscope). Nosebleeds are common and can repeat multiple times due to the tethering of blood vessels under the tissue in the septum. If a nosebleed does not resolve in 20mins with simple first aid, then seek further specialist assessment (18). Depending on severity **signpost to own GP or 111/Urgent Treatment Centre/Walk in Centre.**

*Minor and severe bleeding*

If a student/staff member has noticed or suspected minor but frequent blood loss (e.g., noticed blood in urine/stool or noticed fresh blood on toilet tissue) then **signpost them to own GP** for further assessment and investigation (an ‘e-consult’ is particularly useful in this circumstance). If a casualty is actively and profusely bleeding, use simple first aid measures such as applying direct pressure (see link below) and then **arrange urgent ambulance via 999.** Obtain history of medications (e.g., warfarin) and relevant medical conditions (e.g., haemophilia).

For more information on what to do for heavy bleeding:

[*https://www.redcross.org.uk/first-aid/learn-first-aid/bleeding-heavily*](https://www.redcross.org.uk/first-aid/learn-first-aid/bleeding-heavily)

*Disclaimer*

This ‘active signposting guide’ was compiled by Dave Owen using readily available resources along with personal knowledge and experience within primary care settings as an advanced clinical practitioner. ‘GP Notebook’ can be accessed for free by registering, or users can get 5 open access pages, and is an established primary care resource. It is the user’s responsibility to work within their own competence. References and resources are accurate of April 2022; it is important to regularly check accuracy of resources and links.

*Further resources and links*

**Pharmacy First Scheme** – The IOW has successfully run a scheme whereby patients registered with an IOW GP can be seen and treatment provided without the need to see GP by simply presenting at their local pharmacy. A list of conditions that are included within the ‘Pharmacy First’ service is available here:

<https://www.hampshiresouthamptonandisleofwightccg.nhs.uk/reports/679-pharmacy-first-formulary/file>

**Other pharmacies across Hampshire** will ne able to support and give advice for common minor illnesses, and can directly refer onwards to GP’s or urgent care if needed for aches and pains, sore throat, coughs, colds, flu, earache, cystitis, skin rashes, teething, red eye.

More information can be found on:

<https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/pharmacies/how-your-pharmacy-can-help/>

**Own GP** – most minor injuries and illness can be resolved by the student/staff members own GP. The way GP services are provided has changed dramatically since Covid-19. Face to face appointments are not always needed, so GP’s will run a “duty list” or “same day service” alongside advanced clinical practitioners with a telephone triage system - initially ask for a telephone call back or alternatively an online consultation (via the GP practice own website) will result in a clinician response within 48hrs. For more information regarding GP services in the region see link below:

<https://www.hampshiresouthamptonandisleofwightccg.nhs.uk/your-health/your-gp-practice-services>

**111/urgent treatment centre/walk in centres –** whilst most centres do not need prior appointment, it is often best to advise *to call 111 first* as this may prevent the need to attend and the call handler maybe able to arrange a call-back from the patient’s own GP (who will have better access to health records). Use the following links for more information about local services:

* [Andover Minor Injuries Clinic](https://www.hampshirehospitals.nhs.uk/our-services/az-departments-and-specialties/andover-minor-injuries-clinic?q=%2Four-services%2Faz-departments-and-specialties%2Fandover-minor-injuries-clinic), Andover War Memorial Hospital – **to book an appointment please call 111**
* [Gosport War Memorial Hospital Minor Injuries Unit](https://www.porthosp.nhs.uk/departments-and-services/gosport-minor-injuries-unit/96458).
* **Haslemere minor injuries unit (Surrey)** link below: https://www.nhs.uk/Services/clinics/Overview/DefaultView.aspx?id=96322
* [Isle of Wight Urgent Treatment Centre, St Mary’s Hospital](https://www.iow.nhs.uk/our-services/urgent-treatment-centre.htm) – please note **this is not a walk in service, please call 111 to make an appointment**.
* [Lymington Urgent Treatment Centre](https://www.phlgroup.co.uk/our-services/primary-care/lymington-urgent-treatment-centre/), Lymington Hospital.
* [Petersfield Urgent Treatment Centre](https://www.southernhealth.nhs.uk/our-services/a-z-list-of-services/urgent-treatment-centres)
* [Practice Plus Group Urgent Treatment Centre](https://www.portsmouthsurgicalcentre.co.uk/utc/), St Mary’s, Portsmouth.
* [Southampton Urgent Treatment Centre](https://www.southamptonutc.nhs.uk/), the Royal South Hants Hospital.

**111 (online)** is a useful alternative option, particularly if 111 lines are busy (for non-urgent advice) and provides the same services as calling 111 including clinician call back - to access click on the link:

<https://111.nhs.uk/>

**NHS website** (conditions A-Z) - With demand on NHS services ever increasing, more information on advice and support (including self-help strategies) can be found on the NHS website – link below:

<https://www.nhs.uk/conditions/>

**Patient website - often** used by GPs to send self-help advice and support, as well as more detailed information on conditions. A really good resource for anybody- see link below.

<https://patient.info/>

**Wessex healthier together –** finally, our very own locally managed and nationally recognised CYP resource, with its own area dedicated for school nursing (click on professional’s tab at the top right). If I was to pick one area that’s most important to use it would be the *safety netting sheets*. Printable and parent friendly, using recognised RAG format, and therefore easily placed in the CYP school bag or even text direct from the webpage (just make sure caregiver is expecting this).

<https://what0-18.nhs.uk/>

<https://what0-18.nhs.uk/professionals/school-nurses/safety-netting-documents-parents>

*References and further links*

1. Department for Education (2022) *Guidance: First aid in schools, early years and further education*. (available at: <https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education> accessed 5/4/22)
2. Department of Education (2022)*.* *Emergency planning and response for education, childcare, and children’s social care settings* (available at:<https://www.gov.uk/government/publications/emergency-planning-and-response-for-education-childcare-and-childrens-social-care-settings> accessed 05/07/22)
3. Nursing and Midwifery Council (2015) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates.* (available at: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf> accessed 29/03/22)
4. Siddiqui F, Sidhu B, Tahir MA (2017*) Using ‘Active Signposting’ to streamline general practitioner workload in two London-based practices*. BMJ Open Quality 2017;6:e000146. doi: 10.1136/bmjoq-2017-000146
5. NHS England (no date) *Active signposting frees up 80 inappropriate GP appointments a week* (available at: <https://www.england.nhs.uk/gp/case-studies/active-signposting-frees-up-80-inappropriate-gp-appointments-a-week/> accessed 5/4/22)
6. GP notebook (no date) *Animal bites* (available at: <https://gpnotebook.com/en-gb/simplepage.cfm?ID=-1831862215&linkID=4217> accessed 5/4/22)
7. GP notebook (no date) *Human bites or bite* (available at: <https://gpnotebook.com/en-gb/simplepage.cfm?ID=x20050127203026159860> accessed 5/4/22)
8. GP notebook (no date) *Bee stings and wasp stings* (available at: <https://gpnotebook.com/en-gb/simplepage.cfm?ID=-1113980861&linkID=19571> accessed 5/4/22)
9. GP notebook (no date) *Overuse injury (joint)* (available at: <https://gpnotebook.com/en-gb/simplepage.cfm?ID=1026883652&linkID=20144> accessed 5/4/22)
10. GP notebook (no date) *Assessment for cervical spine injury* (available at: <https://gpnotebook.com/en-gb/simplepage.cfm?ID=x20160309175958544321&linkID=78108> accessed 5/4/22)
11. GP notebook (no date*) [Head injury] Immediate management in primary care* (available at: <https://gpnotebook.com/en-gb/simplepage.cfm?ID=-261423036&linkID=17267> accessed 5/4/22)
12. GP notebook (no date) *[Burns and Scalds] First aid* (available at: <https://gpnotebook.com/en-gb/simplepage.cfm?ID=1865744462&linkID=51164> accessed 5/4/22)
13. NHS (2021) *Heat exhaustion and heatstroke* (available at: <https://www.nhs.uk/conditions/heat-exhaustion-heatstroke/> accessed 5/4/22)
14. GP notebook (no date) *[Burns and Scalds] Management* (available at: <https://gpnotebook.com/en-gb/simplepage.cfm?ID=74121285&linkID=18659> accessed 5/4/22)
15. GP notebook (no date) *Management of hypothermia* (available at: <https://gpnotebook.com/en-gb/simplepage.cfm?ID=214958089&linkID=19009> accessed 5/4/22)
16. GP notebook (no date) *Fainting* (available at: <https://gpnotebook.com/en-gb/simplepage.cfm?ID=x20090121181030749131> accessed 5/4/22)
17. NHS (2021) *Poisoning* (available at: <https://www.nhs.uk/conditions/poisoning/> accessed 5/4/22)
18. GP notebook (no date) *Bleeding (epistaxis)* (available at: <https://gpnotebook.com/en-gb/simplepage.cfm?ID=-1811546046> accessed 5/4/22)