



## FIRST AID POLICY

### INTRODUCTION

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

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

#### In order to ensure adequate First Aid provision:

- There will be sufficient numbers of trained staff and appropriate equipment available to ensure a rapid response when the schools are occupied.
- Brookham staff are trained in Paediatric First Aid (2-day blended course) and Highfield staff are trained in Emergency First Aid at Work/in Schools. All courses include AAI and AED training.
- Training will be updated every 3 years for selected staff. Optimum staff cover is decided by the Deputy Head and the Estate Manager with reference to the Head Groundsman, Maintenance Manager, Catering Manager and School Nurses.
- Training will be delivered by agencies approved by the Health and Safety Executive (HSE).
- A First Aider is always available during school hours or when boarders are in house.
- Appropriate First Aid arrangements are made whenever staff and pupils are participating in off-site activities.
- There are at least three members of staff who hold the “First Aid at Work” qualification approved by the Health & Safety Executive. These include the Head Groundsman and School Nurses.

- There is a Health Centre (HC) comprising of a treatment room, three bedded resting room, washbasin and toilet facilities for the dedicated provision of first aid and the care of the sick and injured.
- All external clubs or organisations using the School facilities, for example using the Astro, are required to have at least one qualified First Aider.

### **POLICY OBJECTIVES: requirements, responsibilities and risk assessment**

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

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

### **First Aid Responsibilities**

The School Nurses (RNs) are responsible for ensuring:

- First Aid training needs are assessed yearly, although the Deputy Head (Management and Organisation) and the Estate Manager make final decisions about training
- Sufficient numbers of suitably qualified First Aiders are available at school when pupils are present
- First aid training needs are met by arranging attendance on external/internal courses provided by recognised training organisations as agreed by the deputy head and estates manager
- A record of all first aid training undertaken by school staff is kept (**Appendix 7**)
- Support is provided to the first aiders while the RNs are on duty
- Liaison with the School Bursar/Health and Safety Committee on first aid issues
- Provision and regular replenishment of first aid equipment
- Accident reports are entered on SchoolBase by staff/First Aiders and archived accordingly

Qualified First Aiders are responsible for:

- Responding promptly to calls for assistance
- Providing first aid support within their level of competence
- Knowing where the school First Aid supplies and AEDs are located
- Summoning medical help as necessary
- Recording details of treatment given as a SchoolBase Accident report

Teachers of Games/PE are responsible for:

- Ensuring appropriate first aid cover is available at all sports activities
- Ensuring first aid kits and individual pupil's prescription medications are taken to all away matches and events taking place at a distance from the Health Centre, e.g. Astro or Forest School
- They are aware of their team's special medical issues and have taking the opportunity to check the purple folder in the Health Centre or discuss their team with the School Nurse
- Accessing a pupil medication condition report via SchoolBase as needed
- The Head of Sports ensures all coaches have completed suitable concussion recognition and treatment training
- Carrying a mobile phone with them to summon the School Nurse promptly as needed

All Staff are responsible for:

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

- Acting in the capacity of a responsible adult in the event of an emergency
- Recognising their own level of competence and seeking help from a qualified First Aider or RN as needed
- Accurately and contemporaneously recording all accidents as a SchoolBase accident report
- Carrying out risk assessments for any off-site trips, ensuring adequate first aid provisions are taken and that a qualified first aider accompanies any school trips

### First Aid Risk Assessment

The Deputy Head (M&O) alongside the School Nurses and Estate Manager carries out a continuous risk assessment of first aid needs. The assessment takes account of:

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

## **FIRST AID COVER & ARRANGEMENTS**

A Registered Nurse (RN) is on duty from 08:00 to 20:00 Monday to Friday and from 08:00 to 17:30 on Saturdays.

The RN is the Senior First Aider on site and should be contacted for significant injuries, although if the initial first aider recognises an emergency situation, 999 should be called without waiting for the RN. Minor injuries can be treated by any qualified First Aider before informing the RN.

RN contact details:

Direct line is 01428 728005

School extension: 8005

Mobile phone: (transferred from HC after 10 rings, please give time to transfer.) 07870 465603

Mobile phones are taken to the sports field by games staff and used to contact the RN if necessary. Mobile phones are also taken on all school visits off-site.

Where possible and according to need as assessed by the Head of Sports, two RNs are available on Wednesdays and Saturdays for Saturdays. This is especially required during rugby and hockey matches and the Highfield and Brookham Cross Country invitation event. Generally, two RNs are available with one based in the Health Centre.

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

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

The GPs at Liphook and Liss Surgery, Station Rd. Liphook (01428 7247680) are responsible for all boarders who are registered at the practice. In addition, the Haslemere Minor Injuries Unit operates a 09:00 – 17:00 Monday to Friday service; Petersfield Urgent Care Centre operates 08:00- 17:45 all week and the Accident and Emergency Department at the Royal Surrey County Hospital, Guildford, provides a 24-hour service. Transportation to any of these services is provided by available staff (or child's parent if appropriate), once the casualty has been stabilised and deemed fit enough to travel by car. If the casualty is not fit to travel by car then an ambulance must be summoned.

## **HYGIENE & INFECTION CONTROL**

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

## FIRST AID NEEDS & TRAINING

The Schools' First Aid needs are reviewed regularly (annually as a minimum) by the RNs, Deputy Head (M&O) and the Estate Manager.

First Aid training and qualifications are reviewed at the beginning of each school year by the RNs, Deputy Head (M&O) and Estate Manager with reference to Heads of Maintenance, Catering and Cleaning departments. New staff are made aware of the Schools' First Aid Policy and appropriate training is organised by the RNs in conjunction with a recognised training organisation.

## AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

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

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

## FIRST AID KITS & CABINETS

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

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

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

## REPORTING ACCIDENTS & RECORD KEEPING

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

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

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

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

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

### Minor incidents

**Brookham:** If a child has an accident, the injury should be assessed at the site of the accident. Appropriate action should be taken and the accident reported on SchoolBase; an email can then be sent to the parents/guardians to inform them of the incident. If an injury is minor in nature the child will sit with their teacher/teaching assistant until they feel better. If further assessment or treatment is required the teacher or receptionist will call the School Nurse to ensure she is in the Health Centre prior to bringing the child over.

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

### More Serious Incidents

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

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

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

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

### Incidents Involving Adults

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

### Access for Emergency Services

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

## Swimming Pool

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

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

## Astro

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

An externally accessed defibrillator is available outside the swimming pool visitor's entrance. The Astro pitch is accessible by an ambulance in the case of an emergency.

Reviewed by SD, PGSE, SB and AK: April 2019

Reviewed by SD: June 2021

Reviewed by SD/PGSE/SEWB/GB September 2021

Reviewed by SD: November 2022

Reviewed by SD: September 2023

## **APPENDICES**

Appendix 1: Location of First Aid Cabinets and Kits (available on request)

Appendix 2: Contents of First Aid Kits (available on request)

Appendix 3: Management of an Asthma Attack

Appendix 4: Management of Anaphylaxis/Severe allergic reaction

Appendix 5: Management of an Epileptic seizure.

Appendix 6: Management of Type 1 Diabetes.

Appendix 7: First aid training status of Highfield and Brookham staff (available on request).

Appendix 8: AED policy

## **REFERENCES & CROSS REFERENCES**

Highfield and Brookham School Health Policy (2021)

Highfield and Brookham School Infection Control Policy (2020)

DofE Guidance on First Aid for Schools (2014)

<https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

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

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

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

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

<https://www.resus.org.uk/public-resource>  
Resuscitation (CPR) resources

## APPENDIX 3

### Management of an Asthma Attack.

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

- Keep calm
- Encourage pupil to sit up and slightly forward – do not hug or lie them down
- Make sure pupil takes two puffs of reliever inhaler (usually blue), preferably through a spacer
  - If using a spacer: have pupil take 4-5 breathes over 30-60 seconds with each puff
  - If no spacer: have pupil hold breath for as long as possible & wait for a minute between actuations
- Ensure tight clothing is loosened
- Reassure the pupil

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

Call 999 if:

- The pupil's symptoms do not begin to improve within 10 minutes **or before then** if:
  - Pupil is too breathless or too exhausted to talk.
  - Pupil's lips are blue.
  - Pupil seems confused
  - Pupil's breathing is weak and feeble
  - Wheezing stops but the pupil looks worse
  - Pupil not improving and not taking reliever properly
  - You are in any doubt
- Continue to have the pupil take 1 puffs of inhaler every minute until the ambulance arrives.

After an attack (day pupil).

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

## APPENDIX 4

All action plans have been updated to those recommended by the Anaphylaxis Campaign. The first aid remains the same but the presentation is simpler.

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

EpiPen

<https://www.bsaci.org/wp-content/uploads/2020/02/BSACIAllergyActionPlan2019EpiPen-1.pdf>

Jext

<https://www.bsaci.org/wp-content/uploads/2020/02/BSACIAllergyActionPlan2019Jext.pdf>

Emerade

<https://www.bsaci.org/wp-content/uploads/2020/02/BSACIAllergyActionPlan2019Emerade.pdf>

## APPENDIX 5

### **Management of an Epileptic Fit**

#### **What to do in the event of an epileptic fit:**

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

Call 999 (Mobile 112) if:

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

For more detailed first aid advice please follow this link.

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

**Known epileptics will have an individual health care plan (IHCP) formulated by their consultant and specialist nurses.**

## APPENDIX 6

### Management of Type 1 Diabetes

#### **What is Type 1 Diabetes?**

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

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

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

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

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

For more detailed first aid advice please follow this link:

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

**Known diabetics will have an individual health care plan (IHCP) formulated by their consultant and specialist nurses.**

## **APPENDIX 8**

### **Use of an Automated External Defibrillator (AED) Policy**

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

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

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

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

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

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

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

The Resuscitation Council (UK) recommends strongly a policy of attempting defibrillation with the minimum of delay in victims of VF/VT cardiac arrest.

The following sequence applies to the use of both semi-automatic and automatic AEDs in a victim who is found to be unconscious and not breathing normally:

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

<https://www.sja.org.uk/get-advice/first-aid-advice/how-to/how-to-use-a-defibrillator/>

1. Follow the adult BLS sequence. Do not delay starting CPR unless the AED is available immediately
2. As soon as the AED arrives:
  - If more than one rescuer is present, continue CPR while the AED is switched on. If you are alone, stop CPR and switch on the AED

- Follow the voice / visual prompts
- Attach the electrode pads to the patient's bare chest
- Ensure that nobody touches the victim while the AED is analysing the rhythm

3A. If a shock is indicated:

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

3B. If no shock is indicated:

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

4. Continue to follow the AED prompts until:

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

### **Placement of AED pads**

Place one AED pad to the right of the sternum (breast bone), below the clavicle (collar bone). Place the other pad in the left mid-axillary line, approximately over the position of the V6 ECG electrode. It is important that this pad is placed sufficiently laterally and that it is clear of any breast tissue.

Although most AED pads are labelled left and right, or carry a picture of their correct placement, it does not matter if their positions are reversed. It is important to teach that if this happens 'in error', the pads should not be removed and replaced because this wastes time and they may not adhere adequately when re-attached.

The victim's chest must be sufficiently exposed to enable correct pad placement. Chest hair will prevent the pads adhering to the skin and will interfere with electrical contact. Shave the chest only if the hair is excessive, and even then, spend as little time as possible on this. Do not delay defibrillation if a razor is not immediately available.

### **Defibrillation if the victim is wet**

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

### **Defibrillation in the presence of supplemental oxygen**

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

### **Minimise interruptions in CPR**

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

### **CPR before defibrillation**

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

### **Voice prompts**

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

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

### **Storage and use of AEDs**

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

### **Children**

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

## References

<https://www.resus.org.uk/library/2021-resuscitation-guidelines/adult-basic-life-support-guidelines>  
<https://www.bhf.org.uk/how-you-can-help/how-to-save-a-life/defibrillators>

Reviewed by SD: June 2021 and September 2021

Reviewed by SD: November 2022

Reviewed by SD: September 2023