



## HEALTH AND SAFETY POLICY

### **Policy Statement**

It is the policy of Shine (East Norfolk) to comply with the terms of the Health and Safety at Work Act 1974 and subsequent legislation, to provide and maintain safe and healthy working conditions, equipment and systems of work for all our employees and to provide such information, training and supervision as they need for this purpose.

Shine also recognises and accepts its responsibility to protect the health and safety of all visitors to the workplace (including contractors, temporary staff, volunteers and any members of the public) who might be affected by its activities.

A copy of this policy will be issued to all members of staff and volunteers. The policy will be kept up to date and the way in which it is operated will be reviewed each year.

The specific arrangements for the implementation of the policy and the personnel responsible are:

Lead Trustee for Health & Safety – Peter Bussey  
Senior Manager – Rhiannon Jones

### **Responsibilities and Arrangements for Health & Safety Management**

- The Health and Safety at Work Act 1974 places a statutory duty on all employers to ensure, so far as is reasonably practicable, the safety, health and welfare of all its employees at work, service users and other people who may be affected by their activities e.g., users, volunteers, members of the public
- The Board of Trustees has overall and final responsibility for health and safety matters at Shine (East Norfolk) and for ensuring that health and safety legislation is complied with
- The Board will review the operation of its health and safety policy annually

The Lead Trustee for Health and Safety has overall responsibility for ensuring that the Health and Safety Policy is put into practice at Shine's premises and in particular will ensure that:

- employees receive sufficient information, training and supervision on health and safety matters
- line managers are aware of their responsibilities to their staff and volunteers
- risk assessments are undertaken, and the results written up and made available to all employees
- all accidents are investigated and reported to the Board if deemed necessary by the Senior Manager
- use of illegal drugs on the premises is strictly prohibited
- alcohol consumption on Shine's premises is strictly prohibited
- Shine will ensure that new employees and volunteers receive information on health and safety as part of their induction training
- Shine will provide suitable PPE clothing and equipment as is necessary to ensure the protection at all times of all authorised users of the premises. All staff allergies will be taken



into consideration on supplying these. PPEWR = Personal Protective Equipment at Work Regulations 1992

- it is the responsibility of all staff and volunteers to be aware of fire hazards, to know the location of fire exits and the assembly point and to know the fire drill procedure. This will be part of their induction training
- access to escape doors, extinguishers and other firefighting equipment must not be obstructed
- under the 1992 COSHH (Control of Substances Hazardous to Health) Regulations, Shine will ensure the COSHH folder is regularly updated and is kept in line with these regulations
- a record of times of arrival and departure of all adults and children will be kept
- no unauthorised person will be able to gain access beyond Shine's reception area. Anyone not immediately connected with Shine will have to show identification before gaining further access and state the purpose of their visit
- all visitors will be asked to sign a visitor's book and their arrival and their movements within the building will be monitored by a member of staff. All visitors will be given a copy of the Safety Information for Visitors and Safeguarding Information for Visitors on arrival
- in the unlikely event of an intruder, (if safe to do so) the senior persons on duty will monitor the intruder's presence whilst the deputy will summon police help by telephone. All other adults will be directly involved in ensuring the safety of the children

### **Risk Assessments**

Daily pre-session risk assessments will be completed which will inform the senior person on duty of any risks identified. Pre-outings risk assessments will be completed by a senior staff member and agreed by the Senior Manager. Additional reviews will be carried out if significant checks or incidents prompt this.

### **In The Unlikely Event A Home Visit Is Required**

- employees should always check the validity of a new client before undertaking a home visit, i.e. from the referrer, social services etc. If you have any doubts, then you must be accompanied by another member of staff on the visit
- employees visiting service user's homes should ensure that they leave a record of details at the office and with the senior on duty, stating where they will be, with whom and the approximate time of expected return. They will also text the Senior Manager both in and out of the client's address. A contact phone number should be left wherever possible. The Senior Manager will report their whereabouts to the senior staff on duty.
- all accidents or incidences that occur during working hours outside the office must be reported as soon as practicable and recorded on Shine's accident or incident sheets.

### **Lone Working**

- an employee working alone at Shine should be aware of their vulnerability and ensure that the building is secure as far as is practicable. The Children Act (1989) guidelines state that access to a telephone is a requirement of registration and in projects that are subject to this legislation a telephone line or mobile phone should always be available
- any employee working alone should report to the Senior Manager that they are doing so and contact the Senior Manager upon leaving the office. The Senior Manager when working alone will report to a core member of staff



- any employee working alone must have details of the Senior Manager with them, giving them access in case of emergency

### **First Aid and Accident Reporting**

First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill. Staff administering First Aid should seek to assess the situation, protect themselves and the casualty from further danger, deal with any life-threatening condition and where necessary obtain medical assistance or refer the casualty to health authorities as quickly as possible.

Shine's arrangements for providing First Aid will be as follows:

- to approve, implement and review the First Aid policy included here
- place individual duties on all employees
- report and record accidents to relevant bodies including parents
- record accidents and any First Aid administered on CPOMS
- record all occasions when First Aid is administered to employees, children and visitors
- provide equipment and materials to provide First Aid treatment
- make arrangements to provide First Aid training to employees
- provide information to employees on the arrangements for First Aid
- undertake a risk assessment of the First Aid requirements and use the information from the risk assessment of First Aid to determine the number and level of trained staff and also any additional requirements (eg specialised training for children with particular medical needs)
- notify parent/guardian that First Aid treatment was given to the child
- we aim for a minimum of three trained Paediatric First Aid/Emergency First Aid staff to be on site with no less than two available at all times. In addition to this when the children's groups are in session 50% of the staff on site will be trained in Paediatric First Aid/Emergency First Aid.
- additional specialist specific training (i.e., child specific epilepsy training) will be given to staff
- the training must be Ofsted approved and a current certificate must be held
- training must be completed on a three-year rolling basis. Staff are responsible for informing their line manager of their training requirements
- For students/volunteers on long term placement within Nursery to be included in ratio they must hold a valid Paediatric First Aid certificate

A fully equipped first aid box will be available at all times; the contents will be checked, logged and updated regularly. Each first aid box will include a checklist of items.

- Additional supplies are kept in the 'archive' cupboard and readily available
- location of Shine's First Aid Kit is: in the nursery kitchen on the shelf above the sink
- there is a First Aid kit in both the emergency grab bags available for both Nursery and Short Breaks and within each playroom
- supplies in the first aid kit will be checked monthly, replenished and recorded
- any 'out of date' or expired items will be thrown and replaced
- no member of staff should attempt to give First Aid unless they have been trained
- before undertaking any off-site activities, the level of First Aid provision will be assessed by the senior staff member on duty and at least one First Aid kit will be taken along



- if an ambulance is needed – Dial 999/112 and tell the operator you need an ambulance. Tell the ambulance controller the number of casualties, the type of injury and where you are. Stay on the phone until the controller tells you to hang up
- the Senior Manager is responsible for reporting incidents which come within the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR) to the Environmental Health Department

**RIDDOR** covers the following incidents:

- fatal accidents
- major injury accidents
- dangerous occurrences
- accidents causing more than 3 days incapacity for work
- certain work-related diseases

### **Accidents involving bumps to a service user's head**

The consequence of an injury from an accident involving a bump or blow to a service user's head is not always evident immediately and the effects may only become noticeable after a period of time. Where emergency treatment is not required a phone call to the parent to inform them of the bump to the head at the time of the incident will be made. Parents may decide to attend to check the child, take them home early, or leave in session. Bumps to the head will be recorded in line with accident recording, on CPOMS, with an additional slip to hand to the parent/carer on collection

### **Service users with identified medical conditions** (see Administration of Medication Policy)

Some children and young people who attend Shine may have medical conditions which require staff to be aware of the procedures taken to support these individuals whilst experiencing a medical emergency in relation to their condition.

These conditions may include:

- **Epilepsy:** Shine **must** have sight and a copy of the individual's signed and in date Health Care Plan. This is the procedure to follow specific to the individual in the case of an emergency. An emergency medication, such as Buccal Midazolam, must be brought to each session the child attends, signed in appropriately in the blue medication record book, and kept in the first aid cabinet whilst on site. (See Appendix 1 for basic first aid information.)
- **Diabetes:** Shine **must** have sight and a copy of the individual's signed and in date Health Care Plan. This will detail the procedure to follow specific to the individual in the case of an emergency. Any insulin required throughout the day or in case of emergency must be brought to each session the child attends, signed in appropriately in the blue medication record book, and kept in the first aid cabinet whilst on site. (see Appendix 2 for basic first aid information.)
- **Asthma:** children **may** have received an asthma care plan from a medical professional, but this is not always the case. Shine **will** complete our own asthma care plan with the parent/carer prior to the child attending, which will be kept in their individual folder. Parent/carers **must** ensure they bring any emergency inhalers required, along with any preventative medication if needed during the duration of the session. These will be signed in appropriately in the blue medication record book and kept in the first aid cabinet whilst on site. (see Appendix 3 for basic first aid information.)

### **Alternative Nutrition:**

Shine is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment



**Enteral Nutrition:** Some individuals may require all, or some of, their nutrition to be administered through a feeding tube. These can include:

- Through the nose: Nasogastric (NG), Nasoduodenal (ND), Nasojejunal (NJ)
- Through the stomach: Percutaneous Endoscopic Gastrostomy (PEG) tube
- Through the small intestine: Percutaneous Endoscopic Jejunostomy (PEJ) tube
- Through the stomach and into the small intestine: Percutaneous Endoscopic Gastrojejunostomy (PEG-J) tube

**Parenteral Nutrition:** Some individuals may be unable to eat or digest in any way; intravenous nutrition (through the veins) may be used to bypass these systems, with nutrition delivered either through the central vein or through peripheral veins.

Shine **must** have sight and a copy of the individual's signed and in date Health Care Plan, which details the type of enteral nutrition required, volume of the feed or water, name of the feed, and what times to be administered. Parent/carers **must** supply the appropriate amount of nutrition, and staff **will** ensure that this is signed in appropriately in the blue medication record book and store appropriately according to instructions.

Shine will ensure that a number of staff have relevant training for any medical needs a service user has. Should a medical need be identified where staff do not hold the relevant training, this will be sought prior to the individual attending Shine. Staff will ensure that **only** those who hold the appropriate training will complete the medical administration.

#### **Staff with identified medical conditions** (see Administration of Medication Policy)

The above information will also apply to members of staff with an identified medical condition. Senior Management will assess the need for a health care plan drawn up in collaboration with the member of staff and share with the relevant team members for their awareness; this might include a risk assessment. It is the responsibility of the staff member to ensure that they bring any medication to work and alert senior leaders to the location of the medication.

#### **Transport to hospital or home**

- where the injury requires urgent medical attention, an ambulance will be called, and the child's parent or carer will be notified. Consent for this process is gathered from all parent/carers on each child's registration and consent form
- if hospital treatment is required, the child's parent/carers will be called informing them of the accident and updating them as to the whereabouts of their child e.g on their way to hospital
- if no contact can be made with parent/carers or other designated emergency contacts then a designated staff member will travel with the child to hospital (with sufficient monies to cover them for refreshments, taxi home and phone calls) in the ambulance until the child's parent/carers can take over at the hospital. The child's file will be taken to the hospital with all their relevant health information available
- no individual member of staff is to transport a child in their car as they are not covered by insurance

#### **Accidents and Incidents**

In general, an accident is an unplanned, unexpected and undetermined (not purposefully caused) event, which occurs suddenly and causes injury or loss, a decrease in value of the resources or an increase in liabilities.



ALL accidents/incidents no matter how minor, even if no wound shows, will be recorded on CPOMS, a slip filled out with details of the accident and First Aid administered as required. This slip will be handed to parents on collection, one copy retained for our records. Accidents recorded on CPOMS will be linked to the child's name and reports can be generated for individuals and groups; trends can be monitored.

The accident/incident reports will record the following information:

- child's name
- date of accident/incident
- time of accident/incident
- place of accident/incident and in which room it occurred
- where on the person's body is the injury
- full description of accident/incident including any action taken or First Aid given
- who dealt with the accident/incident
- Actions taken to inform parent/carers
- signature of member of staff
- RIDDOR reporting

If the accident is serious enough that the staff feel further medical help is required an ambulance will be called a member of staff will accompany the child in the ambulance and they will take the child's records with them, which contain details of the child's doctors and medical information. A small contingency fund is available for this event, the senior person in charge will provide the member of staff with this money to ensure they are not out of pocket and have means to return safely.

Parents will be contacted immediately so that they can join the child and staff member of staff at the hospital. Management will be informed immediately of any serious injuries and will act accordingly.

Parents/carers MUST provide a copy of any current care plans to enable us to provide appropriate care for that child, if the care plan is not provided then the senior staff member on duty will refuse the child a placement due to health and safety concerns.

The person in charge will not leave the premises and will remain with the children at Shine to continue the safe running of the groups.

All accidents relating to staff members, however minor, must be recorded in the HSE Accident Book which is kept in the main office.

### **Procedure for incident forms**

Accident/incident records are extremely important documents, which hold recorded details of injuries occurred, and can include behavioural incidents and parent/carer conversations. Confidentiality must be respected at all times with information recorded accurately and without bias. In other words, anything stated should be factual, without opinion, prejudice or judgement.

SICK CHILDREN (See Sickness Policy )

### **Safe use of computers**

- if you are working at a computer station, ensure you have an adjustable seat





- adjust your chair seat for height and back support to ensure a comfortable working position. Make sure the screen is at the correct eye level for you
- ensure that the keyboard is conveniently positioned for long-term comfortable working
- Shine will provide wrist-rests, foot-rests and anti-glare screens where appropriate and requested
- report any problems, such as a flicker on the screen or a high-pitched tone, to the Senior Manager
- to avoid health problems please ensure that you take short frequent breaks from your workstation
- if a staff member requests an eye test, Shine is required to provide one. If the test shows that the user needs glasses specifically for DSE (computer) work, Shine must pay for a basic pair of frames and lenses. Shine will fund the cost of spectacles only if special work consideration (i.e. prescribed for the distance at which the screen is viewed) are needed and normal spectacles cannot be used. Should you require an eye test please contact the Senior Manager who will make the necessary arrangements

#### **General Emergency Evacuation Procedure (GEEP) – including The Regulatory Reform (Fire Safety) Order 2005 (covers general fire safety in England and Wales)**

- fire extinguishers are strategically placed around the building mainly by exit points; please make yourself aware of their position
- emergency exits are clearly marked
- the Deputy Centre Manager is responsible for ensuring the safety equipment is tested regularly
- emergency drills will be conducted on a bi-monthly basis
- in case of an emergency or on hearing the emergency alarm, emergency services must be called immediately 999/112

#### **All employees and Volunteers:**

- attract the attention of all persons that are in the building. (Please be aware of PEEPs in place prior to the session)
- escort everyone safely to the nearest safe fire exit
- go to the allocated assembly point, which is situated at the back of the building past the grassed area to the day care centre into their main car park
- if the assembly area is unsafe, lead everyone to the large common which is situated on Suffolk Road
- the person responsible for taking the emergency box will take the register

#### **Senior Employees:**

- keep the mobile phone available
- allocate a staff member to take the emergency box out with them to the assembly point
- check all areas of the building and outside play areas
- on ensuring the area is completely evacuated go immediately to the assembly point
- DO NOT PUT YOURSELF OR OTHERS IN DANGER!
- under no circumstances is anyone to re-enter the building until it is deemed safe by the Fire Brigade.

#### **Hygiene**

Shine is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment



Premises and equipment will be kept clean in accordance with the cleaning rota, the senior person on duty will oversee implementation of this rota.

All staff and volunteers must always wear the PPE during personal care of children.

### **Food Hygiene- PPEWR = Personal Protective Equipment At Work Regulations 1992**

- all areas in which food is prepared and eaten are to be cleaned beforehand and as necessary, with antibacterial spray in accordance with Food Safety Guidelines.
- all staff and volunteers must wear PPE provided (if appropriate) and have a current food safety/hygiene certificate when handling food

### **Food and Drink = The Food Standards Act 1999**

- fresh drinking water must be available for the children at all times
- information is sought from the parents about any special dietary or religious requirements. Details of these requirements will be recorded, and all staff will take heed of the information provided
- Shine encourages healthy eating; parents are required to supply their child with a healthy packed lunch
- we do ask that, if possible, parents add ice packs/blocks to their child's lunch box as Shine has limited refrigerated storage

### **Animals**

- Guide Dogs for the blind, PAT dogs, Hearing Dogs or Assistance Dogs are permitted on Shine premises
- occasionally animals will be brought onto the premises for the education of children, for which this activity risked assessed and updated on each occasion

### **Administration of Medication (see Policy)**

To ensure safe administration of medication at Shine, the following guidelines have been produced. If these guidelines are not followed, then unfortunately we are unable to administer the medication:

### **Guidelines to be followed**

- we are unable to accept any unlabelled medication
- Shine staff are able to administer Calpol/Paracetamol which is not prescribed by a doctor when written and signed authorisation is given at each session by the parent/carer
- parents/carers are responsible for providing Shine with adequate information regarding their child's medical condition
- it is the parents/carers responsibility to inform Shine in writing when the medication dosage has changed
- medication will not be accepted at Shine without complete written instructions (by the parent/carer) that have been clearly signed to show that permission has been given to Shine staff to administer the required medication
- parents/carers will be given a receipt for all medication that is left
- wherever possible only bring the amount of medication needed for the session
- if the medicine is liquid, there must be clearly marked levels on the bottle to show how much medicine has been used at home





- each item of medication must be delivered in the original container and handed directly to the senior worker on duty
- parents /carers are responsible for the collection of the medication at the end of the session
- parents/carers MUST sign Shine's medication form at the end of each session, which states the medication their child has been given

**Each container must be clearly labelled with the following:-**

- child's name
- name of medication
- dosage
- frequency of dosage
- expiry and dispensing date
- storage requirements

**Summary**

- items of medication in unlabelled containers will not be accepted
- items of illegibly labelled medication will not be administered
- please provide complete written and signed instructions for all medication
- wherever possible only provide enough medication for the session that your child is attending. We are unable to store extra medication on site

**Guidelines for Staff Prescribed or Non-prescribed Medication**

- it is staff's responsibility to notify the Senior Manager of their prescribed or non-prescribed medication
- staff must bring only the amount of medication required over the period of the session
- the medication must be clearly labelled with your name
- the medication will be kept in one of the lockable medication cabinets at all times
- at the relevant time it must be taken in a discreet manner away from the children

**Safe Moving and Handling of Children and Young People**

**Responsible persons will:**

- provide the correct equipment to support moving and handling techniques. This includes PPE (personal, protective equipment)
- carry out an assessment of main tasks, identify potential risks arising from manual handling and set clear rules in our risk assessments
- ensure outdoor and indoor spaces, furniture, equipment and toys are safe and suitable for their purpose
- ensure staff, volunteers, student placements are given guidance about the safe storage, movement and/or lifting of large pieces of equipment
- complete an individual risk assessment for staff/students where deemed necessary

**As part of a manual handling assessment all staff will consider the following:**

- the tasks to be carried out
- the load to be moved
- the environment in which handling takes place
- the capability of the individual involved in the manual handling



### **All staff and volunteers will follow these basic rules:**

- avoid the need for hazardous manual handling, so far as reasonably practical
- assess the risk of injury from any hazardous manual handling which cannot be avoided
- reduce the risk of injury from hazardous manual handling, so far as reasonably practical, limiting the distances for carrying, making the load smaller/lighter where possible and using the proper equipment provided such as ladders, trollies etc
- not moving any load unless they know the correct handling techniques or believe the load may cause them an injury (especially sharp edges, badly packed chemicals, hot containers)
- not carry loads at arm's length or finger tips and avoid lifting from the floor or to above shoulder height and avoid awkward movements such as stooping, reaching or twisting, minimising repetitive actions by re-designing and rotating tasks
- ensure that there are adequate rest periods and breaks between tasks
- ensure that they are capable of undertaking the task, two person lifts are to be encouraged where practical (large pieces of furniture or equipment)
- any staff with health difficulties or staff who are pregnant may be particularly at risk of injury with moving and handling, so must report their condition to a senior immediately
- report any injuries incurred during any manual handling operation and record it in the accident book
- follow the policies of Shine at all times

### **Correct lifting procedures (planning and procedure)**

- think about the task; consider what you will be lifting, where you will put it and how you are going to get there. Ensure that the surroundings are safe
- flooring should be even and not slippery, lighting should be adequate and the temperature and humidity should be suitable
- remove obstructions and ensure that the correct equipment is available
- assess the weight, centre of gravity of the load and the size to make sure that you can grip it safely and see where you are going
- assess whether you can lift the load safely without help. If not, get help. If more than one person is involved, plan the lift first and agree who will lead and give instructions. Consider a resting stage before moving a heavy load or carrying something any distance
- plan your route and remove any obstructions. Check for any hazards such as uneven flooring
- check whether you need any PPE and obtain the necessary items, if appropriate
- ensure that you are wearing the correct clothing as stated in Shine's Staff Handbook
- ensure that you will be able to maintain a firm grip
- remove any unnecessary packaging if this will make the task safer

### **Position**

- stand with your feet apart and your leading leg forward. Your weight should be evenly distributed over both feet. Position yourself (or turn the load around) so that the heaviest part is next to you. If the load is too far away, move toward it or bring it nearer before starting the lift

### **Lifting**

- always lift using the correct posture
- bend the knees slowly, keeping the back straight



- tuck the chin in on the way down
- lean slightly forward if necessary and get a good grip
- keep the shoulders level, without twisting or turning from the hips
- try to grip with the hands around the base of the load
- bring the load to waist height, keeping the lift as smooth as possible
- move the load
- move the feet, keeping the load close to the body
- proceed carefully, making sure that you can see where you are going
- lower the load, reversing the procedure for lifting
- avoid crushing fingers or toes as you put the load down
- position and secure the load after putting it down
- report any problems immediately – for example, strains and sprains. Where there are changes, for example to the activity or the load, the task must be reassessed

### **Open Door Policy**

Shine has adopted an Open-Door Policy for all employees. Having an Open-Door Policy means that Shine's Senior Manager will do their utmost to be available to discuss any issue with you; however, there may be times when they are not available, in this case the senior person on duty may be available in the absence of the Senior Manager.

### **Evaluation and Review**

This policy and the way it operates will be reviewed annually and updated in line with legislation and guidance.

Last Review: 13<sup>th</sup> March 2026

Next Review: 12<sup>th</sup> March 2027

## Appendix 1 – Epilepsy

**epilepsy** *action*

# First aid for epileptic seizures

To help someone having a tonic-clonic seizure, you don't have to be an expert. All you have to do is **CARE**.



### COMFORT

Cushion their head with something soft, to protect them from injury



### ACTION

Begin to time the seizure, and clear the area of anything potentially harmful. You could also check if the person has any medical ID or bracelet with more information on how to help



You can find out more about seizure first aid at:  
[epilepsy.org.uk/firstaid](https://epilepsy.org.uk/firstaid)



### REASSURE

When the seizure has stopped, place them in the recovery position, stay with them and reassure them as they come round

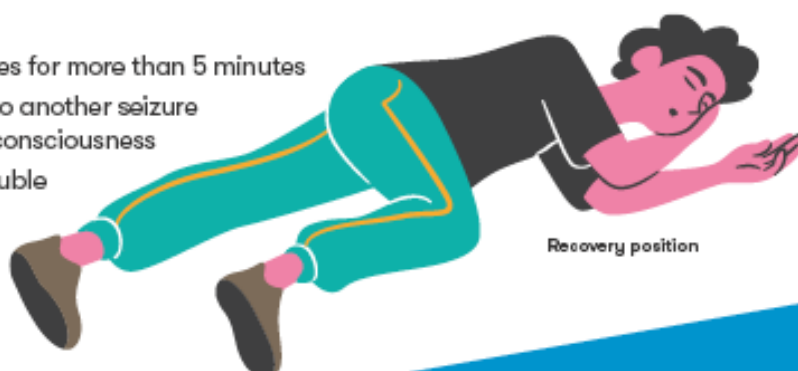
You can find out about other seizure types at:  
[epilepsy.org.uk/seizures](https://epilepsy.org.uk/seizures)



### EMERGENCY

Call 999 if:

- the seizure continues for more than 5 minutes
- the person goes into another seizure without regaining consciousness
- the person has trouble breathing after the seizure
- the person has never had a seizure before
- the person is injured



Recovery position

**Epilepsy Action**  
New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY  
tel. 0113 210 8800 email [epilepsy@epilepsy.org.uk](mailto:epilepsy@epilepsy.org.uk)  
[epilepsy.org.uk](https://epilepsy.org.uk)

**Epilepsy Action Helpline:** freephone 0808 800 5050  
email [helpline@epilepsy.org.uk](mailto:helpline@epilepsy.org.uk)

Registered charity in England and Wales (No. 234343)



A donation of just £4 helps us to provide vital first-aid training and information to those who need it. You can help at [epilepsy.org.uk/donate](https://epilepsy.org.uk/donate)

Epilepsy Action makes every effort to ensure the accuracy of its information, but cannot be held liable for any actions taken based on this information.

To tell us what you think of this poster, go to [epilepsy.org.uk/feedback](https://epilepsy.org.uk/feedback)

B1488.06  
Date: September 2023  
Due for review: September 2026

## Appendix 2 - Diabetes

# FIRST AID DIABETES



A condition caused by the body's failure to regulate blood sugar levels. Insulin regulates blood sugar levels.

### Hypoglycaemia (Blood sugar content too low)

### Hyperglycaemia (Blood sugar content too high)



#### TREATMENT

- + Sit the casualty down, calm and reassure.
- + For suspected hypoglycaemia, assist the casualty to take their glucose tablets or give other dietary forms of sugar.
- + If the condition improves offer further sugary drinks or foods.
- + If there is no improvement in the casualty's condition then call for an ambulance (999).
- + Monitor the condition; if the casualty becomes unconscious carry out basic life support.



#### TREATMENT

- + Sit the casualty down.
- + Encourage the casualty to use their medication.
- + If they have not been previously diagnosed then call for an ambulance (999).
- + Monitor the condition; if the casualty becomes unconscious carry out basic life support.



## Appendix 3 - Asthma

# FIRST AID ASTHMA




Asthma is a condition that affects and inflames the airways, making it difficult to manage normal breathing; there are many 'asthma triggers' such as, dust, pet fur and house dirt.



### TREATMENT

- ✚ Assist the casualty to sit down.
- ✚ Ensure use of medication (reliever inhaler) and get the casualty to follow own personal action plan.
- ✚ Reassure the casualty.
- ✚ If the attack is prolonged call for an ambulance (999).
- ✚ Be prepared to carry out basic life support.



## Appendix 4 – Feeding Tubes Diagram

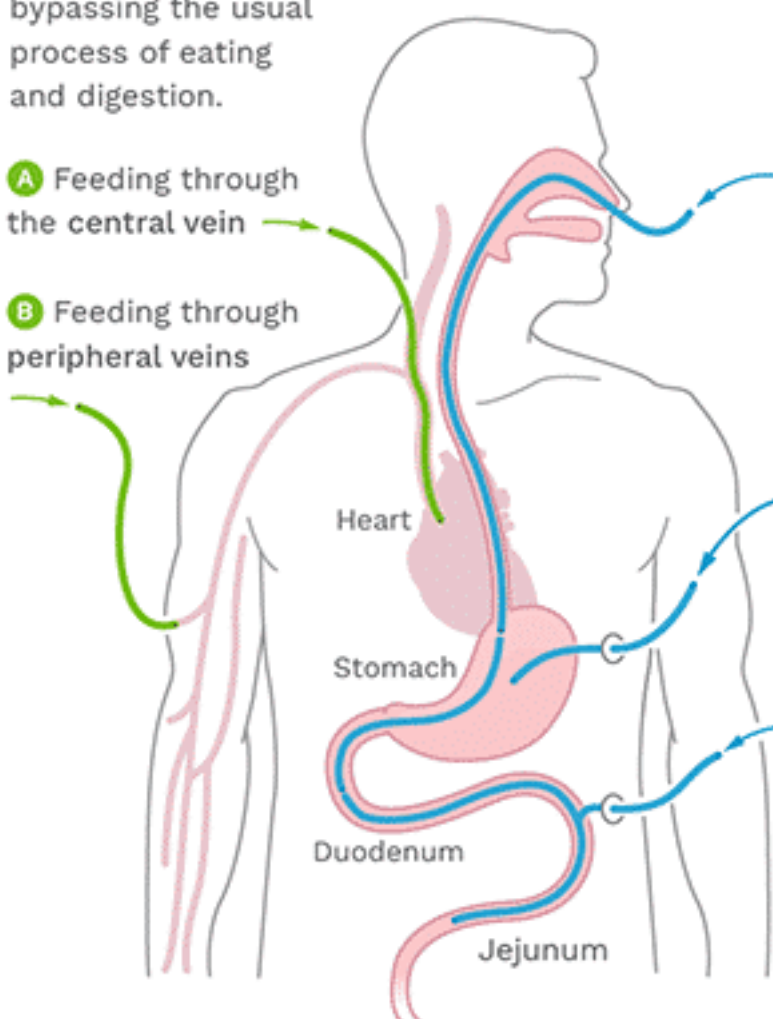
### Parenteral and Enteral Nutrition

#### PARENTERAL NUTRITION

Feeding intravenously, bypassing the usual process of eating and digestion.

**A** Feeding through the central vein

**B** Feeding through peripheral veins



#### ENTERAL NUTRITION

Liquid supplemental nutrition is either taken by mouth or is given via a feeding tube.

Nasal or oral feeding tube terminates at, either:

**C** Stomach (Nasogastric)

**D** Duodenum (Nasoduodenal)

**E** Jejunum (Nasojejunal)

**F** Feeding tube that leads through an artificial external opening into the stomach (Gastrostomy)

**G** Feeding tube that leads through an artificial external opening into the small intestine (Jejunostomy)