
Title: What are the Beliefs / Views of Teaching Staff in UK Senior Schools about Their Role in the Event of a Pupil Requiring Emergency First Aid?

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Abstract

This paper reports data surrounding the views of teachers in state sector senior schools across 2 counties in the South of England. The term “senior schools” is defined as those attended by pupils aged 11 – 18 years. Survey method was used in the study and a convenience sample of 20 teachers completed a short questionnaire. The majority of respondents were accompanying year 10 students to “taster sessions” at a University campus and all were qualified teachers.

The objective of the study was to ascertain the views of teachers in senior schools about their roles and skills in the event of a pupil requiring first aid and/or cardio pulmonary resuscitation, and whether they would participate in training if offered. A literature review indicated 3 key areas related to first aid in schools: government guidelines and legislation, studies originating from the healthcare sector, and studies originating from the education sector.

4 Key themes emerged from the data. These were: the role of schools in providing first aid: concerns about litigation: compulsory first aid training: voluntary first aid training. From this small survey it is clear that despite some interesting differences across the pupil range teachers recognise the need for good emergency first aid provision in their schools. Whether this is mandatory for all, voluntary for a named set of first aiders, or whether different emergency response preparation is required is a matter for debate. Further study is planned in order to gain more detail, and to establish whether these results are generalisable.
Background

First aid is defined as the actions of a first responder in an emergency and/or accident situation. The United Kingdom Resuscitation Council (2005) recently reviewed the first responder guidelines and has simplified them in an attempt to make them easier for the lay public to use. This training has been widely available for many years and public awareness and training has increased significantly in recent years (Resuscitation Council UK 2005).

Currently it is not mandatory for schools in the UK to have teaching staff trained in the first aid of children. It is pertinent to consider the increase in the numbers of children in schools with identified health needs / risks (DfEE 1998). Almost 400,000 children were the victims of accidents / injuries on school premises in 2002 (The Royal Society for Prevention of Accidents 2002). Conclusive evidence indicates that teaching basic first aid / resuscitation skills to the general public confers significant benefits to survival rates (Berg et al. 1999; Dorph et al. 2002; Resuscitation Council UK 2005). In 1992 the European Resuscitation Council (ERC) stated that all European schools should include basic life support (BLS) in their curriculum (ERC BLS Working Party 1992).

The British Red Cross, British Medical Association, The Resuscitation Council (UK), and The Royal National Lifeboat Institution are among a number of key bodies supporting the need for compulsory first aid education for school children (British Red Cross 2006b).
The evidence examined suggests that first aid skills for staff in schools is on the agenda but is unclear about what is appropriate. It is therefore important to seek the views of teachers as so little is known about their opinions on this subject. Significant work from the British Heart Foundation (BHF) (2005) and British Red Cross (2006a) targets the training of school children (Lester et al 1994). However, this would seem inextricably linked to the training of teachers.

**Literature review**

The review of the literature surrounds the research question about the beliefs, attitude and understanding of senior school teachers working in the UK about their role and skills in the event of a pupil requiring first aid and/or cardio pulmonary resuscitation.

The literature review is divided into 3 parts. The first section concentrates on government reports, guidance and legislation, in order to set the study in context and to review the current situation. The second section examines work originating from the healthcare sector, and the third section explores literature with origins in the education sector. The literature review goes back as far as the 1970s as there is little relevant work linking first aid and schools before that time. Literature from the healthcare sector is reviewed in terms of the effectiveness of first aid / resuscitation training in the school context.

**Government reports and legislation**
Schools must meet the Health and Safety regulations to have at least one first aider in each building. There is a difference in what is understood by the term “first aider”. This role is primarily focussed on adults in the workplace. Resuscitation is part of the course but does not specifically focus on children (Health & Safety Executive 1981).

There is no obligation for teaching staff, including physical education (P.E.) staff to do any first aid training. Anecdotal evidence suggests that good practice would make head teachers feel that all P.E. staff ought to have some relevant training. In contrast to the current situation in schools, there is a significantly greater amount of regulation for off-site school activity (DfES 1998). This has largely been as a result of some tragic (and much reported by the media) accidents / events on school trips and the resulting effect on parents confidence in the safety of such activities.

The Department of Health (DoH) and the then Department for Education and Employment (DfEE) (1998) produced guidance on first aid provision in schools, focussing on the accountability of staff and head teachers, and addressed a variety of practical questions about children’s medication, common conditions and developing policies and procedures. However, the over arching theme of this document is about the legal position of teaching staff.

“Teachers’ conditions of employment do not include giving first aid “.

(DfEE 1998, p. 4)
It is confusing to understand how this statement fits with the concept of “in loco parentis” and the rest of the document. The paper goes on to say,

“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 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 assisting in an emergency” (DfEE 1998), p. 4)

The term “assisting in an emergency,” is vague and has a number of interpretations.

The Resuscitation Council UK (2000) make clear the legal position of teachers. They specify that whilst the lay public do not have a duty to respond, there are a limited number of relationships where a duty of care exists, and teachers in compulsory education fall into this category. This would fit with the concept of “in loco parentis” mentioned previously.

In 2004 the Department for Education and Skills (DfES) suggested 5 core themes for the wellbeing of children in school. These are: to be healthy, to enjoy and achieve, make a positive contribution, achieve economic well being, and to stay safe. The document goes on to say that children need to be cared for and safe from accidental injury and death (DfES 2004). It could be argued that this adds to
the increasing profile of the needs of the child in school. It is also pertinent to consider the increase in numbers of children in schools with identified health risks/needs such as asthma, seizures, severe allergies and heart conditions (DfEE 1998). It would seem logical that the recommendations in DfES (2004) paper can only be sustainably achieved by working closely with parents, carers, and teachers.

The DfES (2005) developed a common set of skills and knowledge that is designed for use by everyone working with children and young people (Lee 2006). It includes skills for first aid in emergencies, and appears multi-disciplinary in its approach. This seems to be targeting healthcare professionals but it is unclear whether teachers would fit in here on some sort of skills ladder.

**Health Sector**

It is not unusual now for supermarket, airline and train station staff to be trained in resuscitation techniques including community defibrillator provision (Cummins et al. 1995). This is of particular note as approximately 70% of cardiac arrests happen out of hospital with 30% of these dying before they reach hospital (British Heart Foundation 2005). The cardiac arrest out of hospital survival rate in London has doubled in the last 6 years (London Ambulance Service (LAS) Audit 2007). LAS (2007) state that the survival rate to discharge from hospital for those resuscitated by bystanders has risen from 4.2% to 11% since 1999. They cite “effective bystander resuscitation” as a key factor in this improvement. In Seattle in the US, where a large public training programme was in place with bystanders starting resuscitation within 4 minutes of collapse, there was a 40% survival rate
compared with no attempt – no survivors (Thompson et al. 1979). Other benefits are that those who use these emergency skills may feel that they have helped to maximise the likelihood of a good outcome.

The high death rate from ischaemic heart disease was recognised in Wales in 1991 (Osmond & Baker, Welsh Health Planning Forum 1991) and targets were set to address the concerns. One of the targets was to increase community knowledge of cardio-pulmonary resuscitation (CPR) to 25% of adults in Wales by 2002. They went on to implement the BHF *Heartstart Programme*. This was followed by the Heartstart in Schools programme which became a national initiative spearheaded by the BHF (Lester 1994). This is a whole school approach to emergency life support for children from 5 years up, with age appropriate teaching methods, materials and outcomes. It has been running for approximately 14 years and evaluations from both teachers and pupils have been extremely positive (BHF 2005). Evaluations have been by teacher and pupil feedback in the form of questionnaires, interviews, recounting situations where the skills learned were used and external school inspector reports. The *Heartstart* Programme has been taken up by over 2000 primary and senior schools across the UK and links with national curriculum themes in science, citizenship, and personal, social, health education (PSHE)(BHF 2005). In 1992 the European Resuscitation Council (ERC) stated that all European schools should include basic life support (BLS) in their curriculum (ERC BLS Working Party 1992).
In the UK there has been some reluctance to teach BLS to children in schools (British Red Cross 2006a) in comparison to other countries such as Norway, where the teaching of rescue breathing has been part of the school curriculum since 1961 (Lind et al 1963). Whilst there are enthusiastic teachers, there remains no mandatory requirement. However, in 1993 the Scottish Health Service Advisory Council stated that CPR training in schools would be the most significant factor in achieving improved survival from heart attack (Scottish Health Service Advisory Group 1993).

There was some suggestion that children would not have the physical strength to carry out CPR, but this has been refuted. Vanderschmidt et al. (1976) evaluated a course for 200 students aged 12 – 13 years and 200 aged 15 – 16 years in Boston, USA. Effective performance of CPR had no correlation with age or gender, and lighter weight students scored higher on some skills. The Welsh Heartstart pilot study confirmed this with the use of the Laerdal skillmeter which measures effectiveness of ventilation on a manikin (Lester et al. 1994). In 2007, a study showed that 45% of 13/14 year olds could perform adequate continuous chest compressions (Maconochie et al. 2007). Maconochie et al. (2007) also suggested that nurses could teach CPR to children in schools.

St John Ambulance run first aid courses for schools. These include the Young Lifesaver Awards Scheme which has also been adopted by the Duke of Edinburgh’s Award Scheme (St John Ambulance 2006). St John Ambulance have recently, in September 2007, launched a new resource to replace the
Young Lifesaver Award (St John Ambulance 2006) and are currently evaluating this.

A recent survey of 1000 people, carried out for Asthma UK showed that the majority knew that asthma could be fatal but only half of those questioned knew what to do if they witnessed an attack (Asthma UK 2006a). This prompted Asthma UK to launch its Deadly Serious campaign to raise awareness that asthma can be fatal and what first aid resources are required (Asthma UK 2006b).

The recent addition to the National Service Framework for Coronary Heart Disease of a section on “Arrhythmias and Sudden Cardiac Death” (DOH 2005) indicates a rise in the diagnosis of some otherwise undetected life threatening cardiac abnormalities. There is a particular risk in the teenage years when growth spurts and risk-taking (for example recreational drugs) may increase the risk of a cardiac event. This is highlighted by charity Cardiac Risk in the Young (CRY) who estimate that approximately 8 young people (under 25 years old) die suddenly from Sudden Arrhythmic Death Syndrome (SADS) every week in the UK. CRY (2005) are asking for all children starting senior school to be given ECG screening in year 7/8 (aged 11-12). This campaign, “an ECG with the BCG,” is already current practice in Italian schools (CRY 2005). Swartz (2006) called for Europe-wide neonatal ECG screening as there was growing evidence of children with undiagnosed life threatening cardiac arrhythmias which could be treated.
The British Red Cross (2006b) gives a clear and persuasive argument supporting the mandatory inclusion of first aid training in UK schools to

“…enable the next generation to keep safe, stay healthy, and make a contribution to our communities as active citizens”,

(British Red Cross 2006b. p. 5).

Research by Ipsos MORI (2006) indicates overwhelming support for first aid training for children aged 11 years and over, with 93% of respondents supporting such a proposal. The value of year six children having first aid training by bringing them into Accident/Emergency departments for teaching sessions as part of the injury minimisation programme (IMPs) was highlighted in The Guardian (2007) (impsweb.co.uk).
Little research is available originating from the education sector. Tunnicliffe (1986) described how first aid was incorporated into the curriculum in a London school. She noted that whilst health education topics such as “My Body” and other health specific projects were undertaken, first aid was neglected. She went on to say that first aid was not only a valuable skill but was relevant to teaching science, in particular human biology and went on to show how it related to a number of areas in the science curriculum.

Armstrong (2004) reported on the increasing role of the school nurse in Australia. A number of school nurses have carried out valuable work in the context of first aid. Shaw (1991) set up a school first aid club and commented that she believed that this should be a part of the curriculum. Redheffer (1988) reported on a survey of 20 teachers in a US school. She had surveyed them before and 2 years after a training programme on how to deal with emergencies with favourable results. Rutledge carried out a similar programme in the UK in 1992 with positive feedback from the teachers involved (Rutledge 1992). The British Red Cross (2006a) carried out interviews and visits to 18 primary and secondary schools in the UK to explore teachers’ views about first aid training for children. The research highlighted the paradox between the “high importance” rating of first aid education but identified very low levels of provision. The main reason for this was cited as little curriculum time and a lack of good interactive resources. It was recognised that there was opportunities within the PSHE curriculum in both primary and secondary schools for first aid training. Handcock (2006) suggests that for the 11-19 age range learning first aid is a key part of personal safety.
Maunder (2004) chronicled her day as a school nurse and briefly included the importance of the first aid provision in her role. The Royal College of Nursing (2006) have acknowledged the need for school staff to be prepared to consider first aid/resuscitation training. Clearly there are significant issues in the private sector where many children are weekly or term time boarders.

In its White Paper, Choosing Health (DH 2004) the government proposed a significant increase in the number of school nurses by 2010. The Chief Nursing Officer for England and Wales highlighted the issues for head teachers (DfES 2005) outlining how school nurses can help schools to reach “Healthy School Status” by 2009. It remains to be seen how the school nurse provision will develop.

In the USA guidelines have recently been introduced for the management of cardiac arrest during school athletics (Lie 2007). These guidelines are comprehensive and have clear training implications for both teachers and students.

In summary, from all three areas of the literature the evidence examined seems to suggest that first aid/resuscitation skills for staff in schools is on the agenda but it is unclear about what is, or should be, expected. There is some government guidance and reporting, but little imperative in the form of legislation, although it remains uncertain whether such legislation is appropriate. There is significant evidence to suggest that children in senior schools are a medium – high risk
group with regard to a variety of medical conditions, and risk of injury (DfEE 1998; RoSPA 2006). Therefore, some uniformity of training input for pupils and teachers would seem sensible.

The primary work in the healthcare sector with regard to first aid is the BHF’s *Heartstart Programme* which is proving very successful. School nurses have made a significant contribution and possibly look set to expand their role and influence.

One of the criticisms of the *Heartstart Programme* is that some of the terminology seems confusing. For example, BLS (Basic Life Support) is the same as ELS (Emergency Life Support). First aid does not make everyone think of resuscitation, and the word “resuscitation” can be unnerving for many people. CPR (Cardio Pulmonary Resuscitation) may also confuse further. This confusion is unhelpful to the non-medical person. The concept and language of resuscitation may result in the lay public being put off the idea of first aid in emergencies as it may seem complicated and daunting.

The recent recommendations from the British Red Cross (2006b) are perhaps the most significant development about the issue of first aid training in schools. The Times newspaper launched its Christmas appeal in December 2006 with an article supporting first aid training for schoolchildren with a British Red Cross fundraising appeal (The Times 2006). Significant work from the BHF (2005) and British Red Cross (2006b) targets the training of school children. However, this
would seem inextricably linked to the training of teachers in schools and is therefore relevant to this review.

The study

Methodology and research questions

Survey method (Moser & Kalton 1985) was selected for this study. Four research questions were identified as follows.

1. Should school teachers be trained in emergency first aid for children in schools
2. If such training was offered, how would teachers’ respond
3. Any other comments or views about emergency first aid training for teachers
4. Demographic information from respondents regarding their status as a teacher (qualified/unqualified) and the age group(s) they teach

Data collection

A survey questionnaire was developed to answer the four research questions. The survey was conducted using a convenience sample of teachers. Local senior schools bring groups of pupils to the University to visit the skills laboratory at one campus. While the pupils were engaged in activities, the teachers were invited to complete a simple questionnaire. A total of 20 questionnaires were completed.
Data analysis

Simple content analysis was used to analyse the data from the surveys. The completed respondent questionnaires were grouped by the age groups which the teachers taught. Therefore, findings are presented as follows:

- Teachers who teach aged 11 – 16 (n = 12)
- Teachers who teach a mix of 11 – 16 year olds and 16+ (n = 4)
- Teachers who only teach 16+ (n = 4)

Two teachers indicated that they taught ages 13 – 16 or 14 – 16 and these teachers were assigned to the 11 – 16 age group. The majority of the respondent teachers (n = 12) solely taught under 16 pupils. The number of respondents for the other teacher groups was 4 and 4. All respondents were qualified teachers.

Findings

Those who taught 11 – 16 year olds (n = 12)

The findings show that 8 out 12 teachers (66.6%) in this group were positive about teachers needing to be trained in emergency first aid. Three respondents were unsure and 1 answered negatively, citing being too busy to participate in such training. The response from teachers who taught this age group was largely positive, with 8 respondents (66.6%) indicating that they would welcome
the opportunity, 1 respondent indicating that she/he would not wish to be trained in first aid and 2 respondents unsure/undecided. One respondent did not answer this question.

*Those who taught a mix of 11 – 16 year olds and 16+ (n = 4)*

All 4 respondents in this group indicated that school teachers should be trained in emergency first aid. Additionally, all 4 respondents in this group indicated that they would welcome the opportunity to train in emergency first aid.

*Those who taught 16 – 18 year olds only (n = 4)*

All 4 respondents in this group indicated that school teachers should be trained in emergency first aid. Additionally, all 4 respondents in this group indicated that they would welcome the opportunity to train in emergency first aid.

*Any other comments or views about emergency first aid training for teachers*

Not all respondents answered this question but for those who did, there was no pattern across the different age groups that they taught. Fewer teachers in the 11 – 16 group made comments than from the other two groups of teachers. The majority of comments were made by respondents who taught 16+ pupils only. However, analysis of the comments was undertaken using a modified Framework Method of Analysis (Ritchie & Spencer 1994), and the comments related to this question across all the respondents indicated four themes:
Theme 1: Role of schools in providing first aid

Three of the 20 respondents indicated that all schools should have a certain number of first aiders. One respondent indicated that lunchtime/after school; first aid training sessions were offered in her school. Two commented on/questioned the cost of providing such training. One respondent indicated that it was important for schools to provide first aid services as there are a significant number of children with medical conditions. One respondent described current first aiders in her/his school as “slow and not very competent.”

Theme 2: Concerns about litigation

Two respondents raised the issue of litigation for teachers who are trained to give first aid indicating that litigation is a small concern for the teachers in this survey.

Theme 3: First aid training should be compulsory for all teachers

This theme emerged from three comments made by the respondents

Theme 4: First aid training should be voluntary only
Two comments emerged within this theme. One specified that first aid training should be voluntary only. The other indicated that each school needs to have a designated number of named and trained first aiders.

From this small and simple survey it is clear that despite some differences across the pupil age-range, the majority of teachers appear to recognise the need for good emergency first aid provision in their schools, whether this is compulsory for all teachers or voluntary for a named set of first aiders.
Discussion

The majority of senior school teachers in this survey recognised the need for emergency first aid provision in schools, and were open to undertaking some training in emergency first aid for children. However, there were a number whose responses were negative and these can be examined in the themes identified.

Fear of adverse litigation was a small but significant concern. There is perhaps an unfounded fear of litigation which may be fuelled by inaccurate and sensationalist media stories. The facts in relation to this are clear. There is no case to date where legal action has been taken as a result of a teacher (or any other) applying first aid measures in an emergency. The Resuscitation Council (UK) cites overwhelming and conclusive evidence that prompt bystander resuscitation improves outcome significantly and that it is always better to do something rather than nothing (Weaver et al 1986, Eisenberg et al 1980) (Resuscitation Council 2006).

The law does not expect perfection in relation to technique as it is not an everyday occurrence for most people and therefore if someone chose to help the expectation is only what would be considered reasonable (Resuscitation Council UK 2006).

There appear to be clear financial perceived constraints if teachers are to be released for first aid training, in terms of cost of training and replacement teaching cover. Perhaps “whole day” training is inappropriate. One suggestion is to include “first response to collapse” training as part of inset days along with other
medical information such as epi-pen administration and response to seizures as is already the case.

There was some concern expressed by respondents in this study regarding the effectiveness of existing first aiders in schools. This may be a separate issue in relation to training and/or speed of response. More investigation would be useful in this area. The view that first aid training should be voluntary seems reasonable.

Post-16 and 11 – 18 age group teachers were all positive about the need for emergency first aid training and their willingness to undertake such training. There has been some evidence that people are reluctant to do chest compressions on children for fear of harming them. Despite this concern being wholly unfounded (Resuscitation Council UK 2006), it may explain the response in the post 16 age group as more positive because their students are more likely to be adult size.

The current climate with a full curriculum and the working life of teachers already being very full it is understandable that they may feel that this is not a role they wish to undertake. But perhaps there is a misconception about what constitutes emergency first aid as opposed to comprehensive first aid training. It is impractical for teachers to be able to cover all aspects of first aid. Emergency first aid is likely to be a very infrequent but life saving event.
Recognition of the needs of children with medical conditions and health and safety legislation means that schools must have a system to inform and direct staff. In light of the duty of care as applied to teaching staff should they be asking for/provided with further training input? The Bolam test (1957) may need to become part of the discussion about what would be reasonable actions in an emergency first-aid situation for those with a “duty of care”.

Limitations of the Study

Such a small sample means that it is not possible to generalize the findings. There are also some small but possibly significant differences in approach to the subject in different parts of the UK. It could also be suggested that the convenience sample are self-selecting to some degree as perhaps those who have chosen to come with their students to “taster sessions” are already desensitized. The questionnaire had to be very brief and therefore limited the amount of data that could be collected.

The Future

The number of children in mainstream schools with medical issues is likely to increase as a result of improved diagnosis of conditions, increases in health and genetic screening and stricter implementation of inclusion policies. Significant developments in general education to include first aid education to support the science and the PSHE curriculum (Bizzo 2006, Handcock 2007, Rowlands 2007, Tunnicliffe 1986, 2007) mean that there may be a further need for teacher
preparation to support these initiatives. Maconochie et al. (2007) and Jones et al. (2007) suggest that nurses could teach resuscitation skills to children in schools. The Injury Minimisation Programme (impsweb.co.uk) has been piloted in six cities across the UK and includes emergency response skills (Frederick et al. 2000).

The way forward may need to include demystifying the concept of first aid, perhaps changing it to “emergency response”. First aid implies a number of responses from cuts to cardiac arrest. The law requires a certain number of first aiders, but knowing what to do in an emergency before anyone else arrives should perhaps become part of every employee’s role. An exploration of the concept of citizenship may be useful in determining how society in general views the scope of the helping role.

**Conclusion**

This small study has examined the views of 20 senior school teachers about emergency first aid provision in schools. The responses were largely positive about the contribution they want to provide. A small but significant number of concerns were highlighted and discussed. Suggestions for future planning include the inclusion of “emergency response” becoming part of inset days along with existing emergency response training. The findings of this study indicate a need for more extensive research to be undertaken. Clearly teachers’ views are crucial to the development of the debate.

Key words: First Aid, Schools, Teachers, Emergency, Children.
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Statement of Ethical Approval

This study was granted “light touch” ethical approval by the Thames Valley University Ethics Committee in June 2006.

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