

Self-Harm: First Aid Practitioners

We do not recommend self-harm and would strongly urge people to always consider alternatives to self-harm first, such as talking about your feelings (if you can), distracting yourself, or trying safer alternatives. Please note this Guide will reference Self Harm, specifically Cuts and Burns.

This leaflet will provide photographs and information about First Aid Box that practitioners from SSF can provide Young people and general First Aid Advice.

Seeking medical help In an **emergency call 999** and ask for an ambulance, or go straight to the nearest hospital's Emergency Department (A&E). If the situation is less serious, you could visit your GP, NHS walk in centre or call NHS 24 on 111 (24 hours a day), to speak to a trained professional who will advise you on what action to take. **IMPORTANT!** If you're ever in ANY doubt as to how serious the injury is, always seek medical advice.

Pictures of Basic First Aid Kit

Items to Include in Your First Aid Kit (Available from high street chemists)

- Bandages
- Plasters
- Skin closure dressings
- Adhesive strips (such as Steri-Strips)
- Adhesive tape (for securing dressings)
- Antiseptic spray or wipes
- A basic first aid book or leaflet



At SSF, we are committed to a **harm reduction approach**.

When providing pre-packaged first aid kits, it's important to ensure they are as safe as possible for the young people we support. This means removing any items that could potentially be used to cause further harm — **for example, tweezers, safety pins, or scissors should all be removed**. Our priority is to promote safety and wellbeing while still offering the tools needed for basic wound care and healing.

Dealing with Cuts

Seek medical attention if...

- The blood is pumping – continue to apply pressure and call 999.
- The bleeding does not stop after 10 minutes of applying pressure
- The cut is very large or very deep, or may require stitches (see below)
- There is a chance that nerves or tendons have been affected.
- You go into shock (see next page)
- The injury is on a joint – this can cause long-term movement difficulties.
- Something is embedded (stuck) in the wound
- The cut involves the mouth, face, hand or genitals.
- The cut does not heal properly.
- The cut shows signs of infection (it is red, sore, or painful, hard or has pus oozing out)

For more serious cuts that bleed more, you should:

1. Apply direct pressure to the wound using a clean, non-fluffy pad or cloth. Apply the **pressure** for a good 10 minutes, and avoid lifting up the pad to look – give it a few minutes.
2. Raise the injured area (unless it is broken) above the level of the heart to slow down the bleeding.
3. Bandage the pad or dressing firmly to control bleeding, but not so tightly that it stops the circulation to fingers or toes.
4. Do not remove bandages as this can interfere with blood coagulation (when your blood cells clot together to seal the wound). If bleeding seeps through the first bandage, cover with a second bandage. If bleeding continues to seep through, remove the bandage and reapply.

If something is embedded (stuck) in the wound:

1. Leave it in place – don't try to remove it as this may cause further bleeding.
2. Raise the body part if possible.
3. If you can, firmly push together the edges of the wound to try to stem blood loss.
4. Gently cover the wound and object with a sterile dressing if possible.

The cut may need stitches if:

- The cut will not stop bleeding.
- The cut is more than $\frac{1}{4}$ of an inch or 1 cm long.
- The cut is gaping (i.e. the edges don't stay together and you can see tissue or fat).

Burns and scalds

Seek medical attention if:

- If the burn is larger than a 50 pence piece, painful, charred (white) or seems to be getting worse.
- If the burn is on the face, hands, genitals or across the joints – burns to these areas can cause long-term movement problems.
- If the burn is chemical.

Minor Burn treatment:

1. Hold the burn under cold, slowly running water for 10 minutes.
2. Chemical burns, for example from strong cleaning fluids, should be rinsed under cold, slowly running water for 20 minutes. Never try to neutralise the chemical by adding an acid chemical to an alkaline chemical or vice versa – seek medical advice instead.
3. If you can easily remove jewellery or clothing in the area of the burn, gently do so. The burnt area may swell up and/or become sticky and attached to clothing or jewellery. However, if clothing or jewellery is already stuck to the burn, or cannot be removed without touching the burn, leave it alone and seek medical advice.
4. Do not apply any creams, oils, grease, butter, ointments, adhesive dressings or cotton wool. Cling film can be used to loosely cover the burn and prevent infection.
5. Never interfere with the burn or break any blisters – this will delay the healing.

Poisoning and overdoses

Seek urgent medical attention if:

- You suspect your are supporting someone who has overdosed on substances or medication, or ingested toxic (poisonous) substances. Contact NHS 24 on 111 if you are unsure if what they have taken is an overdose. They might feel physically well, but the effects of an overdose can be delayed and fatal.

If you suspect overdose or poisoning:

- Seek help immediately – the longer you leave it, the greater the likelihood of serious damage.
- Write down what medication that has been taken, including the number of tablets and dosage, and also if any alcohol has been taken.
- Take the packaging and any remaining medication with you to the Emergency Department (A&E).
- **Do not advise to try to make themselves vomit** – this can be dangerous.
- **Don't allow them to drive** themselves to hospital. If they are too unwell to use public transport, call an ambulance.

Remember that there are no safe limits to self-poisoning. Not seeking medical help can result in serious, long-term, irreversible damage to your health, including death.

Shock

Severe cuts and burns can cause the body to go into physiological shock, which can result in a massive reduction in blood flow. If left untreated, shock can lead to collapse, coma, and even death. The symptoms of physiological shock are:

- A fast, weak pulse.
- Feeling faint, dizzy, weak or nauseous.
- Rapid, shallow breathing. If you are in shock your friends or family may notice the following:
 - A fast weak pulse
 - Blue lips
 - Cold, clammy skin

If you are supporting someone experiencing any of these symptoms, seek urgent help – call 999 and:

1. Lay flat and elevate your legs at least 25cm or 10 inches to help restore blood pressure.
2. Continue to apply direct pressure to any bleeding wound.
3. Loosen tight clothing, and stay warm with layers of blankets.
4. Do not allow them to eat or drink – this may cause vomiting.

Guide for conversation with Young Person around Self-Harming

Purpose of the Conversation

To explore a young person's experience with self-harm in a safe, and non-judgemental way — helping them to reflect, feel heard, and consider options for support and safety.

Before You Begin

- Ensure privacy and a calm, safe environment.
- Reassure them there is no pressure to talk about anything they're not ready to share.
- Emphasise confidentiality (and its limits around safety).
- Use open body language and a calm tone.

Suggested Conversation Starters

- Exploring Emotions Around Self-Harm
- “Can I ask how you've been feeling recently?”
- “What emotions or thoughts tend to come up before you self-harm?”
- “What usually leads you to that point — is there a particular trigger or situation?”

Reflecting on Aftermath

- “How do you usually feel after you've self-harmed?”
- “Does it help in the moment? What does it feel like after the moment has passed?”
- “What feelings do you feel in the moment, is there anything specifically that you want to feel when you self-harm?”
- “What are you hoping it will help you with when you do it?”

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Understanding Their Experience

- “What does self-harm look like for you? Everyone experiences it differently.”
- “Is there a pattern to when or how it happens?”
- “Are there things that make it feel more or less intense?”

Checking on Current Safety and Support

- “Are you currently getting any support around your self-harm — from school, family, or anyone else?”
- “Have you been looking after any injuries when they happen?”
- “Do you feel you’re able to keep yourself safe at the moment?”
- “Would it help to look at ways to take care of yourself afterwards — like using a first aid kit or knowing when to get medical help?”

Exploring Alternatives and Coping Strategies (if appropriate)

- “Have you found anything that helps even a little, other than self-harming?”
- “Would you like to talk about things that might help manage those feelings in a safer way?”

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Helpful Tips for Practitioners

- Avoid focusing too much on the behaviour itself — focus on the feelings behind it. This may support in Harm reduction with specific tools and strategies they can use to get similar feeling from a safer alternative.
- Be led by the young person — don't push for details they're not ready to share.
- Don't minimise their experiences or try to “fix” things right away — listening is powerful.
- Offer harm reduction advice if appropriate, including using first aid and knowing when to seek medical help.
- Encourage accessing additional support (e.g. mental health services, school counsellors, trusted adults).