

Strangulation Guidance 2025-2026

Strangulation is a **high-risk incident** even when there are **no visible marks or immediate symptoms**. Pressure to the neck can restrict air and blood flow to the brain and may cause **delayed, life-threatening complications**. All incidents must be treated as serious safeguarding and medical concerns. **Strangulation without visible injury is still a medical emergency risk and a safeguarding concern**. Always act, report, and escalate.

Strangulation is defined as external pressure placed on neck, throat and windpipe. This can be inflicted via hands, arms or objects such as ropes, etc. Once a strangulation begins staff have around 15-20 seconds to remove the item before an increased chance of losing consciousness.

Actions to take at that moment of the incident

- Stop the incident and separate students
- Ensure no further contact between those involved
- Call for senior staff / DSL support
- Move the affected student to a calm, quiet area
- Always stay with the student

Initial Health Check (Do not assume they are 'fine').

Guidance reads that following a strangulation staff must be medically assessed immediately (same day). Key symptoms to watch for (even if delayed):

- Even without marks, ask and observe carefully.
- Difficulty breathing or swallowing
- Hoarse, weak, or changed voice
- Dizziness, headache, nausea, confusion, drowsiness, or unusual behaviour
- Neck pain or tenderness
- Panic, distress, or delayed emotional response
- Red marks, bruising or petechiae (small red dots)

Important: Lack of visible injury does **not** mean lack of harm. Internal swelling, airway compromise, or reduced blood flow can develop hours later.

First Aid Response

- **Do not apply pressure** to the neck or throat.
- Encourage the student to remain seated and calm.
- Loosen tight clothing around the neck.
- Monitor breathing, speech, and alertness continuously and **do not** allow physical activity or return to class.
- **Call emergency services immediately if:**
 - Breathing becomes noisy, laboured, or shallow
 - The student becomes drowsy, confused, or collapses
 - Voice changes worsen or swallowing becomes difficult
 - You are unsure about their condition

Medical Assessment Is Required

- Any student who has experienced strangulation **must be medically assessed**, even if symptoms appear mild.
- Arrange same-day medical review via emergency services, urgent care, or GP as advised by leadership.
- Continue supervision until the student is collected by a responsible adult or transferred to medical care.

Communication With Parents / Carers

- Parents/carers of the injured student must be contacted **the same day** and explain:
 - That strangulation occurred
 - That symptoms may be delayed
 - Why medical assessment is necessary
 - Provide clear advice to seek urgent help if symptoms develop later

Safeguarding Reporting

- Inform Headteacher / DSL immediately
- Complete an incident report including:
 - What happened, how and the duration of neck pressure
 - Student statements
 - Symptoms observed (even subtle)
 - Actions taken and times