

THE VILLAGE PREPARATORY SCHOOL, BELSIZE PARK

FIRST AID AND MEDICAL WELFARE POLICY

THIS POLICY IS REVIEWED ON AN ANNUAL BASIS

Policy reviewed by: Graeme Delaney

Policy approved by: Robert Berry – Director of Operations

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Approver's Signature: 

Please note: 'School' refers to Chatsworth Schools and The Village Prep School; 'parents' refers to parents, guardians and carers.

This is a whole school policy, which also applies to the Early Years Foundation Stage.

Introduction

This policy has been prepared in accordance with DfE Guidance on First Aid in Schools. Its status is advisory only. It is available to parents, prospective parents and pupils via the Website and to all members of School staff via the Employee Handbook.

It is designed to comply with the common law and the Health and Safety at Work, etc. Act 1974 and subsequent regulations and guidance to include the Health and Safety (First Aid) Regulations 1981 in respect of an employer's duty to provide adequate and appropriate equipment, facilities and personnel to enable First Aid to be given to employees in the event of illness or accident. This policy is also designed to comply with the School's duties to pupils and visitors and Paragraph 13 of the Education (Independent School Standards) Regulations 2014. Nothing in this policy affects the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services at the site of the incident. It is recommended that the following guidance also be consulted: *'First Aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance'*.

Definition

"First Aid" means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse, as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. First Aid does not generally include giving tablets or medicines to treat illness.

This policy outlines the school's responsibility to provide safe, appropriate, first aid (the initial assistance or treatment given to someone who is injured or suddenly taken ill), or medical care to day pupils, staff, parents and visitors to ensure best practice.

It includes arrangements for first aid within the school environment and for activities off site involving pupils and members of staff. It will be available for all staff, pupils and parents to access on the school website. Where more than basic first aid is required the parent/guardian of the pupil will be notified as soon as possible. Consent to administer first aid is obtained from parent/guardians on admission to the school.

This policy also covers the EYFS for administering medicines, including systems for obtaining information about a child's needs for medicines and for keeping this information up to date.

Responsibilities

The School, both as an employer, and in providing appropriate care for pupils and visitors, through its Governors, has overall responsibility for ensuring that there is adequate and appropriate First Aid equipment, facilities and qualified First Aid personnel and for ensuring that the correct First Aid procedures are followed.

The Bursar is responsible for ensuring the School has adequate First Aid equipment and facilities and that an adequate number of qualified First Aid personnel are on site at all times.

The Bursar is responsible for ensuring that staff have the appropriate and necessary First Aid training as required and that they have sufficient understanding, confidence and expertise in relation to First Aid.

Medical Facilities

There is a dedicated medical room on the second floor that allows children with minor injuries and illnesses to rest during the school day, whilst waiting to be collected by their parents. It is equipped with a bed and next door, a sink and toilet, and a clinical waste bin and lockable medical cabinet is provided on site. The bedding will be laundered after each use.

Medical Personnel

Chatsworth Schools will ensure a ratio of at least one First Aid at Work (FAW) qualified member of staff to fifty people on site. In fact, 90% of the staff have FAW qualifications.

The School will, as a result, comply with or exceed the Health and Safety Executive guidance of 1:50 in a high-risk environment. There will always be at least one qualified first aider on site whenever children are present.

The First Aiders are able to respond to first aid issues as they arise during the school day and on school trips. If a staff member thinks that their job role requires a first aid qualification, or they would like first aid training, then they should discuss this with the Deputy Head or the Compliance Manager.

As a minimum, there will always be one qualified first aider on site whenever children are present.

The school will ensure that a member of staff with a Health and Safety Executive (HSE) recognised current Paediatric First Aid qualification is always available to children in the pre-prep age group in school and on trips, thus complying with Early Years legislation.

A comprehensive list of First Aid qualified staff is included in Appendix 1 of this document.

During sports activities, on the school's playing area, there must always be at least one member of staff with current First Aid training, and likewise, the correct ratio of First Aiders must accompany any school trip. The person responsible must carry the first aid box.

First Aid Training

First Aid training will be offered to all staff on taking up appointment. All first aid training and requalification courses will be coordinated by the Bursar. First aid training for each first aider will be updated every 3 years.

Chronic Illness and Emergency Care Training

The Bursar will organise Anaphylaxis and Asthma training to all staff at the beginning of the Michaelmas term each year. In addition, if a child joins the School with specific medical needs then staff training will be organised as part of the Individual Health Care Planning process.

First Aid Training - EYFS Requirements

The Bursar will arrange Paediatric first aid courses and refreshers ensuring they are EYFS compliant as described in EYFS Practice Guidance. Training for the Paediatric First Aid qualification will be consistent with the training set out in Annex A of the *DfE Statutory Framework for the Early Years Foundation Stage* (03 March 2017).

First Aid Training Record

This will be maintained by the Bursar.

First Aid Boxes

The Compliance Manager is responsible for ensuring that all First Aid Boxes meet statutory requirements. All First Aid Boxes are checked fortnightly. If a first aid box is used, then the first aider must restock the items removed.

First Aid Boxes - EYFS Requirements

EYFS first aid boxes, and medicines, are stocked appropriately for the age of the children they are to be used for. First Aid Boxes are located in the following areas:

- Medical room
- Main Hall
- Prep classroom
- Art/Science Room
- Illrd Form classroom
- Staff kitchen
- Reception

Only authorised staff are allowed to administer medicines, and a record kept in the First Aid Record Book. Parents are to be informed if their child has received any medicine, unless it is a regular treatment agreed with the parents prior to administration.

It is an EYFS requirement that staff bringing medication to school, for example, paracetamol, must keep it in a place inaccessible to children, for example, in a locked cupboard, not in e.g. a handbag brought into the classroom or in a desk drawer.

After-School Performances

Staff organising after-school evening performances are asked to nominate a first aider for the event. If staff are unsure about the appropriate level of cover required, they need to seek advice in advance from the Bursar.

EYFS staff must nominate a suitably trained Paediatric First Aider to provide first aid cover for the event.

School Visits

When an activity is taking place off-site the designated leader of the party should ensure that they have details of any pupils/children with medical conditions and any treatment they require. They are also responsible for collecting a first aid kit and for reporting any accidents that occur off-site.

Individual medical needs for all children will be identified on the school risk assessment form.

While visit locations have a legal duty to provide first aid cover, the school has a duty of care to ensure pupils remain safe. There must be adequately qualified staff and procedures in place to ensure first aid care can be delivered quickly and safely, without risking further harm to the pupil or placing the rest of the group at risk from being left unsupervised.

Within the current staffing ratio of 1:10 for visits (1:6 for EYFS), one member of staff is to be appointed the nominated first aider (NFA) by the visit organiser. The NFA is responsible for carrying the first aid kit.

Should a pupil become ill or injured during the visit, the supervising member of staff is to call the NFA for assistance, the NFA will then move to the incident with their group and pass their pupils under the supervision of the teacher of the sick or injured pupil. The NFA can then attend to the child requiring treatment in the knowledge that their own pupils are under supervision.

School Visits – EYFS

EYFS staff must nominate a suitably trained Paediatric First Aider to provide first aid cover for the trip. They will need to collect an EYFS first aid kit from Junior School reception.

Dealing with a First Aid Event

Duties of a First Aider:

- Respond promptly to calls for assistance.
- Give immediate assistance to casualties with injuries or illness.
- Ensure that an ambulance or professional medical help is summoned, as appropriate.
- Record details of the accident and treatment.
- Clear the scene safely.
- Replace any first aid supplies used.

The rules of First Aid learned in training must be applied rigorously and professional help summoned if deemed necessary. An Emergency First Aid booklet is available for reference in each box or bag.

If in any doubt, the First Aider should summon help from:

- Another School First Aider from the list of First Aiders
- NHS 111
- Emergency services: 999

Bodily Fluid Spillage

Specific guidance can be found in the following documents: Body Fluid Spillage Policy (see Appendix 3).

Contacting Parents / Guardians

For all but the most minor consultations, parents/guardians should be contacted if their child has received the attention of a First Aider. This should be done as soon as possible after the event. In the case of a head injury, the Head Injury Form should be completed and e-mailed or given to their parent or guardian.

Accident Reporting

All accidents/ incidents should be recorded in the appropriate accident book. Accidents requiring remedial action or referral to hospital or GP must also be reported on the school Accident/ Incident Report Form.

Accident Reporting – EYFS

For any accident or incident occurring in EYFS, a full written record of any accident, injuries and first aid treatment given will be made using the school Accident/ Incident Report Form. All sections of the form will be completed. Parents will be informed of this information on the same day or as soon as reasonably practical.

The Bursar will complete RIDDOR Forms, where necessary, under the statutory regulations. An overview of all accidents is made by the Bursar to ensure risk assessments are carried out, if necessary. Any accidents falling into the RIDDOR guidelines, in addition to be reported to the HSE (Health and Safety Executive), must also be reported to OFSTED.

Guidance on When to Call an Ambulance (refer to Appendix 2)

In a life-threatening emergency, if someone is seriously ill or injured and their life is at risk always call 999.

Examples of medical emergencies include (but are not limited to):

- chest pain

- difficulty in breathing such as a severe asthma attack (see Appendix 4)
- unconsciousness
- severe loss of blood
- severe burns or scalds
- choking
- concussion
- drowning or near-drowning incidents
- severe allergic reactions (see Appendix 5)
- diabetic emergencies (see Appendix 6)
- fitting (see Appendix 7)

In an emergency, an ambulance will be called by the School Secretary, First Aider or another nominated person.

Guidance to Staff for management of Chronic Medical Conditions & Disabilities within School (including EYFS)

As part of the admissions process, parents are required to complete a Health Questionnaire, which highlights on-going medical conditions and any significant past or family medical history.

Thereafter, parents are required to update the School of any other changes that occur throughout the year. Medical information is made available to members of staff within the School if it is deemed important for the safety and wellbeing of the child.

For certain medical conditions, an Individual Health Care Plan will need to be put in place and is reviewed each term. For children, whose condition falls under SENDA, a 'reasonable adjustments checklist' is completed, and a care plan written that is tailored to the needs of the child.

Please refer to Appendices 4-7 for detailed procedures covering Asthma, Anaphylaxis, Diabetes & Epilepsy.

Management of Acute Illness

Absence

If a child is unwell and needs to be kept off school, it is essential that parents telephone or e-mail the School Office on the first morning of absence with brief details. If parents have not communicated with the School, the reception staff at either site will contact parents of an absent child during the morning.

Infectious Illnesses (including EYFS)

Examples are Chicken Pox, Parvovirus, Measles, Mumps, Rubella, Whooping Cough, Scarlet Fever, 'Flu, Vomiting and Diarrhoea. If an infectious illness is suspected, it is reported to the Bursar. Following current guidelines from Public Health England, the Bursar will request that a message be sent to members of the School community, as appropriate, to advise them of the presence of the illness and any measures that need to be taken, liaising with parents as required. This will ensure

that parents are aware of the illness, its treatment and the recommended period of time for children, who have been infected, need to be kept away from school to prevent the illness spreading.

Becoming Unwell at School

If a child becomes unwell at school, then they will go first to Reception for an assessment and, if need be, to the Medical Room.

Many minor ailments can be treated with non-prescription medication, such as Calpol or piriton for a headache. In all cases parents / guardians will be contacted first and suitable arrangements made for the child to go home from school, if required.

The School will follow guidelines set by Public Health England with regard to the recommended period of absence for a particular illness. The aim is to minimise the spread of the illness through the School and we appreciate parents' co-operation in following the guidelines.

Medication

Parental consent is required for the administration of prescription and non-prescription medicines.

Interpretation

In this policy, the term "senior manager" means a School Head and their designated deputies.

This policy applies to all employees in all Schools (save for Schools with their own procedure which shall prevail) and other work environments within Chatsworth Schools

This policy applies within all companies, which are wholly owned subsidiaries of Chatsworth Schools Ltd, a company registered in England, registered number 11552579.

The registered office of all companies is Crimea Office, The Great Tew Estate, Great Tew, Chipping Norton, Oxfordshire, OX7 4AH. Any enquiries regarding the application of this policy should be addressed to the Director of Operations at the above address.

This policy does not form part of any employee's contract of employment and may be amended at any time.

Appendix 1

All Staff with First Aid Training

First Name	Surname	First Aid	Certificate Number	Date of Training	Expiry
Graeme	Delaney	Full First Aid		Sept 18	Sept 21
Yona	Tizzard	Paediatric First aid	004VS/ PD090718	July 18	July 21
Alex	Oxley	Paediatric First aid		July 18	July 21
Margaret	Gajdamowicz	Paediatric First aid		July 18	July 21
Simona	Blackmore	Emergency First Aid at work	EFAW17 000766	March 17	March 20
Rachel	Evans	Emergency First Aid at work	EFAW17 000767	March 17	March 20
Debbi	Reynolds	Emergency First Aid at work	002VS090718	July 18	July 21
Valency	Fernandes	Emergency First Aid at work	009VS090718	July 18	July 21
Fitzroy	Hamilton	Emergency First Aid at work	010VS090718	July 18	July 21
Deborah	Street	Emergency First Aid at work	003VS090718	July 18	July 21
Cora	Bolsom	Emergency First Aid at work	005VS090718	July 18	July 21

Sharon	Chambers	Emergency First Aid at work	014VS090718	July 18	July 21
Natalie	Leku	Emergency First Aid at work	008VS090718	July 18	July 21
Rebecca	Turner	Emergency First Aid at work	001VS090718	July 18	July 21
Kirstie	Challis	Emergency First Aid at work	006VS090718	July 18	July 21
Clare	Manassei	Emergency First Aid at work	004VS090718	July 18	July 21
		Emergency First Aid at work			

Appendix 2

Contacting Emergency Services

A qualified first aider or another nominated person will dial 999, ask for an ambulance and then speaking clearly and slowly and be ready with the following information:

1. The school telephone numbers: 020 7485 4673
2. The location as follows: 2 Parkhill Road, London

The postcode of the building where the ambulance needs to come to: NW3 2YN

Give exact location in the school of the person needing help.

3. The name of the person needing help
4. The approximate age of the person needing help
5. A brief description of the person's symptoms (and any known medical condition)
6. Inform ambulance control of the best entrance to the school and state that the crew will be met at this entrance and taken to the pupil.

Do not hang up until the information has been repeated back.

Please note that the person calling should be with the child, as the emergency services may give first aid instructions.

Send a member of staff to wait at the entrance to guide the ambulance service to the person needing help.

Also, ensure that one or more of the following members of staff are informed that an ambulance has been called to the school: Bursar, Principal, Head of Junior / Senior school.

Ensure that the child's parents / guardians have been contacted.

Never cancel an ambulance once it has been called.

Appendix 3

Body Fluid Spillage Policy

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is, therefore, vital to protect both yourself and others from the risk of cross infection. In order to minimise the risk of transmission of infection, both staff and pupils should practise good personal hygiene and be aware of the procedure for dealing with body spillages. This document is to be used in conjunction with Public Health England: *Guidance on infection control in schools and other childcare settings* (September 2014).

There are Body Fluid Disposal Kits available in the Medical Room.

Body Fluid Spillage Clean-Up Procedure

1. Cordon off the area until clean-up is completed.
2. Put on disposable gloves from the nearest First Aid kit.
3. Place absorbent towels over the affected area and allow the spill to absorb.
4. Wipe up the spill using these and then place in a bin (which has a bin liner).
5. Put more absorbent towels over the affected area and then contact the Facilities Manager for further help.
6. If a Body Fluid Disposal Kit is available, then the instructions for use should be followed. If not, then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin bag or double bagged and put in an outside bin.
7. If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.
8. The area must be cleaned with disinfectant following the manufacturer's instructions.
9. An appropriate hazard sign needs to be put by the affected area.
10. The area should be ventilated and left to dry.
11. All reusable cleaning equipment needs to be appropriately disinfected according to the manufacturer's instructions.
12. Anyone involved in cleaning up the spillage must wash their hands.

Please note that:

- The bin that has had the soiled paper towels put in needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.
- Any article of clothing that has been contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
- Any soiled wipes, tissues, plasters, dressings, etc. must ideally be disposed of in the clinical waste bin (yellow bag). If not available, then the gloves being used need to be taken off inside out, so that the soiled item is contained within them. This can be placed in a sanitary waste disposal bin, which is regularly emptied.

Appendix 4

Asthma Emergency Procedures (Please also refer to the school Asthma Form)

Common signs of an asthma attack:

- coughing
- shortness of breath
- wheezing
- feeling tight in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest and a tummy ache.

Do . . .

- keep calm
- encourage the pupil to sit up and slightly forward – do not hug them or lie them down
- make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately and preferably through a spacer
- ensure tight clothing is loosened
- reassure the pupil.

If there is no immediate improvement, continue to make sure that the pupil takes two puffs of reliever inhaler every two minutes up to 10 puffs or until their symptoms improve.

999

Call an ambulance urgently for any of the following:

- the pupil's symptoms do not improve in 5–10 minutes
- the pupil is too breathless or exhausted to talk
- the pupil's lips are blue
- you are in any doubt.

Ensure the pupil takes two puffs of their reliever inhaler every two minutes until the ambulance arrives.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/guardians must always be told if their child has had an asthma attack.

Important things to remember when an asthma attack occurs:

- Never leave a pupil having an asthma attack.

- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to School Reception to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack, do not worry about a pupil overdosing.
- Send a pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents/carers immediately after calling the ambulance.

A member of staff should always accompany a pupil taken to hospital by ambulance and stay with him/her until their parent arrives.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved

Appendix 5

Anaphylaxis Emergency Procedures - (Please also refer to the school Epipen Policy)

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

- generalised flushing of the skin anywhere on the body
- nettle rash
- (hives) anywhere on the body
- difficulty in swallowing or speaking
- swelling of throat and mouth
- alterations in heart rate
- severe asthma symptoms (see Appendix 3 for more details)
- abdominal pain
- nausea and vomiting
- sense of impending doom
- sudden feeling of weakness (due to a drop in blood pressure)
- collapse and unconsciousness.

Do . . .

If a pupil with allergies shows any possible symptoms of a reaction:

- assess the situation
- follow the pupil's emergency procedure closely, these instructions will have been given by the hospital consultant
- administer appropriate medication in line with perceived symptoms

999

If you consider that the pupil's symptoms are cause for concern, call for an ambulance (see Appendix 2). State:

- that you believe them to be suffering from anaphylaxis
- the cause or trigger (if known)

While awaiting medical assistance, the designated trained staff should:

- continue to assess the pupil's condition
- position the pupil in the most suitable position according to their symptoms

Symptoms and the position of pupil

- If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up
- If there are also signs of vomiting, lay them on their side to avoid choking

- If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up

Do . . .

- If symptoms are potentially life-threatening, give the pupil their adrenaline injector into the outer aspect of their thigh
- Make a note of the time the adrenaline is given in case a second dose is required and also notify the ambulance crew
- On the arrival of the paramedics or ambulance crew the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

After the emergency

- After the incident, carry out a debriefing session with all members of staff involved
- Complete an incident form
- Ensure that parents/guardians have replaced any medication used

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Appendix 6

Diabetes Emergency Procedures

Hyperglycaemia

This is when a person's blood glucose level is high (over 10mmol/l) and stays high. Common symptoms:

- Thirst
- Frequent urination
- Tiredness
- Dry skin
- Nausea
- Blurred vision.

Do . . .

Call the pupil's parents who may request that extra insulin be given. The pupil may feel confident to give extra insulin. If a pump is used it should indicate how much insulin to give.

999

If any of the following symptoms are present, then call the emergency services:

- deep and rapid breathing (over breathing)
- vomiting
- breath smelling of nail polish remover.

Hypoglycaemia

This is when a person's blood glucose levels are too low (below 4 mmol/l) and may be caused by:

- too much insulin
- a delayed or missed meal or snack
- not enough food, especially carbohydrate
- unplanned or strenuous exercise
- drinking large quantities of alcohol or alcohol without food
- sometimes there is no obvious cause

Common symptoms:

- hunger
- trembling or shakiness

- sweating
- anxiety or irritability
- fast pulse or palpitations
- tingling
- glazed eyes
- pallor
- mood change, especially angry or aggressive behaviour
- lack of concentration
- vagueness
- drowsiness.

Do . . .

- Immediately give something sugary to eat or drink such as one of the following:
 - apple juice or non-diet drink such as cola, three or more glucose tablets
 - five sweets, e.g. jelly babies
 - GlucoGel

The exact amount needed will vary from person to person and will depend on individual needs and circumstances, be guided by the person. After 10 – 15 minutes check the blood sugar again. If it is below 4 give another sugary quick-acting carbohydrate. This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again, such as:

- roll/sandwich
- portion of fruit
- cereal bar
- two biscuits
- a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should be given again. When the child has recovered, give them some starchy food, as above.

999

If the pupil is unconscious do not give them anything to eat or drink; call for an ambulance and contact their parents/carers.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Appendix 7

Epilepsy Emergency Procedures

First aid for seizures is quite simple and can help prevent a child from being harmed by a seizure.

First aid will depend on the individual child's epilepsy and the type of seizure they are having.

Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures Symptoms:

- The person loses consciousness; the body stiffens, and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely, due to irregular breathing. Loss of bladder and/or bowel control may occur. After a minute or two the jerking movements should stop, and consciousness slowly returns.

Do ...

- Protect the person from injury – (remove harmful objects from nearby).
- Cushion their head
- Look for an epilepsy identity card or identity jewellery. These may give more information about a pupil's condition, what to do in an emergency, or a phone number for advice on how to help.
- Once the seizure has finished, gently place them in the recovery position to aid breathing.
- Keep calm and reassure the person
- Stay with the person until recovery is complete.

Don't ...

- Restrain the pupil
- Put anything in the pupil's mouth
- Try to move the pupil unless they are in danger
- Give the pupil anything to eat or drink until they are fully recovered
- Attempt to bring them round.

999

Call for an ambulance if...

- You believe it to be the pupil's first seizure
- The seizure continues for more than five minutes
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures
- The pupil is injured during the seizure
- You believe the pupil needs urgent medical attention.

Seizures involving altered consciousness or behaviour

Simple partial seizures - Symptoms:

- Twitching
- Numbness
- Sweating
- dizziness or nausea
- disturbances to hearing, vision, smell or taste a strong sense of déjà vu

Complex partial seizures - Symptoms:

- plucking at clothes
- smacking lips, swallowing repeatedly or wandering around
- the person is not aware of their surroundings or of what they are doing

Atonic seizures - Symptoms:

- sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Myoclonic seizures - Symptoms:

- brief forceful jerks which can affect the whole body or just part of it. The jerking could be severe enough to make the person fall.

Absence seizures - Symptoms:

- the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Do . . .

- Guide the person away from danger
- Look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help
- Stay with the person until recovery is complete
- Keep calm and reassure the person
- Explain anything that they may have missed.

Don't . . .

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round.

999

Call for an ambulance if . . .

- One seizure follows another without the person regaining awareness between them
- The person is injured during the seizure
- You believe the person needs urgent medical attention.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

This policy needs to be read in conjunction with the following policies:

- Alcohol and Drugs Policy
- Staff Stress Policy
- Violence towards Staff Policy
- Bereavement Policy
- Anti-Bullying Policy
- Health and Safety Policy
- Risk Assessment Policy
- Safeguarding Policy

