



Cambridge International School

## First Aid and Medical Welfare Policy

Policy written by Philippa Mills:

September 2017

Review date:

September 2018

This Policy has been reviewed and approved by: Nick Rugg as Director of Schools, Europe, and nominated representative of the Governors

Please note: 'School' refers to Cambridge International School; 'Parents/Guardians' refers to Parents/Guardians, guardians and carers.

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

### **Note for September 2017 – December 2017:**

Due to the temporary closure of the main building at Cherry Hinton Hall all learning and teaching will take place at 62/61 Bateman Street, Cambridge for pupils in Years 1 – 6 inclusive.

Nursery and Reception will continue to operate from the Cottage at Cherry Hinton Hall, where there is a temporary medical facility until the whole school is moved back into the CHH building in January 2018.

### **First Aid and Medical Welfare Policy**

#### **Authority**

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/Guardians, prospective Parents/Guardians 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.

#### **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/Guardians 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/Guardians 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**

**Senior School** - There is a dedicated medical room at the Temple that allows children with minor injuries and illnesses to be cared for during the school day. It is equipped with a couch or bed and sink, and a clinical waste bin and lockable medical cabinet is provided on site. It is located adjacent to main school Reception Desk.

**Junior School (including EYFS)** - There is a dedicated medical room at Cherry Hinton Hall and Bateman Street that allows children with minor injuries and illness to be cared for during the school day. They are equipped with a medical couch, clinical waste bin, sink, and lockable cabinet. At Cherry Hinton Hall it is adjacent to the main ground floor toilet, at Bateman Street it is located behind the Main School Reception area.

## **Michaelmas Term 2017**

Due to the temporary closure of the main building of Cherry Hinton Hall, there will be no individual medical room available for children in the Nursery and Reception. Medical facilities will still be available for this group of children and a qualified First Aider present at all times. Where necessary a small bed will be set up next to the toilet area, with access to the sink.

## **Medical Personnel**

### **First Aiders - Senior School**

Cambridge International School will ensure a ratio of at least one First Aid at Work (FAW) qualified member of staff to fifty people on site. 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 their line manager or the Bursar. As a minimum there will always be one qualified first aider on site whenever children are present.

### **First Aiders- Junior School (Including EYFS)**

The school will ensure that a member of staff with a Health and Safety Executive (HSE) recognised 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 this document.

### **First Aid Training**

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. The Bursar keeps all records of First Aid training.

### **Chronic Illness and Emergency Care Training**

The Bursar will organise Anaphylaxis and Asthma training on a regular basis. 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.

### **First Aid Training Record**

This will be maintained by the Bursar.

### **First Aid Boxes**

The Principals of schools are 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 are stocked appropriately for the age of the children they are to be used for. First Aid Boxes are located in the following areas:

**Junior School:** Medical room

**Senior School:** Medical room

**Minibuses:** All buses equipped

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.

### **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 – Junior School (including 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/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 Principal injury, the **Principal Injury Form** should be completed and e-mailed or given to their parent or guardian. The parent or guardian should be contacted immediately.

### **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 – Junior School (including 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/Guardians 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, 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/Guardians are required to complete a **Health Questionnaire**, which highlights on-going medical conditions and any significant past or family medical history. Thereafter, Parents/Guardians are required to update the School Nurse 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/Guardians telephone or e-mail the School Office on the first morning of absence with brief details. If Parents/Guardians have not communicated with the School, the reception staff at either site will contact Parents/Guardians 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/Guardians as required. This will ensure that Parents/Guardians 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 - Senior School**

If a child becomes unwell at school then they will go to the Medical Room at the Temple where an assessment will be made by a qualified First Aider. Many minor ailments can be treated with non-prescription medication, such as paracetamol for a headache. In all cases Parents/Guardians / guardians will be contacted and suitable arrangements made for the child to go home from school.

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/Guardians' co-operation in following the guidelines.

### **Becoming Unwell at School- Junior School (including EYFS)**

If a child becomes unwell at Cherry Hinton Hall /Bateman Street they will go to Reception where they will be assessed by a qualified first aider. If necessary, then Parents/Guardians / guardians and / or carers will be contacted and suitable arrangements made for the child to go home from school.

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/Guardians' co-operation in following the guidelines.



Cambridge International School

## **Administration of Medication**

### Introduction

Parents/Guardians have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents/Guardians should also provide all necessary information about their child's medical needs to the school.

### DfE April 2014 – Supporting Pupils at School with Medical Conditions

Key points are:

- Pupils at school with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education.
- Governing Bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions. • Governing Bodies should ensure that school leaders consult health and social care professionals, pupils and Parents/Guardians to ensure that the needs of children with medical conditions are effectively supported. This policy may be superseded by a child's EHC plan or Individual Care Plan, or may be used in conjunction with them.

### Staff Duties

School teachers have no legal obligation to administer medicines to pupils nor supervise them while they take medicine, unless contracted to do so. Staff may volunteer to assist in the administration of medicines but must be given appropriate training and guidance.

By individual arrangement, medicines can be administered in school and on educational visits to allow children who have medical needs to attend.

### **Process for the Administration of Medicines in School**

#### Short term medical needs

Medicines should normally be administered at home and only taken into school when absolutely necessary (where it would be detrimental to the child's health, or would greatly impact on a child's school attendance, if the medicine were not taken during the school day).

The school will only accept:

- Medicines prescribed by a medical practitioner
- Medicines that are in date
- Medicines that need to be administered in excess of 3 times per day.
- Medicines in their original container, as dispensed by a pharmacist
- Containers with labelling identifying the child by name and with original instructions for administration, dosage and storage in English.

On accepting medication, the parent must sign a form disclosing all details and giving permission for the medication to be administered by a named person (usually the Form Tutor/Class Teacher or a staff volunteer in the case of educational visits). The medicine must be kept in a locked cupboard (except where storage in a fridge is required) and only accessed by named adults, or with the permission of the Principal. When administering, the named adult must complete a record showing the date and time and details/dosage of the medication. In the case of the child being allowed to administer their own medication, this must again be added to the record.

Under no circumstances should a parent send a child to school with any medicines, e.g. throat sweets/tablets, without informing the school. These could cause a hazard to the child or to another child if found and swallowed.

Parents/Guardians are welcome to come into school to administer medicines themselves that the school refuses to administer, for reasons given above.

### Long term medical needs

Where a child has long-term medical needs, a care plan must be written with the assistance of the Bursar and in the presence of the parent/guardian of the named child. This may also result in an individual risk assessment also being required. The care plan must be followed and reviewed at least annually. It is the parent's responsibility to inform the school of any changes to the child's condition that may require the details of the care plan to be altered. The Principal must ensure that named staff are trained to administer or give the level of care required by the details of the care plan.

There will also be regular training for all staff on more generalised needs e.g. asthma awareness and epipen training, diabetes and epilepsy.

### Process for the Administration of Medicines during residential visits– all medical needs

For the purpose of residential visits, there will be a named person with responsibility for the administration of medicines and care of children as above.

Parents/Guardians will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements.

### All Staff with First Aid Training

First Name	Surname	First Aid	Site	Date of Training	Expiry
Jillian	Agar-Hutty	First aid at work	Temple	01.10.2015	30.09.20178
Kate	Fernandez	First aid at work	Temple	20.01.2016	20.01.2019
Angela	Spaxman	Emergency First Aid at work	Whole School	14.03.2016	13.03.2019
Mandy	Hutchinson	Emergency First Aid at work	CHH	14.03.2016	13.03.2019
Philip	Salt	First aid at work	Temple/CHH	05.10.2015	04.10.2018
Joel	Dixon	First aid at work	Temple	05.10.15	04.10.2018
Alberto	Martinez	First aid at work	Temple/CHH	05.10.15	04.10.2018
Marie	Ransome	Paediatric First Aid	CHH	13.04.16	12.04.2018
Sue	Virgo	Paediatric First Aid	CHH	13.04.16	12.04.2018
Anna	Polumbo	Paediatric First Aid	CHH	13.04.16	12.04.2018
Jessica	Falconbridge	Paediatric First Aid	CHH	13.04.16	12.04.2018
Eilidh	Nicolson	Paediatric First Aid	CHH	13.04.16	12.04.2018
Rachael	Steel	Paediatric First Aid	CHH	13.04.16	12.04.2018
Christina	Wuensche	Paediatric First Aid	CHH	13.04.16	12.04.2018

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### 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: (Cherry Hinton: 07927003722), The Temple: 01223 832719, Bateman Street: 01223 971414)
2. The location as follows:  
The postcode of the building where the ambulance needs to come to:
  - Cherry Hinton Hall - CB1 8DW
  - The Temple - CB21 6AN
  - Bateman Street - CB2 1LR.
  - 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 Primary/ Senior school.

**Ensure that the child's Parents/Guardians / guardians have been contacted immediately.**

**Never cancel an ambulance once it has been called.**

## Appendix 3

### Body Fluid Spillage Policy

#### Introduction

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 minimize 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 at Junior School, Senior School and Bateman Street reception.

#### 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 Bursar 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 clean and then put in a plastic bag and tied up for the Parents/Guardians 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:

- if the pupil's symptoms do not improve in 5–10 minutes
- if the pupil is too breathless or exhausted to talk
- if the pupil's lips are blue
- if 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/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/Guardians/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
- 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 to 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/guardians have replaced any medication used

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



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/Guardians/carers.

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

## 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. -

**Tonicclonic 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.
- Gently place them in the recovery position to aid breathing once the seizure has finished
- 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**