



First Aid, Accidents & Injuries Policy

Updated
September 2020

St Faith's Prep School - First Aid Policy

Introduction

This Policy applies to the entire school including EYFS and after school and holiday clubs.

St Faith's Prep School provides all pupils, staff and visitors with appropriate first aid equipment, facilities and qualified First Aid personnel. This enables pupils and staff to participate fully and safely in all aspects of school life and to maximise their full potential. This policy also supports our safeguarding and child protection policies alongside health and safety measures.

First aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill in a timely and competent manner.

First aid **must** be administered by a person holding a current first aid certificate approved by the Health and Safety Executive (HSE). In the first instance **Shirley Bourne, Helen Groves, Bev Latham and Dawn Melliard** who all hold a current 'First Aid at Work' certificate, must be contacted. In the event of none of these staff being available then please contact one of the following people who hold 'Appointed Person First Aid Training with Paediatric Element':

Paul Ainsworth	Lawrence Groves
Yvette Allen	Yvonne Harrop
Duncan Andrews	Emma Hildersley
Helen Baughan	Claire Hunt
Melanie Bonner	Lydia Johnson
Susan Bowyer	David Mackenzie
Jamie Burrett	Timothy Mackey
Joanna Chapman	Lisa Mellin
Nobby Clark	Hannah Ovenden
Helen Coombs	Caroline Rembridge
Victoria Crocker	Sarah Reynolds
Jonathan Dunn	Katie Ross
Eliazbeth Everton	Priscilla Smith
Nicola Fidock	Laura West
Faye Groombridge	Joanna Woodhead

There will always be one qualified person on each school site when children are present.

Early Years (EYFS)

Within the Early Years at least one person who has current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present, and must accompany children on outings.

The number of staff, children and layout of the department is taken into account; thus ensuring that should an emergency occur a paediatric first aider can respond quickly.

Staff are required to renew their PFA training every three years; this training must be suitable and relevant for working with and caring for young children.

All newly qualified entrants to the setting who have completed a Level 2 and/or Level 3 qualification on or after 30 June 2016, must have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff/child ratios at Level 2 or Level 3.

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The following Early Years staff have carried out 'Appointed Person First Aid Training with Paediatric Element;' Helen Baughan, Jo Chapman, Amy Doble, Faye Groombridge, Emma Hildersley, Caroline Rembridge, Sarah Reynolds, and Laura West. In addition, Dawn Melliard, Amy Mumby, Finlay Parr and Jenna Smith has obtained 'full Paediatric First Aid Training'. The school holds a register of staff that have a current PFA certificate and this is available to parents upon request. Certificates are also displayed in the Early Years setting.

First Aid Equipment

A main First Aid Box is kept in the school office, with supplies held in the Medical Room where running water is available. Pupils' medicines (e.g. Insulin and Inhalers) are stored in the main office together with liquid medicines (e.g. Piriton and Calpol). Epi-pens are kept with the pupils and supervised by staff at all times. In the event Antibiotics need to be taken a 'Medication Administration Form' is to be completed and signed by the parent, checked and administered by office first aiders and the antibiotics will be stored in the fridge in the school office, which has a child proof locking device.

Prescription medicines **must not** be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should also only be given if prescribed by a doctor.)

Ice Packs are kept in the Medical room.

All Teachers have a 'bum bag' basic first aid kit which travels with them. Nothing should be added to these boxes/bags except when being restocked.

Teachers are responsible for checking the first aid bag contents and report to Shirley Bourne for restocking.

Record Keeping

Any pupil, staff or visitor treated or seen by the first aider must be recorded in the appropriate book. All accidents, however minor, must be fully recorded in the Accident Books at the time of the administered treatment, the form detached from the book and brought to the office for filing. All administration of medicines should be recorded by the class teacher/office staff in the relevant file in the school office. In Early Years administration of medicines should be recorded in their relevant files, witnessed and signed by the parent at the end of the day.

A pupil who receives a head injury, will be reported to the School Office in order that they can contact a Parent/Guardian (a head injury advice sheet should be given to any pupil who sustains a head injury).

The school will fulfil their commitment to report to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995): **refer Appendix 1.**

Pupils who need to lie down will be taken to the medical room where they can lay on the bed.

First Aid cover on and off-site

We will make certain that an outing/trip first aid bag will go with the school party on all off-site trips or sporting fixtures. A qualified first aider should accompany the trip.

All incidents/accidents will be recorded in the appropriate sheet and book, and reported to Mrs Bourne on return.

All class teachers keep their first-aid bag (bum bag) in their classrooms and take it out into the playground with them when on duty.

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Administration of Medicines

The following key staff has undertaken 'Medicines Awareness for Schools Training

Office:	Early Years Staff:
Shirley Bourne	Helen Baughan
Helen Coombs	Joanna Chapman
Helen Groves	Amy Doble
Julie Haywood	Faye Groombridge
	Emma Hildersley
	Dawn Melliard
	Amy-Louise Mumby
	Finlay Parr
	Caroline Rembridge
	Sarah Reynolds
	Jenna Smith
	Laura West

The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.

- Wash hands
- Confirm that the pupil's name matches the name of the medication
- Explain to the pupil that his or her parents have requested the administration of the medication
- Document, date and sign for what has been administered.
 - In the main school, a slip is then sent home informing parents that medication has been dispensed for their child except in the case where a medical care plan is in place.
 - In Early Years classes, the administering of the medication is witnessed and the parent signs the relevant file.
- If rectal diazepam is given another member of staff **must be** present and co-sign the record book.
- **No child may self-administer.** Where children are capable of understanding when they need medication, e.g. asthma, they should be encouraged to inform their Key Person in EYFS.
- Prescription medicines **must not** be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin are also only administered if they have been prescribed by a doctor)
- The medication is correctly securely retained and out of reach of pupils.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge, which has a locking facility. All medication should be clearly labelled with the pupil's name and dosage.
- Parents should be asked to dispose of any out of date medication.
- Used needles and syringes must be disposed of in the sharps box which would be kept in the Medical Room

Emergency Medication

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a medical care plan may be required and this will be completed and agreed with parents. The medical care plan is retained in the school administration file kept in the office and a copy in the child's individual medication bag. Additionally, information posters are displayed in the staff room in order to highlight to all staff children with specific requirements. The medical care plan is reviewed annually, however, parents are encouraged to keep us up to date with any changes.

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At all times the administration of medication must be compliant with the Statutory Requirements of the Early Years Foundation Stage (April 2017) and follow procedures based on advice given in Managing Medicines in Schools and EYFS (DfES)

Key Person for SEN Children (breathing apparatus, colostomy bags etc)

- Prior written consent from the child's parent to give treatment and/or medication prescribed by the child's GP
- Key Person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents, or who have qualifications.

Staff Taking Medication/Other Substances

- Staff **must not** be under the influence of alcohol or any other substances which may affect their ability to care for children and/or compromise their safety. In the event that this occurs the Headmaster and/or the Nursery Manager will be informed and the staff member will be sent home
- In the event that a member of staff is taking medication which may affect their ability to care for children they should seek medical advice in order to ensure that they are suitable to work; the Headmaster and/or the Nursery Manager will seek medical confirmation that the medication is unlikely to impair the staff member's ability to look after children or compromise their safety.
- Staff medication (including those for diagnosed medical conditions as well as over the counter medication, such as aspirin, paracetamol etc) **must be securely stored, and out of reach of children, at all times.**

Risk Assessments

Risk Assessments throughout the school should be reviewed annually.

Any recurrent injuries/ incidents should be identified, investigated and reported to the Headmaster for monitoring and review. Following this, risk assessments of some areas may need to be updated.

First Aid Priorities

- Assess the situation quickly and calmly
- Protect yourself and the casualty from danger
- Assess the condition of the casualty
- Deal with any life-threatening conditions
- Obtain medical aid if necessary. Call an ambulance if you suspect a serious illness or injury.

Dealing with body fluids

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed:

- When dealing with any body fluids wear disposable gloves
- Wash hands thoroughly with soap and warm water after the incident
- Keep any abrasions covered with a plaster
- Spills of the following body fluids must be cleaned up immediately: Blood, Faeces, Nasal and Eye discharges, Saliva, Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Alternatively use 'Spil-Aid, kept in Medical Room. Never use a mop for cleaning up blood and body fluid spillages.

All contaminated material should be disposed of in a yellow clinical waste bag, then placed in the waste bin in the Medical Room.

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Avoid getting any body fluids in your eyes, nose, mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with the copious amounts of saline.

Procedures for Children who are Sick or Infectious

- If children appear unwell during the day - have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach - either the school secretary or member of staff calls the parents and asks them to collect the child, or send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using a 'ThermoScan' kept in the first aid cupboard (located in the Starfish Room), Reception Class and a non-contact infrared body thermometer is kept in the School Office
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning their child to school/Nursery; the School/Nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Conjunctivitis: It is our school policy that a child with conjunctivitis be kept away from school/Nursery for 24 hours following commencement of appropriate treatment.
- Where children have been prescribed antibiotics, parents are asked to keep children home for 48 hours before returning to the Nursery.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times (located in the school office). Guidance on Infection Control in Schools and other Childcare Settings sets out guidelines as to when and how long children need to be excluded from settings, when treatment/medication is required and where to get further advice; more information can be found at www.gov.uk/government/publications/infection-control-in-schools-poster

Infectious Diseases

If a child is suspected of having an infectious disease advice should be sought from the Appointed Person who will follow the health Protection Agency guidelines to reduce the transmission of infectious diseases to other pupils and staff.

Children who have been suffering from diarrhoea and/or vomiting should not return to school for at least 48 hours.

Nits and Head Lice

Nits and head lice **are not** an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.

On identifying cases of head lice, all parents are informed and asked to treat their child and all their family if they are found to have head lice.

Requesting emergency services - How and when?

An ambulance should be called for any of the conditions listed below or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives. All cases of a pupil becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

- Head injury
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen

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- Epileptic seizure
- Severe hypoglycaemia for pupil, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness

When you dial 999, you will be asked which service you require and will be put through to the correct control officer.

The following details are essential:

- Your telephone number
- The exact location of the incident; mention any junctions or landmarks
- The type and gravity of the emergency
- The number, sex and approximate age of any casualties and anything you know about their condition; for example they are asthmatic
- Details of any hazards/accessibility difficulties.
- Ensure, if possible, someone is available to wait for and direct emergency services on their arrival.
- Inform parent/guardian so that they can decide whether to accompany the ambulance or to meet it at the hospital.

Refer Appendix 2: Guidance to staff on particular medical conditions

ACCIDENTS AND INCIDENT PROCEDURES

Dealing with an Accident:

All accidents on the premises are recorded in the accident book. Accident books are kept in all class/nursery rooms, medical room and school office and are readily accessible. All staff have been trained in how to complete the book. The staff listed at the at the beginning of the policy have been trained in First Aid with Paediatric Element, but in the Early Years Setting at present, three members of staff hold a full paediatric first aid certificate.

The format of the Accident Book includes:

- Date of accident/incident
- Place that accident/incident occurred
- Details of injury treatment given
- Any important forwarded information required
- Outcome

Minor accidents (e.g. grazed knee) to children are reported to parents in writing on the accident report form when parents collect their child - this details what happened and any treatment administered. Parents are asked to sign this form.

Injuries:

In the event that a child, member of staff, visitor or volunteer become injured at the setting the following steps will be taken:

- The member of staff, or The Nursery Manager (Mrs Sarah Reynolds) or the Deputy Manager (Ms Faye Groombridge) in Early Years, will assess the injury and act decisively to either treat or call

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for medical help; ensuring the safety and wellbeing of the children and other persons is maintained.

- The relevant member of staff will inform the Headmaster (if this has not been done already) and agree responsibility for reporting to authorities (Ofsted/HSE etc.)
- Within the Early Years Setting, Ofsted will be notified within 14 days of any accident/injury to a child, parent, staff member or volunteer, requiring treatment by a GP Doctor or hospital Doctor. Likewise, the Site Manager in compliance with RIDDOR (the Reporting of Injury, Disease and Dangerous Occurrences Regulations.)

St Faith's Prep School makes every effort to ensure that all children are safeguarded and well cared for. For Early Years Setting, these procedures are written in line with current Early Years Foundation Stage (most current) guidance. The Nursery Manager (Mrs Sarah Reynolds) is responsible for ensuring all Early Years staff understand and follow these procedures.

Recording Accidents and Informing Parents:

The person responsible for reporting accidents, incidents or 'near misses' is the member of staff who witnesses the incident. They must record it in the accident file and report it to the Nursery Manager, Headmaster (Mr Lawrence Groves) and/or the Site Manager (Mr Nobby Clark). This should be done as soon as the accident is dealt with, whilst the details are still clearly remembered. Parents must be shown the accident report, informed of any first aid treatment given and asked to sign it as soon as they collect their child

Accident forms are checked monthly for patterns e.g. one child having a repeated number of accidents, a particular area in the School/Nursery or a particular time of the day when most accidents happen. Any patterns will be investigated by the Headmaster in conjunction with the Nursery Manager and/or the Site Manager.

The Headmaster in conjunction with the Nursery Manager and/or the Site Manager will report serious accidents to the registered person (Mr Sam Antrobus) for investigation for further action to be taken (i.e. a full risk assessment or report under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).)

The accident file will be kept for at least 21 years and three months

Where medical attention is required, a senior member of staff will notify the parent(s) as soon as possible whilst caring for the child appropriately

For Early Years Setting, the Headmaster in conjunction with the Nursery Manager will report any accidents of a serious nature to Ofsted within 14 days.

Non Serious Injuries:

Parents will be informed of the accident when the child is collected from School/Nursery at the end of the session. The records are reviewed regularly by our Site Manager and if appropriate, action taken to minimise the likelihood of recurrence.

Arrangements for Children with Particular Medical Needs:

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Prior to joining the School/Nursery, all medical details are required so that the School/Nursery can provide the level of care expected. Where appropriate, parents and the Headmaster and/or the Nursery Manager along with any relevant members of staff, will meet prior to a child joining the School/Nursery to ensure such provision is in place. Arrangements, such as specific training are made as necessary to ensure that medical needs of individual children are met.

Arrangements for off-site Sports Activities:

It will be necessary for all injuries and accidents to be reported to the School Office by the Sports Teacher supervising and an Accident Form completed immediately, or as soon as possible, so that a full record of the incident can be recorded in detail and acknowledged by the parent.

Procedure for medical care:

In the Event of a Minor Injury

(e.g. A small graze or superficial cut)

All pupils should be taken care of by the supervising member of staff responsible for that group at the time of the incident. First Aid kits are taken to sports training sessions and fixtures.

In the Event of a Major Injury

(e.g. Head Injury/Concussion, broken bone)

Administer immediate first aid and then call an ambulance and advise the School Office of events so that parent can be advised. On return to school complete Accident Report Form.

Legal Framework:

Health and Safety (First Aid) Regulations (1981) & Reporting of Injuries, Diseases and Dangerous Occurrences Regulations Act (2013)

APPENDIX 1 - Guidelines for Reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

By law any of the following accidents or injuries to pupils, staff, visitors, members of the public or other people not at work requires notification to be sent to the Health and Safety executive by phone, fax, email or letter.

Specified injuries from schedule 4 of the regulations:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
 - Covers more than 10% of the body
 - Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalding requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which:
 - Leads to hypothermia or heat-induced illness
 - Requires resuscitation or admittance to hospital for more than 24 hours
- Over seven-day incapacitation of a worker as a result of their injury at work
- Non-fatal accidents to non-workers (eg members of the public) - taken directly from the scene to hospital for treatment to that injury (not examinations and diagnostic tests)
There is no need to report an incident where people are taken to hospital purely as a precaution when no injury is apparent.

APPENDIX 2 - Guidance to staff on particular medical conditions

Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has a care plan, follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken:

1. Send someone to call for a paramedic ambulance and inform parents. Arrange to meet parents at the hospital.
2. Reassure the pupil.
3. Remove the Epi-pen from the carton and pull off the grey safety cap.
4. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
5. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
6. Remove the Epi-pen from the thigh and note the time.
7. Massage the injection area for several seconds.
8. If the pupil has collapsed lay him/her on the side in a recovery position
9. Ensure the paramedic ambulance has been called.
10. Stay with the pupil
11. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

REMEMBER: Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks. Epi-pen treatment must only be undertaken by staff who have received specific training.

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Asthma

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school has a smoke free policy.

Trigger factors:

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

Pupils with asthma need immediate access to their reliever inhaler. Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the school office or kept with the child during sport if required, not locked away and always accessible to the pupil. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

Recognising an asthma attack

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently.

Action to be taken:

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the appointed Person or a first aider.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance
9. Accompany pupil to hospital and await the arrival of a parent

Diabetes

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school.

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Signs and symptoms of low blood sugar (hypoglycaemic attack)

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood testing equipment is available.

- Pale
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour-weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken:

1. Follow the guidance provided in the care plan agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

Action to take if the pupil becomes unconscious:

1. Place pupil in the recovery position and seek the help of the Appointed Person or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany pupil to hospital and await the arrival of a parent.

Signs and symptoms of high blood sugar (hyperglycaemic attack) Hyperglycaemia develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken:

1. Inform the Appointed Person or first aider
2. Inform parents
3. Pupil to test blood or urine
4. Call 999

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Epilepsy

How to recognize a seizure

There are several types of epilepsy but seizures are usually recognizable by the following symptoms:

- Pupil may appear confused and fall to the ground
- Slow noisy breathing
- Possible blue colouring around the mouth returning to normal as breathing returns to normal
- Rigid muscle spasms
- Twitching of one or more limbs or face
- Possible incontinence

A pupil diagnosed with epilepsy will have an emergency care plan

Action to be taken

1. Send for an ambulance
 - a. If this is a pupil's first seizure
 - b. If a pupil known to have epilepsy has a seizure lasting for more than five minutes; or
 - c. If an injury occurs
2. Seek the help of the Appointed Person or a first aider
3. Help the pupil to the floor
4. Do not try to stop the seizure
5. Do not put anything into the mouth of the pupil
6. Move any other pupils away and maintain pupil's dignity
7. Protect the pupil from any danger
8. As the seizure subsides, gently place them in the recovery position to maintain the airway
9. Allow patient to rest as necessary
10. Inform parents
11. Call 999 if you are concerned
12. Describe the event and its duration to the paramedic team on arrival
13. Reassure other pupils and staff
14. Accompany pupil to hospital and wait the arrival of a parent