

# FIRST AID POLICY AND MEDICAL MATTERS

This policy is applicable to all pupils, including those in EYFS.

This policy is to ensure that all relevant matters regarding first aid for our pupils and staff are recorded, that staff are trained to assist in first aid, and that medical care and the provision of medicines are in line with the guidelines issued by the Care Standards.

- The majority of teaching and pastoral staff are trained in basic First Aid so that the School has an appropriate number of suitably qualified first aiders on site at all times. All EYFS, the majority of Pre-Prep staff and both Matrons are Paediatric First Aid-trained. The training is updated every three years.
- The School Office will ensure that the following are filled in by the parents of all new pupils and given to Matron to be filed individually:
  - First Aid Treatment Permission Form
  - Medical Questionnaire

The School Office will issue a termly reminder in the newsletter for parents of pupils whose medical condition may have changed.

- For pupils who need to take prescription and non-prescription medicine an authorisation form must be handed into Matron with the medicine.
- The Matrons maintain a record in a black academic diary in the Linen room for each pupil showing any treatment carried out in school. They also hold a contact sheet for all parents. Pre-Prep parents are informed by either the Office staff or Matrons of any injury or accident sustained by a pupil within the day and what treatment has been given. Prep parents are contacted in the event of serious injury eg concussion, suspected broken limb.
- All medicines, whether prescription or non-prescription, must be locked away, including those that need refrigeration. Where prescribed, asthma inhalers and spacers for Pre-Prep pupils are kept in clearly labelled boxes in Pre-Prep and Nursery classrooms in order to facilitate instant and easy access. The boxes are kept out of the reach of children but in prearranged places of which staff and pupils are aware.
- Records are kept of all medicines given out daily.
- The Headmaster holds a medical questionnaire for all staff.
- Matron and the Bursar hold the accident books for reporting accidents.

## **SEVERE ALLEGIC REACTIONS AND ASTHMA**

- The school holds two 0.15mg and one 0.30mg emergency epipens.
- Parents of pupils have to give written permission for this to be used. The School advises parents to provide at least two epipens for each pupil who has a severe allergy which may result in an anaphylactic shock.
- They are asked to bring all epipens to the Matron in the first instance, with a letter explaining details of the allergy, the severity of the reaction and need for the epipen.
- In the Prep School, two epipens will be stored in a secure safe in Matron's office unless a pupil has special permission to carry his epipen/s.
- In Pre-Prep, one epipen will be kept in the classroom and at least one stored safely with matron in the safe.
- Matron will remind a parent when the expiry date is close, and follow up if a new epipen is not forthcoming. The staff will also receive training on an annual basis be it by a trained nurse or a refresher video on-line on how to administer an epipen. There is also an online course that can be taken, which staff have completed.
- There will be a blue inhaler and a spacer at the pavilion for emergency. One more must be stored Matron's office in the secure medical cabinet.

## **OFF SITE ACTIVITIES**

- A designated member of the Sports Department is responsible for ensuring that pupils who are prescribed epipens and asthma inhalers take their epipens and asthma inhalers with them on any school trip/away match.  
These will be handed to staff in a first aid bag before the trip departs.
- A generic blue asthma inhaler will be taken on school trip/away matches.
- In the pavilion there are one of each 0.15mg and one 0.30mg emergency epipens. An asthma inhaler is also held at the pavilion along with first aid equipment suitable to attend to minor situations that may occur

## **STAFF LIST OF FIRST AIDERS**

The Bursar maintains an up-to-date list of staff who have first aid training which can be consulted in the green ring binder labelled "First Aid, Legionella Testing" that is kept on the lower shelf above the Bursar's desk.

One of the matrons will almost always be on the School Site. If, for any reason, they leave the building, the Front Office will be informed. The matrons will be contactable on their personal mobile numbers, which can be found in the School Office. The school will ensure that another qualified person is on the premises using the list above.

## **PROCEDURES**

If a child is unwell they or another pupil should consult the supervising adult who will consider whether the child should visit Matron; if they are able to go to Matron they should go to the Linen Room accompanied by another child. If a child feels unwell and is unable to go to Matron, another child lets the supervising adult know and then Matron is called over from her room to take care of the unwell pupil.

Once Matron has care of the unwell pupil she assesses the situation and administers medicines if appropriate. If the pupil feels sick or has a temperature Matron puts the child into the sick bay and if necessary phones the parents/guardians of the child.

Matron will monitor the progress of the unwell child until he is better or the parent/guardian comes to collect. Matron will administer First Aid if required.

If a child needs the attention of the hospital, procedures are followed as detailed later in the policy.

## **ILLNESS AT HOME**

Parents should let the school know if a child has been ill at home. If a child is ill with an infectious disease e.g. vomiting, diarrhoea or chicken pox a child should be not sent into school and should be kept at home until 48 hours after symptoms have ceased. In the case of Chicken pox, the spots need to have crusted over before returning to school.

## **NOTIFIABLE DISEASES**

In addition, parents must inform the school if the child has suffered from a notifiable disease e.g. parvovirus, measles, mumps, rubella, whooping cough, scarlet fever, influenza or food poisoning. If an infectious illness is suspected or reported in the School, Matron must be made aware immediately. Following current guidelines from Public Health England, Matron 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.

## **MANAGEMENT OF CHRONIC MEDICAL CONDITIONS IN SCHOOL**

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 Matron of any other changes that occur throughout the year. A reminder request is sent out by the office at the beginning of the academic year. Medical information is made available to members of staff within the School if it is deemed important for the safety and well-being of the child. For certain medical

conditions an Individual Health Care Plan will need to be put in place which is put together by the child's GP. The parents need to give a copy to the school when required. This process is co-ordinated by Matron in liaison with parents and relevant school staff. For details of how to deal with emergencies associated with some of the most common conditions, see advice at the end of the policy.

Reviewed by SMT 19<sup>th</sup> April 2021



## Christ Church Cathedral School

### FIRST AID TREATMENT

Child's name

Form

I hereby give Christ Church Cathedral School permission to carry out:

First Aid treatment of minor injuries, including removal of splinters, or grit from cuts or grazes.

Treatment of minor ailments:

Headaches (e.g. Paracetamol/Calpol)

Colds/sore throats (e.g. Paracetamol/throat lozenges)

Minor skin rashes (e.g. calamine lotion)

If something more serious is suspected (e.g. fractures, cuts requiring stitches, concussion) the parent/guardian will be informed as soon as possible and the child taken to the nearest Accident & Emergency department, usually at the John Radcliffe Hospital.

**If I, the parent, cannot be contacted or cannot reach the hospital in time and urgent treatment is required, I hereby give permission for a decision to be made about the treatment by the medical authorities present at the time.**

Any known allergies:

Signed

Date

Name/s (Block Capitals, please)

**Signature of both parents, mother/father, legal guardian, or parent with sole responsibility.**

**Please complete this form and return it to the School Office.**

## ADMINISTRATION OF NON-PRESCRIPTION DRUGS

The following list of administration instructions should be consulted when non-prescription drugs are administered by Matrons:

| Drug                          | Used for   | Frequency  |
|-------------------------------|--|--|
| Paracetamol 500mgs            | Pain relief<br>High Temperature                      | 2 x 500mg tablets<br>No more than 8 in 24 hour period.<br>Not to be given with other medication containing paracetamol |
| Paracetamol Paediatric liquid | Pain relief<br>High Temperature                      | 6-12 years. Give 10mls up to 4 X in 24 hours.<br>Not to be given with other medication containing paracetamol.         |
| Ibuprofen 200mgs              | Pain relief<br>Anti-inflammatory<br>High Temperature | 1-2 tablets up to 3 x in 24 hours. Not more than 6 in 24 hours. Must be taken after food.                              |
| Paediatric Ibuprofen liquid   | Pain relief<br>Anti-inflammatory<br>High Temperature | 7-9 years 10mls x3 in 24 hours<br>10-12 years 15mls x 3 in 24 hours  |
| Strepsils                     | Sore throat  | Dissolve 1 lozenge in mouth 2-3 hourly   |
| Simple linctus                | Cough  | 5-10mls 3 or 4 x daily   |
|                               | Travel sickness                                      | 7-12 years 1 tablet 20 mins before travel.   |
| Piriton                       | To relieve symptoms of allergies                     | Under 12 years ½ tablet x4 daily.  |
| Cetirizine                    | To relieve symptoms of allergies                     | Over 6 years, 10mgs daily  |
| Antihistamine Cream           | To relieve stings and bites                          | Apply directly to site of bite or sting  |

**These non-prescription drugs should not be given for more than 48 hours. If they are still required the boy should be referred to the School Doctor or if the boy is a dayboy the school will advise parents to contact their Doctor.**

# LETTER CONFIRMING PERMISSION TO ADMINISTER NONPRESCRIPTION DRUGS

Dr

Dear

Re: non-prescription drugs

Would you be happy for Matrons at the school to administer the following home remedies without prescription from yourselves?

|   |  |
|---|--|
| <input type="checkbox"/> Paracetamol    | <input type="checkbox"/> Piriton                     |
| <input type="checkbox"/> Ibuprofen      | <input type="checkbox"/> Cetirizine                  |
| <input type="checkbox"/> Strepsils      | <input type="checkbox"/> Antihistamine cream         |
| <input type="checkbox"/> Simple linctus | <input type="checkbox"/> Joy rides (pre travel only) |
|   | <input type="checkbox"/> Stugeron (pre travel only)  |

In accordance with the recommendation of the National Care Standards Commission, would you please confirm your agreement with the Non-Prescription drugs listed above by signing this letter.

Yours sincerely,

I confirm my agreement. Dr.

Date **ADMINISTRATION OF MEDICINES**

When issuing medication the following procedure should be followed:

- Check the identity of the pupil.
- Establish reason for giving medication.
- Check the pupil's medical record to see if any medication has already been administered that day.
- Check with the pupil whether he has taken any medication recently and if so, what?
- If pupil has been taking own medication do not administer anything further.
- Check whether pupil has taken the medicine in question before and if so if there were any problems.
- Check the expiry date on the medication package.
- The pupil should take medication under the supervision of the person issuing it.
- Record the details – □ Name of pupil
- Reason for medication
- Name of medication
- Dose of medication
- Date and time

## **EMERGENCY MEDICAL PROCEDURE**

- The member of staff first to the scene will stay with the child
- The surrounding area is to be cleared of children and checked for safety
- All teaching staff have a basic first-aid qualification enabling them to assess the situation. If possible, Matron should be called. The emergency services should be called promptly if appropriate
- HM or senior member of staff is to be informed of situation (Office)
- Parents should be contacted (Office)
- Medical information on the child will be accessed from the *Engage* database
- If the emergency services arrive before the child's parents, a member of staff will escort the child to hospital
- An accurate record of events is to be recorded, should accompany the child to hospital and should be logged in *Engage*

All accidents are recorded in the Accident Book which is reviewed by the Health and Safety Officer and the Governors on a termly basis. The Health and Safety Officer is responsible for reporting dangerous occurrences, serious accidents and notifiable diseases in compliance with the RIDDOR.

The First Aid boxes are located in the Linen Room, the Kitchen, Darwin, the Pavilion and the minibus. Matrons to check monthly that all First Aid boxes are complete.

Pupils with special medical conditions: the medication is kept with Matron and during trips this medication is issued to the First Aider on the trip.



For all accidents, involving the spillage of body fluids Matron must be called in order to ensure the pupil is cared for. Maintenance to be called to clean the area to ensure no cross-infections; Protective clothing and appropriate equipment must be used during the cleaning process. In the absence of Matron, the office will call one of the other members of staff trained in Paediatric First Aid to deal with the incident.

## **MANAGEMENT OF CHILD WITH A HEAD INJURY**

A child presenting with a head injury must be fully assessed to rule out neurological involvement. Always err on the side of caution

First establish if the child lost consciousness as a result of the head injury and, if so for how long.

### ***IF A CHILD LOSES CONCIIOUSNESS CALL 999***

If the child is unconscious at the time of assessment, ensure that the airway is clear. Do not move child to recovery position unless certain that there is no spinal or neck involvement.

If the child is conscious, check orientation in time and place by asking some simple questions such as their name, date, where they are and, if possible, to give an account of the injury. If amnesia or subsequent events are present the child should be referred to hospital.

The injury site needs to be examined. If skin is broken and/or bleeding it should be cleaned, checked for any foreign bodies and treated as necessary. Swelling should be iced for 5-10 minutes.

Check that the child has no other injuries elsewhere.

Any head injury must be referred to a doctor.

A letter to inform the parent/guardian that there has been an incident involving a knock to the head should go home with the boy (parents should be contacted by phone in the case of boarders and Pre-Prep children).

***IN DECIDING WHETHER OR NOT TO SEND A BOY TO HOSPITAL IT IS ALWAYS BETTER TO ERR ON THE SIDE OF CAUTION.***

## **EYFS ADMINISTRATION OF MEDICINES AND FIRST AID**

There will be First Aid Kits situated in both the Ground Floor of the Walton Centre and in Nursery.

Any medicines supplied by a parent for administration during the school day must be taken to Matron by the parent/carer who brings the child to school. The parent/carer must sign a form giving details of the medication and permission for it to be administered on each and every administration. Matron will administer any such medication, keeping a record and informing parents in writing that the medication has been administered.

It is the parent's/carer's responsibility to collect the medicine from Matron. At no time should it be left in either the Nursery or Reception areas of the school.

The exceptions to the above are: diabetic medication, asthmatic medication and *epipen* all of which need to be kept in a high position unreachable by children but in the same area as the Nursery or Reception pupils. Parents are required to complete the form as per any other medication and written notification of the use of these medicines is sent home with the child (if parents have not been informed of an emergency shortly after it has occurred.)

Any medication administered to a child will be reported to the parents the same day or as soon as reasonably practicable (in order that parents know when last medication was administered and thereby prevent an overdose.)

### **Nursery:**

Minor injuries such as scratches.

Suitable materials for cleaning and treating minor injuries are kept in the Nursery area and may be administered by the Nursery staff all of whom hold paediatric first aid qualifications. A written note of any such injuries and subsequent treatment is sent home with the child and recorded in the Nursery book.

Any head injuries are referred to Matron for treatment as for the remainder of the school. For these and any other serious injuries during the school day, Matron or a member of Nursery staff must contact the parents/carers at the earliest opportunity.

In the case of a child becoming unwell during the school day, a member of Nursery staff or Matron must contact the parents/carer as soon as possible and make arrangements for him/her to be collected. He/she is normally cared for in the Nursery rooms, being kept separate from the other children if it is likely that there is infection present.

### **Reception:**

Any medicines supplied by a parent for administration during the school day must be taken to Matron by the parent/carer who brings the child to school. The parent/carer must sign a form giving details of the medication and permission for it to be administered. Matron will administer any such medication, keeping a record as with older children in the school.

Reception children who are either injured or unwell are taken to Matron who cares for their needs, records any treatment given and informs parents (with a note for minor

injuries, or a telephone call in the case of a head injury or more significant ones and those becoming unwell during the school day) as for all other pupils.

At all times, there is one or more member of staff on site or on any trip outside school who holds a paediatric first aid qualification.

All accidents are recorded in the accident book, reviewed by the Health and Safety Officer and by Governors termly. All serious accidents are reported to the Health and Safety Executive in accordance with RIDDOR 2013.

## **BOARDER HEALTH MATTERS** (See also First Aid Policy)

School Doctor, King Edward Street Surgery, 9 King Edward Street, Oxford, OX1 4JA.

Matrons record the height and weight of all boarders termly, and discuss with parents any area of concern.

## **STATEMENT**

This policy forms part of the response to our obligation to promote the physical and mental health and emotional wellbeing of our boarders. Details of how the school responds to those who require additional support, including those with eating disorders and who are at risk of self-harm are covered in the safeguarding policy. Staff have been made aware of the dangers of eating disorders and the risk of self-harm and are to refer to the DSL or school Counsellor if concerned.

### **Chronic conditions or disabilities**

If a child develops a chronic condition or disability whilst in our care Matron, the School's GP and any relevant hospital staff and the parents should work together on an I.H.P. (Individual Health Plan) suitable for the individual child's needs.

### **Sickbay**

When a child is ill or injured, they will be moved to sick bay where they will be separated from their peers and able to be closely monitored by matron. This is available to pupils both during the day and at night time. Its close proximity to matron's room makes it easy for boys to contact her in an emergency.

### **Access to medical services**

All boarders are encouraged to register with the School doctor, King Edward Street Surgery, Oxford. Boarders have access to the school doctor as well as access to dental, optometric and other specialist services as necessary. Parents are given the opportunity to take their sons to appointments but matron is available to do so if necessary.

### **Confidentiality**

The rights of boarders to confidentiality in terms of medical treatment are respected, though it would not be appropriate to do so if the child was at risk of significant harm, such as abuse or neglect, in line with the procedures laid down in the safeguarding policy.

Boarders are given appropriate dignity and privacy when talking to staff about medical matters or when undressing for medical examinations.

### **Dealing with medical emergency**

If a child requires medical treatment in an emergency Matron calls 999 after school hours. During the day the Bursar calls 999 and oversees the situation with the assistance of the office. In the evening Matron and the house staff work together and Matron provides the member of staff who is travelling with the child to hospital all his medical records.

Matron keeps in contact with the remaining Boarding House staff.

The remaining Boarding House staff ring for back-up and two members of staff are then in place until Matron or whoever has gone to hospital returns.

Back-up staff could be:

|               |                 |
|---------------|-----------------|
| Housemaster:  | John Robson     |
| House Tutors: | Sophie Biddell  |
|               | Dominic Baillie |
|               | James Farmer    |

|                            |                                  |
|----------------------------|----------------------------------|
| Also able to stand in are: | Nicky English                    |
|                            | Members of the Senior Management |
|                            | Richard Murray                   |
|                            | Peter Dickinson                  |
|                            | Rebecca Farmer                   |
|                            | Fiona Fisher                     |

### **Non-prescription drugs**

Parents are asked to fill in a permission form at enrolment which allows the Matrons, Housemaster and House Tutors to administer non-prescription medication to a boarder should the need arise. The nature of the medication, the time it is taken and the dosage given are recorded in the Daily medication file which is kept in the Matrons' Office.

### **Administration of First Aid**

Parental permission is also sought at enrolment for:

1. the carrying out of First Aid Treatment of minor injuries
2. delegated authority to make decisions about treatment in urgent situations when parents cannot be contacted or reach a hospital in time

## **ASTMHA EMERGENCY PROCEDURE**

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
- sit the pupil up – take slow steady breaths, reassure them
- pupil takes one puff of their reliever inhaler (usually blue) every 30-60 seconds up to a maximum of 10 puffs
- 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.

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 Matron 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 them until their parent arrives.
- Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

This is a whole school policy which also applies to EYFS.

## **ANAPHYLAXIS EMERGENCY PROCEDURE**

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
- 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:

- Administer their epipen immediately
- Call 999
- 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 have replaced any medication used.

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

This is a whole school policy which also applies to EYFS.

## **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 like 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.

This is a whole school policy which also applies to EYFS

## **EPILEPSY EMERGENCY PROCEDURES**

First aid for seizures is quite simple, and can help prevent a child or teacher 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, 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.

In the case of a fit, call 999 automatically

### **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.

Reviewed by SMT 19<sup>th</sup> April 2021