



## **First Aid Policy**

*This is the First Aid Policy for Polwhele House which includes Early Years Foundation Stage, Boarding and After School Clubs.*

### **Introduction**

This policy outlines the School's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility.

### **Aims**

- To identify the first aid needs of the school in line with the Management of Health and Safety at Work Regulations 1992 and 1999.
- To ensure that first aid provision is available at all times while people are on school premises, and also off the premises whilst on school visits.

### **Objectives**

- To appoint the appropriate number of suitably trained people as appointed persons and first aiders to meet the needs of the school, EYFS, after school clubs and boarders.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To inform staff and parents of the school's first aid arrangements.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

### **Personnel**

The Principals are responsible for the health and safety of their employees and anyone else on the premises. This includes the Head, teachers, non-teaching staff, pupils and visitors (including contractors). They must ensure that a risk assessment of the school is undertaken and that the appointments, training and resources for first aid arrangements are appropriate and in place. They should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ.

The Head is responsible for putting the policy into practice and for developing detailed procedures. He should ensure that the policy and information on the school's arrangements for first aid are made available to parents. Teachers and other staff are expected to do all they can to secure the welfare of the pupils.

The appointed persons should have undertaken emergency first aid training. He/she will:

- Take charge when someone is injured or becomes ill.
- Look after the first aid equipment e.g. restocking the first aid boxes.
- Ensure that an ambulance or other professional medical help is summoned when appropriate.

First aiders must have completed and keep updated a training course approved by the HSE. He/she will:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.

In selecting first aiders, the Head should consider the person's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Normal duties. A first aider must be able to leave to go immediately to an emergency.

## **Procedures**

### Risk assessment

Reviews are required to be carried out at least annually. Recommendations on measures needed to prevent or control identified risks are forwarded to the Principals and Head.

### Re-assessment of first aid provision

As part of the school's annual monitoring and evaluation cycle

- the Head reviews the school's first aid needs following any changes to staff, building/site, activities, off-site facilities, etc.
- the Bursar monitors the number of trained first aiders, alerts them to the need for refresher courses and organises their training sessions.
- the Bursar also monitors the emergency first aid training received by other staff and organises appropriate training.
- the Housemother checks the contents of the first aid boxes termly.

### Providing information

The Head will ensure that staff are informed about the school's first aid arrangements. Information on the location of equipment, facilities and first aid personnel is in the staff handbook.

## **Provision**

### How many first aid personnel are required?

The Head will consider the findings of the risk assessment in deciding on the number of first aid personnel required. Schools are low risk environments, but the Head will consider the needs of specific times, places and activities in deciding on their provision.

In particular he should consider:

- Off-site PE
- School trips
- Science labs
- DT/Art rooms
- Adequate provision in case of absence, including trips
- Paediatric first Aid courses for all those involved in Early Years Foundation Stage
- Out-of-hours provision e.g. clubs, events

Arrangements should be made to ensure that the required level of cover of both First aiders and appointed persons is available at all times when people are on school premises.

#### Qualifications and Training

First aiders will hold a valid certificate of competence, issued by an organization approved by the HSE. Appointed persons will undertake four-day emergency first-aid training with three-yearly two-day refreshers. Specialist training in first aid for children is arranged in a three-year cycle for the majority of the other teaching/maintenance staff. There will always be a trained paediatric first aider when EYFS children are present, and when they are on outings.

#### Chronic Illness and Emergency Care Training

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. Emergency procedures for specific conditions are included as appendices to this policy.

All staff who teach such children will be trained in the use of epipens.

#### First aid materials, equipment and facilities

The Bursar must ensure that the appropriate number of first aid containers according to the risk assessment of the site are available.

- All first aid containers must be marked with a white cross on a green background.
- Each school vehicle must carry a first aid container.
- First aid containers must accompany PE teachers off-site.
- First aid containers should be kept near to hand washing facilities. Spare stock should be kept in school.

#### Responsibility for checking and restocking the first aid kits:

- in school, the Housemother.
- for off-site PE, the Head of the PE department.

All First Aid kits are checked at the beginning of every term. First Aid kits are stocked appropriately for the age of the children they are to be used for. First Aid kits are located in the following areas: upstairs in Pre-Prep with additional supplies in the Pre-Prep kitchen (easily accessible for EYFS); Prep School staff room; locked cabinet in the TV room; school office; science lab; workshop; school kitchen; riding school.

#### Accommodation

The Principals must provide a suitable room for medical treatment and care of children during school hours. There should be a washbasin in this room. This need not be a dedicated area but should be close to a lavatory.

#### Hygiene/Infection control

Basic hygiene procedures must be followed by staff. Single-use disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment.

Parents should keep their children away from school for 48 hours after vomiting and diarrhoea have ceased, and must inform the school of any infectious and reportable diseases which they may contract.

### Boarding

The Housemother holds detailed medical forms for all boarders. She is a fully qualified paediatric first aider and always available should accidents occur out of normal school hours when usual procedures will be followed and parents notified.

The school has, and implements effectively, appropriate policies for the care of boarders who are unwell and ensures that the physical and mental health, and emotional wellbeing of boarders is promoted. These include first aid, care of those with chronic conditions and disabilities, dealing with medical emergencies and the use of household remedies. In case of illness, parents will be informed and, where possible, asked to collect the child. The only medicines administered will be with the written permission of the parents. Any chronic conditions and disabilities are noted before the child starts boarding and cared for appropriately.

Suitable accommodation, including toilet and washing facilities, is provided in order to cater for the needs of boarding pupils who are sick or injured. The accommodation is adequately staffed by appropriately qualified personnel, adequately separated from other boarders and provides separate accommodation for male and female boarders where this is necessary.

In addition to any provision on site, boarders have access to local medical, dental, optometric and other specialist services or provision as necessary.

All medication is safely and securely stored and proper records are kept of its administration. Prescribed medicines are given only to the boarders to whom they are prescribed. Boarders allowed to self-medicate are assessed as sufficiently responsible to do so.

The confidentiality and rights of boarders as patients are appropriately respected. This includes the right of a boarder deemed to be 'Gillick competent' to give or withhold consent for his/her own treatment.

### Reporting accidents

Statutory requirements: under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE.

The Bursar must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records.

The following accidents must be reported to the HSE involving employees or self-employed people working on the premises:

- accidents resulting in death or major injury (including as a result of physical violence).

- accidents which prevent the injured person from doing their normal work for more than three days.

For definitions, see HSC/E guidance on RIDDOR1995, and information on Reporting School Accidents (Annex A).

Involving pupils and visitors:

- accidents resulting in the person being killed or being taken from the site of the accident to hospital and the accident arises out of or in connection with work. i.e. if it relates to:
  - any school activity, both on or off the premises.
  - the way the school activity has been organised and managed.
  - equipment, machinery or substances.
  - the design or condition of the premises.

HSE must be notified of fatal and major injuries and dangerous occurrences without delay. The Head is responsible for ensuring this happens, but may delegate the duty to the Bursar. The Bursar will report the incident to HSE and also to our insurers.

#### Record keeping

Statutory accident records: The Principals must ensure that readily accessible accident records, written or electronic, are kept for a minimum of seven years.

The Secretary must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons. This should include:

- the date, time and place of incident.
- the name (and class) of the injured or ill person.
- details of their injury/illness and what first aid was given.
- what happened to the person immediately afterwards.
- name and signature of the first aider or person dealing with the incident.

Parents will be informed of any accident or injury that their child sustains (not just significant incidents) and of the first aid treatment given on the same day or as soon as reasonably practicable. Parents will be informed of the time their child was given any medication (once permission was given) on the same day or as soon as reasonably practicable (N.B. This is to avoid parents overdosing their child).

The Head must have in place procedures for ensuring that parents are informed of significant incidents.

#### Monitoring

Accident records can be used to help the Head and Health and Safety Officers identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes. The Head should establish a regular review and analysis of accident records. This policy will be reviewed according to the school's policy review cycle.

RIDDOR INCIDENT REPORT FORM  
THE REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES  
REGULATIONS 1995 (RIDDOR)

Contact: HSE Incident Contact Centre, Caerphilly Business Park, Caerphilly CF84 3GG  
Website: [www.riddor.gov.uk](http://www.riddor.gov.uk) email: [riddor@natbrit.com](mailto:riddor@natbrit.com) Telephone: 0845 300 9923

Please refer to the above website or contact the Director of Administration (the Administrator in DofA absence), for further information. To assist you, occurrences will include:

- A serious /fatal incident at work/school.
- An accident at work/school where the person is taken to hospital from the scene of the accident.
- An accident at work/school, which results in the person being unable to carry out their normal job for more than three consecutive days.
- The person suffering from a specified disease associated with their current job.
- A dangerous occurrence at work/school i.e. a building collapse, a scaffolding collapse.

### **Management of Illness**

#### Becoming Unwell at School (including EYFS)

If a child becomes unwell at school then they will go to the office 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. If necessary then parents/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' co-operation in following the guidelines.

#### School Visits

When an activity is taking place offsite 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 from the office and for reporting any accidents that occur offsite.

Individual medical needs for all children will be identified on the school Off-Site Travel Form and Risk Assessment for Educational Visits. 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 and mobile phone. 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.

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

**Reviewed:** May 2009, July 2011 (DM), May 2012 (SMT), June 2012 (SMT), June 2015,  
May 2017, October 2017, January 2018

**Review date:** According to the school's policy review cycle

Signed by Principals: .....

Date: .....

### Appendix 1 - All Staff with a First Aid Qualification

<b>Name</b>	<b>Qualification</b>	<b>Date of Training</b>
Kevin Andrew		
Klair Bishop		
Abbey Bray		
Keith Caddy	Emergency First Aid	09.14
Linda Caddy	Emergency First Aid	09.14
Sue Fazakerley-Owen		
Delphine Fergus	Emergency First Aid	09.14
Rob Garrett		
Charlotte Wheele		
Miriam Hopper	Emergency FAW	03.16
Tara Hounsell	Paediatric First Aid	07.15
Mike Jory		
Angie Jory		
Sandra Lusty		
Julia Knight-Bennett		
Sandra Lusty	Emergency First Aid	09.14
Rhiannon Lowe		
Russell Main	Emergency First Aid	09.14
Sarah Reed		
Lynne Spencer		
Jamie Rudkin		
Jackie Spoons		
Lisa Topsey	Emergency First Aid	09.14
Lynne Topsey-Eaton		
John Truen		
Becca Watkins	Paediatric First Aid	May 2018

## **Appendix 2 - Contacting Emergency Services**

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

1. The school telephone number (01872 273011) or mobile number calling from.
2. The location as follows:
  - The postcode of where the ambulance needs to come to (see box below).
  - 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: Secretary, Housemother, Bursar, Headmaster, Deputy Head.

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

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

School address: Polwhele House, Newquay Road, Truro, Cornwall, TR4 9AE

## **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 practice 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).

Staff are advised to contact the Head of Maintenance so that he can arrange for a member of his team to help to clean the area appropriately, but the initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident:

### **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 Head of Maintenance 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 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 needs 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**

### **Common signs of an asthma attack:**

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

### **Do...**

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

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

### **999**

Call an ambulance urgently for any of the following:

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

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

### **After a minor asthma attack**

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

### **Important things to remember when an asthma attack occurs**

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to the office 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.**

## **Appendix 5 - Anaphylaxis Emergency Procedures**

### **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 4 for more details)
- abdominal pain, nausea and vomiting
- sense of impending doom
- sudden feeling of weakness (due to a drop in blood pressure)
- collapse and unconsciousness.

### **Do...**

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

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

### **999**

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

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

While awaiting medical assistance the designated trained staff should:

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

### **Symptoms and the position of pupil**

- If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up.
- If there are also signs of vomiting, lay them on their side to avoid choking
- If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up

### **Do...**

- If symptoms are potentially life-threatening, give the pupil their adrenaline injector into the outer aspect of their thigh
- Make a note of the time the adrenaline is given in case a second dose is required and also 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.**

## **Appendix 6 - Diabetes Emergency Procedures**

### **Hyperglycaemia**

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

Common symptoms:

- thirst
- frequent urination
- tiredness
- dry skin
- nausea
- blurred vision.

**Do...**

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

**999**

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

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

### **Hypoglycaemia**

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

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

Common symptoms:

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

**Do...**

Immediately give something sugary to eat or drink such as one of the following:

- apple juice or non-diet drink such as cola

- three or more glucose tablets
- five sweets, e.g. jelly babies
- GlucoGel

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

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

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

### **999**

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

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

## **Appendix 7 - Epilepsy Emergency Procedures**

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

### **Tonic-clonic seizures**

Symptoms:

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

**Do...**

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

**Don't...**

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

### **999**

Call for an ambulance if...

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

### **Seizures involving altered consciousness or behaviour**

#### **Simple partial seizures**

Symptoms:

- twitching
- numbness
- sweating
- dizziness or nausea
- disturbances to hearing, vision, smell or taste
- a strong sense of déjà vu.

#### **Complex partial seizures**

Symptoms:

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

### **Atonic seizures**

Symptoms:

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

Recovery is quick.

### **Myoclonic seizures**

Symptoms:

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

### **Absence seizures**

Symptoms:

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

### **Do...**

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

### **Don't...**

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

### **999**

Call for an ambulance if...

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

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