

**NEWCASTLE-UNDER-LYME SCHOOL**  
**First Aid Policy**

This Document is available upon request to parents and prospective parents and is published to parents and prospective parents on the School's website  
This policy applies to the whole School including the EYFS.

## **1. Introduction and Objectives**

Whilst the First Aid Regulations which came into effect in 1982 cover all employees, the school also undertakes to provide First Aid facilities for its pupils and for any visitors to the school site. This policy provides for the school to fulfill the following objectives:

- To provide adequate first aid cover in school, within the competence of the staff trained to provide it.
- To take the appropriate action where further treatment or advice is needed.
- To inform parents and staff as appropriate of action taken.
- To following up and monitor progress after treatment where necessary.
- To keep proper and confidential records of any treatment given or action taken.
- To make this provision available to all pupils, staff and visitors.

## **2. Provision Made by the School**

In pursuit of these objectives, the school provides the following:

- (a) There is a School Nurse who provides First Aid cover on site during normal school hours who also has the following responsibilities:
  - To be available to students and staff for consultation.
  - To co-ordinate arrangements for students with particular medical conditions (such as allergies, asthma, diabetes and epilepsy).
  - To liaise with parents as necessary regarding medical matters, including following up injuries and accidents.
  - To oversee the use of Accident Books and the procedure for internal reporting of accidents and incidents.
  - Where appropriate, to report accidents and incidents under RIDDOR to the Health and Safety Coordinator who will undertake the reporting procedures on line.
- (b) There is at least one qualified member of staff on site when children are present during normal school hours with a valid First Aid qualification. On occasions when the Nurse is absent there is a designated reserve member of staff on each school site, contactable through the school offices or reception.
- (c) Key members of the teaching and support staff (and teaching assistants) hold a valid First Aid qualification. This ensures that there is adequate First Aid cover available for on-site co-curricular activities outside normal school hours.
- (d) The training of all members of staff with First Aid qualifications is updated at least every three years. Records of training are kept by the Transport and External Lettings Co-coordinator.

- (e) There is at least one member of staff in the Early Years Foundation Stage (Nursery and Reception) with a Pediatric First Aid Certificate (PFAC) that has involved a minimum of twelve hours of training and which is updated at least every three years. One of these PFAC trained staff will be on site and one will accompany any EYFS trip off site.
- (f) Lists are posted at key locations around the School which give the names of the qualified First Aid staff and the location of First Aid equipment in that section of the school.
- (g) Facilities are provided for First Aid, including a Medical Room, First Aid boxes within the school and First Aid kits for taking on activities outside the school.
- (h) The Caretakers are trained and available to deal appropriately with spillage of body fluids.
- (i) Arrangements are in place to enable contact details to be available for pupils and members of staff in case of an incident, whether within the school or otherwise.
- (j) The Educational Visits Policy requires trips and visits outside the school to have satisfactory First Aid provision.

### **3. Rules Governing the Administering of First Aid**

The following rules apply in all cases where it is necessary to administer First Aid in the school or on a school trip:

- (a) Staff qualified to provide First Aid will provide immediate care until further assistance is available, assess whether further assistance is required, and if so seek it (for example by calling an ambulance).
- (b) If the incident is within school and within school hours, the member of staff should inform the School Nurse or the relevant school office, who (if appropriate) will arrange for parents (in the case of a pupil) or other adult (in the case of a member of staff or adult visitor) to be informed.
- (c) If the incident is outside school and/or outside school hours, the member of staff should inform the on-call member of the SMT covering the activity for further guidance.
- (d) For the purposes of this policy, a member of staff is deemed to be First Aid qualified if they possess a valid Practical First Aid certificate, issued by a recognised body (such as St John Ambulance or the British Red Cross) within the last three years.

### **4. First Aid Guidance (Head Injuries)**

Accidents or injuries should be referred to the School Nurse or a qualified First Aider for treatment.

#### Head injuries

All head injuries should be assessed and dealt with appropriately.

Minor bumps should be assessed, treated and recorded in the Accident book.

Parents should be informed of incidents via a 'head injury notification letter' which should accompany the child home.

More serious incidents (for example a child falling and banging their head on the playground or other hard surface, being hit by a hockey ball) should be dealt with in the same way **and** parents should be contacted even if the child appears well enough to remain in school.

If a pupil remains in school following a head injury then they should be monitored by the class teacher. Advice should again be sought from a First Aider or the School Nurse if there are any concerns.

If a pupil shows signs of becoming unwell following a head injury (headache, nausea/vomiting, dizziness, double vision, drowsiness or loss of memory) parents should be contacted and advised to take their child to their General Practitioner or local Casualty Department as soon as possible.

**An ambulance should be called and the pupil taken directly to hospital if the member of staff treating the injury is concerned for the pupils safety.**

All head bumps receive appropriate first aid assessment and treatment and parents are notified immediately. Any pupil who remains in school after a bump to the head will be monitored closely by a member of staff

## **5. Responsibility and Further Guidance**

Responsibility for this policy rests with the Bursar. The School Nurse is responsible for the day-to-day operation of the medical room and the keeping of records of incidents.

The guidance for staff on the immediate action to be taken in the event of injury or illness, together with the names of First Aid qualified staff and locations of First Aid equipment is at Annex 1.

Advice and instructions for staff on dealing with pupils with specific medical conditions (asthma, anaphylaxis, epileptic seizure and diabetes) is contained in Annex 2 of this policy.

## Annex 1

### FIRST AID – GUIDANCE TO STAFF

#### ACCIDENTS

It is important that all accidents are properly and promptly recorded to ensure that the School can meet its statutory reporting requirements for serious injuries or incidents and, in all cases, implement measures to prevent re-occurrence. The following procedure must be followed in the event of any act of violence or an accident involving injury to a pupil, member of staff, visitor or other person within the grounds of the school.

#### 1. Serious Injury or Illness

In the case of a serious injury or illness, the following immediate action must be taken:

Call the ambulance at once (If any doubt over whether an ambulance is required, err on the side of caution and call one). If using an **internal** telephone key **9,999**. When your call is answered, give the following information:

**Your name**

**The name, age and gender of the casualty**

**Location** as Newcastle-under-Lyme School, & exactly which building or part of the site you are in

Some **description of the injury**

Wait for confirmation that your message has been understood and that an ambulance is being dispatched.

- (a) During term time, contact the School Nurse (Ext. 498) or a qualified First Aider and give them the same information as was given to the emergency services. During the School holidays, Nursery staff will inform the Nursery Manager or her deputy.
- (b) Contact Reception or the relevant school office (Reception 200), Lancaster Road – School Office 201 or 202, Victoria Road School Office 301, Prep School 400) and advise them that an ambulance has been called, and ask them to inform parents of the incident if the School Nurse is not already doing this. During the School holidays, the Nursery Manager or her deputy will contact parents.
- (c) Send somebody to guide the ambulance to the location of the casualty.
- (d) If a pupil goes in an ambulance then a member of staff (usually the School Nurse) will normally accompany the pupil until his/her parents arrive at the hospital.
- (e) Ensure that the matter is reported to a member of the Senior Management Team as soon as practical so that they are aware of the incident.

The School Nurse (or qualified First Aider) will complete an accident report form, and will also make a decision about the need to report the incident to the Health and Safety Executive in

accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). If a report is required this will be undertaken by the School Nurse or in her absence the Bursar or the Health and Safety Coordinator. During the School holidays, the Nursery Manager or her deputy will do this.

## 2. Minor Injury or Illness

In the case of a minor injury or illness the following action must be taken:

- (a) Contact the School Nurse (Ext 498) or a qualified First Aider. In the absence of the School Nurse contact the relevant school office. Nursery staff will inform the Nursery Manager or her deputy.
- (b) Inform the Form Tutor or Head of Year (in the Senior School), or in the Prep School the School Nurse or attending First Aider will inform the Class Teacher **and** Form Teacher.
- (c) Complete an accident report form (available from the school offices) and send to the School Nurse.

### FIRST AID

The designated reserve First Aid staff who will act for the Nurse in her absence are:

Lancaster Site	Mr S. Danby, Mrs P. Hurst
Victoria Site	Mr G Morgan
Prep School	Mrs H. Edwards, Mrs C. Birkin, Mrs N. Smith (LTS)
Paediatric First Aiders	Mrs A. Smith, Mrs K. Grady, Mrs N. McCarthy, Mrs P. Rigby, Mrs K. Edge, Miss S. Griffiths, Mrs J. Stanyer Miss L Heneke

In addition, key members of staff in both the Senior and Prep School have a valid First Aid qualification. A full list is available from the Transport and External Lettings Coordinator and the School Nurse. First Aid training is organised through the Transport and External Lettings Coordinator who ensures that all First Aid trained staff remain up to date with their qualification by receiving training at least every three years. She also ensures that lists of all trained First Aid staff, together with telephone numbers are placed in the school offices and staff room areas. Signage indicating the location of First Aid equipment and qualified staff is displayed around the school.

First Aid bags are kept in each of the Senior School offices, the Prep School, the Nursery, the Biology Department, the Physics Department, the Chemistry department, the DT Department, the Art department, the Cleaning Supervisor's offices and by the PE Staff. The School Nurse inspects these bags regularly and ensures that they are kept adequately stocked. There are other locations.

Caretaking staff are responsible for dealing with spillages of body fluids. They receive annual training from the School Nurse in relation to this responsibility.

## Annex B

### MEDICAL CONDITIONS

#### 1. Introduction

Newcastle-under-Lyme School supports pupils with medical conditions, and encourages them to participate fully in the life of the school. To this end the school attempts to provide an environment that is as favourable for them as possible, and makes the following provision for pupils with medical conditions:

- The school ensures that members of staff understand the common medical conditions that affect its pupils.
- The school understands that certain medical conditions are serious and can be potentially life-threatening.
- The school has clear guidance on the administration of medication at school and recognises that pupils with medical conditions should have easy access to their emergency medication. (See the Medicine Policy).
- The school keeps a register of individual pupils' medical needs at school.

#### 2. Managing Specific Medical Conditions

The following pages reproduce guidance that has been issued to staff relating to the management of pupils who suffer from an asthma attack, anaphylaxis, diabetes or an epileptic seizure.

#### MANAGING AN ASTHMA ATTACK

In October 2014 the Department of Health issued new guidelines which allow Schools to keep a Salbutamol inhaler for use in emergencies. The inhaler can be used if the pupil's prescribed inhaler is not available (for example because it is broken or empty)

#### **Responding to asthma symptoms and an asthma attack**

Reliever (salbutamol) inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason the emergency inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed a reliever inhaler AND whose parents have given consent for an emergency inhaler to be used on their individual healthcare plan.

#### **How to recognize an asthma attack:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as a tummy ache)

#### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

#### **What to do in an asthma attack:**

- Contact the School Nurse or qualified First Aider
- Keep calm and reassure the child, encouraging deep steady breaths while their inhaler is retrieved
- Encourage the child to sit up and slightly forward, loosen clothing.
- **Use the child's own inhaler** – if not available, use the emergency inhaler
- Remain with the child while inhaler and spacer are brought to them
- Immediately help the child to take one puff of their reliever inhaler (usually blue) preferably through a spacer every 30-60 seconds up to 10 puffs
- The inhaler should be shaken after every two puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child feels worse or does not feel better after 10 puffs or you are worried at ANYTIME before you have reached 10 puffs, CALL 9,999 FOR AN AMBULANCE.

The above treatment steps should be repeated after 15 minutes while you are waiting for an ambulance

- **The child's parents or carers should be contacted after the ambulance has been called**
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives

#### **Recording use of the inhaler and informing parents/carers**

Use of the emergency inhaler should be recorded on the audit form in the emergency asthma kit. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.

**The child's parents must be informed in writing or by telephone, by the Nurse so that this information can also be passed onto the child's GP. If a pupil who has a severe attack is not taken to hospital then it is imperative that the parents make arrangements for the pupil to be seen that day by their own doctor.**

The School Nurse will be responsible for regularly checking that the emergency asthma kit is maintained. Replacement inhalers and spacers will be held in stock.

#### **Important things to remember in an asthma attack:-**

- In an emergency situation School staff are required under common law duty of care to act as any reasonably prudent parent would.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.

#### **How to use a Spacer Device**

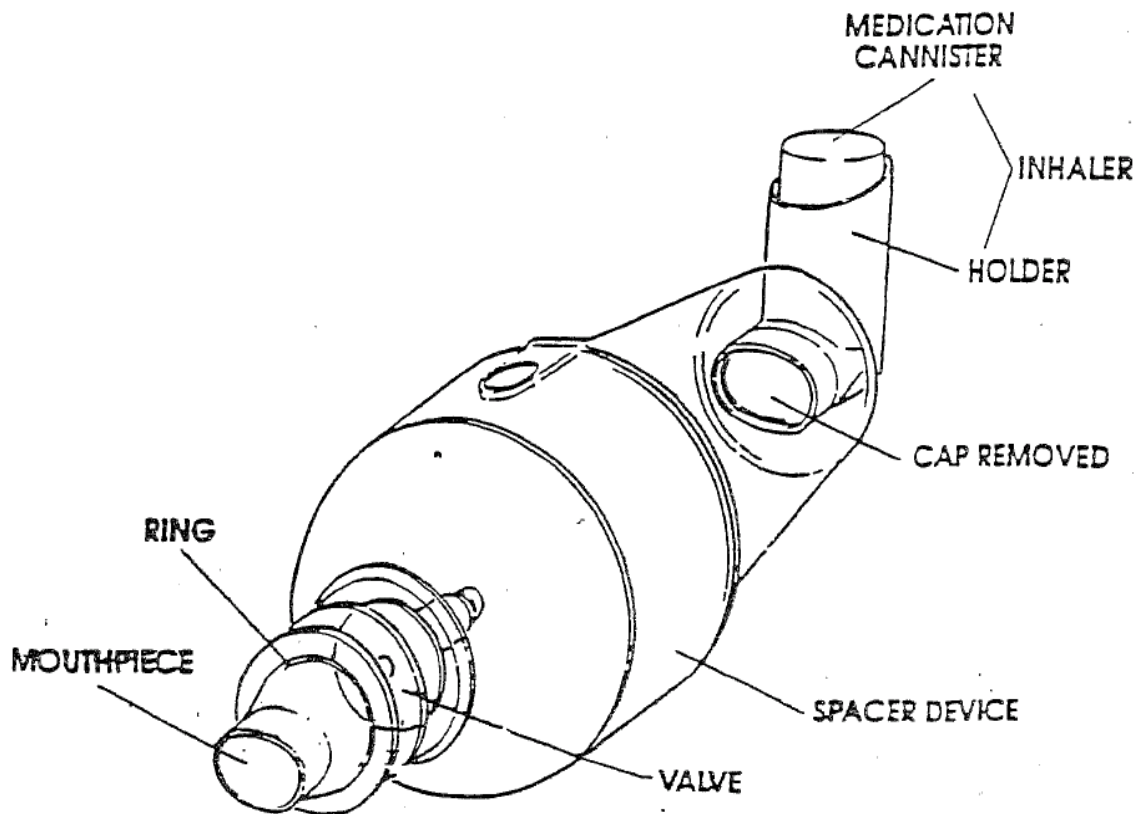
- Remove the cap from the spray and gently shake the inhaler five or six times. Prime the inhaler (spray two puffs) then re-shake.
- Put the inhaler into the hole at the end of the spacer as shown below.
- Put the mouthpiece into the pupil's mouth (keeping their lips behind the ring). Make sure the pupil's lips are sealed around the mouthpiece.
- Encourage the pupil to breath in and out slowly and gently (i.e. normally). This will make the valve open and close, making a clicking noise. If the pupil cannot move the valve, tilt the inhaler end of the spacer up to keep the valve open.

- Continue with this breathing pattern and press the medication canister down once (1 puff/spray). Leave the spacer in the mouth while 4 or 5 more breaths are taken.
- Repeat as above if more “puffs” are required, removing the spacer from the pupil’s mouth between times.
- Shake the inhaler after every 2 puffs.
- Remove the spacer from the pupil’s mouth.
- If the pupil is unable to hold the inhaler in the mouth, for example by becoming unconscious, then open the spacer and place the end with the spray attached as closely as possible over the pupil’s nose and mouth and press every 10-15 seconds. Call for an ambulance in this situation.

When new, and after use, the spacer should be washed in warm soapy water and left to dry naturally. Do not dry or rub with a cloth.

Spacer Devices are for single patient use only.

Disposable spacers are available in the emergency asthma kits.





## MANAGING ANAPHYLAXIS

### 1. Symptoms

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

### 2. Do ...

If a pupil with allergies shows any possible symptoms of a reaction contact the School Nurse or qualified First Aider.

The trained member of staff should:

- assess the situation.
- remain with the pupil. Send a member of staff to collect or arrange for the pupil's emergency box to be brought to them.
- follow the pupil's emergency plan.
- administer appropriate medication in line with perceived symptoms.

**If he/she considers that the pupil's symptoms are cause for concern, call 9,999 for an ambulance.**

Give the emergency services the following information:

- the name and age of the pupil.
- that you believe them to be suffering from anaphylaxis.
- the cause or trigger (if known).
- the name, address and telephone number (Senior School 01782 631197) (Prep School 01782 664616) of the school.
- **call the pupil's parents.**

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, as follows:

### 3. Symptoms and the Position of the 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.

### 4. Adrenaline Injections

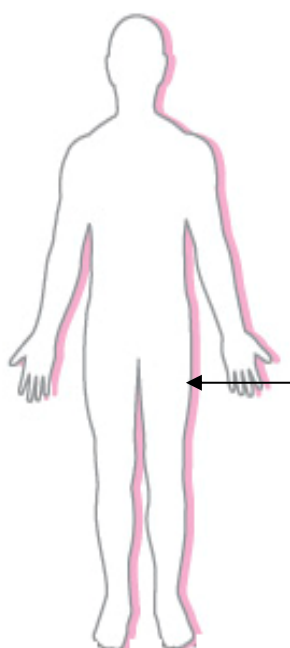
- If symptoms are potentially life-threatening, give the pupil their adrenaline auto-injector into the outer aspect of their thigh. Make sure the used auto-injector is made safe before giving it to the ambulance crew by putting it in a rigid container.
- Make a note of the time the adrenaline is given in case a second dose is required, and also to notify the ambulance crew.

- On 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 auto-injectors must be handed to the ambulance crew.
- In case of accidental administration of adrenaline an ambulance should be called to seek the appropriate treatment.

**5. After the emergency**

- After the incident carry out a debriefing session with all members of staff involved.
- Parents are responsible for replacing any used medication.

HOW TO USE - EPIPEN/JEXT Follow instructions on device	HOW TO USE – EMERADE Follow instructions on device
The adrenaline auto-injector is administered into the upper outer aspect of the thigh.	Remove needle shield with the needle end, labelled, facing down
Remove the safety cap with the needle end, labelled, facing down.	Hold the auto-injector, at a right angle and press firmly against the upper outer aspect of the thigh
<b>EPIPEN</b> Hold the auto-injector, at a right angle, 5-10 centimetres away from the thigh and jab firmly. Listen for the 'click'.	Hold in place for 5 seconds
<b>JEXT</b> Place tip against outer thigh, then push auto-injector firmly into thigh until it 'clicks'.	Massage the injection site gently
Hold in place for 10 seconds, remove and massage injection area for 10 seconds.	
Place the device in a rigid container.	Place the device in a rigid container.
Call an ambulance to take the pupil to hospital.	Call an ambulance to take the pupil to hospital



Adrenaline should be administered into the upper outer aspect of the thigh

From 01 October 2017 the Human Medicines (Amendment) Regulations 2017 allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (broken or out of date).

The School's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

The Schools spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without a delay.

The AAI's held by the School will be considered a spare/back-up device and not a replacement for a pupil's own AAI's. Current guidance from the Medicines and Healthcare Products Regulatory (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times.

Use of the spare AI should be recorded on the audit form in the emergency anaphylaxis kit. This should include the reason for use (e.g. pupil's own device not available or not working), which type of auto-injector and dose was given and by whom. The pupil's parent should be informed that the spare AAI was used.

## MANAGING DIABETES

If a pupil with diabetes becomes unwell contact the School Nurse or qualified First Aider.

### 1. Hyperglycaemia (or hyper)

Hyperglycaemia is the term used when the level of glucose in the blood rises above 10 mmol/l\* and stays high. The symptoms of hyperglycaemia do not appear suddenly but build up over a period of time. The common symptoms are:

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

\* the term mmol/l refers to the unit of measurement (millimoles per litre) on blood glucose meters that a person with diabetes uses to check their blood glucose levels.

Do . . .

Refer to the pupil's individual healthcare plan.

Call the pupil's parents who may request that extra insulin be given.

The pupil may feel confident to give extra insulin.

9,999

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

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

### 2. Hypoglycaemia (or hypo)

Hypoglycaemia occurs when the level of glucose in the blood falls too low (usually under 4 mmol/l). Hypos are usually unexpected, sudden, rapid, without warning and unpredictable.

**What causes a hypo?**

- 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...**

Refer to the pupils individual healthcare plan

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

- 3 glucose tablets
- 90 mls fizzy drink (non-diet)
- 2 tsp sugar
- GlucoGel can be massaged into the cheek if the individual is too drowsy to take anything orally themselves

The exact amount needed will vary from person to person and will depend on individual needs and circumstances. 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:

- roll or sandwich
- a portion of fruit
- one individual pack of dried fruit
- a cereal bar
- two biscuits
- a meal if one is due

Recheck blood glucose levels after 15 minutes.

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

### **9,999**

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

## **MANAGING AN EPILEPTIC SEIZURE**

First Aid for seizures is quite simple, and can help prevent a person from being harmed by a seizure. First Aid will depend on the individual pupil'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. Always contact the School Nurse or qualified First Aider.

If a pupil is known to have epilepsy information will be found in their individual healthcare plan.

### **1 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 the pupil's condition.
- 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.

#### 9,999 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.

## 2. Seizures involving Altered Consciousness or Behaviour

### (a) Symptoms

These seizures can take a variety of forms. The common symptoms are, for each type of seizure, as follows:

#### Simple Partial Seizures

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

#### Complex Partial Seizures

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

#### Atonic Seizures

- sudden loss of muscle control, causing the person to fall to the ground (recovery is quick)

#### Myoclonic Seizures

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

#### Absence Seizures

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

### (b) Do...

- Guide the person away from danger.
- Look for an epilepsy identity card or identity jewellery. (These may give more information about the person's condition).
- Stay with the person until recovery is complete.
- Keep calm and reassure the person.
- Explain anything that they may have missed.

### (c) Don't...

- Restrain the person.

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

**(d) Call 9,999 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.

Policy reviewed by SMT: February 2020

Policy reviewed by Governors: February 2020

Next Review Due: February 2021