First Aid Policy

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1. Policy Statement

1.1. The Health and Safety (First-Aid) Regulations 1981 place a duty on employers to provide adequate First Aid equipment, facilities and personnel to their employees. In its guidance, HSE strongly recommends that employers include non-employees in their assessment of First Aid needs and that they make provision for the needs of visitors to the school site.

1.2. In order to ensure that adequate First Aid provision is provided for staff, pupils, contractors and visitors to the School, it is LMI's policy that:

1.2.1. the School puts adequate First Aid cover in place

1.2.2. a qualified First Aider is available when pupils are present on-site;

1.2.3. sufficient numbers of trained First Aid personnel, together with appropriate equipment, are available to ensure that there is someone competent in basic First Aid techniques who can attend an incident during times when the School is occupied; and

1.2.4. appropriate First Aid arrangements are in place whenever staff and pupils are engaged in offsite activities and visits.

2. Emergency Procedures

2.1. Ambulance

2.1.1. If the first member of staff present at an incident judges that an ambulance should be called, he or she should do so immediately, by calling the emergency services on 112, without hesitation and without waiting for a First Aider to arrive at the scene. If necessary, a First Aider should be summoned (see 2.3 below).

2.1.2. Staff should always call an ambulance if there is:

• a serious injury or illness;

• serious breathing difficulty;

• any significant head injury;

• major bleeding;

• a period of unconsciousness (excluding a faint);

• a severe burn; or

• an obvious open fracture or dislocation.

2.1.3. Whenever possible, an adult should remain with the casualty until help arrives and other staff can be called upon to help with moving away any pupils present.

2.1.4. If an ambulance is called, the receptionist should be notified immediately in order to direct the ambulance crew to the casualty's location.

2.1.5. Parents/next of kin of the casualty should be notified and a responsible adult should go to hospital with the casualty.

2.2. Other Incidents

2.2.1. For all other illnesses and accidents, a pupil should either be sent immediately to Reception.

2.2.2. Any pupil who suffers an injury to the head must be sent to Reception immediately, accompanied by a responsible friend.

2.2.3. If the condition involves the pupil feeling dizzy or unstable then the First Aider should be sent for. Under no circumstances should the pupil walk alone as injury may occur on route. The pupil should be laid on the floor of the classroom with their legs raised as necessary.

2.3. Informing Parents/next-of-kin

2.3.1. If an ambulance is called, parents or next-of-kin will be notified as soon as possible.

2.3.2. If a pupil receives medical attention for an injury that the First Aider considers should receive further care or observation, the First Aider will, with the pupil's consent inform parents either by letter or telephone.

2.3.3. Following a head injury (except the most minor), parents are informed by telephone as necessary and a separate head injury advice letter is given by the First Aider to the pupil to take home.

3. Responsibility under the policy

3.1. The **Principal** is responsible, through the senior staff to whom he gives delegated authority, for:

3.1.1. putting the policy into practice and for ensuring that detailed procedures are in place;

3.1.2. ensuring that parents are aware of the school's Health and Safety Policy, including the arrangements for First Aid, by making both policies available on the school's website; and

3.1.3. overseeing the adequacy of First Aid cover including organisation of qualified staff training programmes and equipment.

3.2. The **Vice Principal** is responsible for:

3.2.1. reviewing the School's First Aid Policy in consultation with the First Aiders; and

3.2.2. reviewing the operation of the First Aid Policy to determine any changes that might be required to the School's First Aid provision.

3.3. The Vice Principal with responsibility for Staff Training is responsible for:

3.3.1. organising and carrying out First Aid training for staff

3.4. **The First Aiders**, in consultation with the Principal are responsible for:

3.4.1. assessing the First Aid needs throughout the school;

3.4.2. deciding on First Aid issues with the Principal and Vice Principal;

3.4.3. providing First Aid cover during normal school hours;

3.4.4. maintaining accurate records of first aid or any treatment given in the Medical Book

3.4.5. organising the ordering, provision and replenishment of First Aid equipment to ensure that First Aid boxes and kits are adequately stocked at all times;

3.4.6. checking the off-site PE First Aid kit at the beginning of each term (the PE department are then responsible for re-stocking the kit as needed, with supplies provided by the First Aiders (and kept in the PE office);

3.4.7 maintaining records of accidents and making reports

3.5 **The SenCo/ School Psychologist** is responsible for ensuring that the Special Needs Area details pupils with existing conditions that require prompt action such as severe allergies, asthma, epilepsy and diabetes and that it is kept up to date and posted on the Staff Room board, on Google Drive and the board at Reception.

3.6 **Teachers of PE** are responsible for:

3.6.1. ensuring that First Aid kits are taken on all home/away matches and also during practice sessions; and

3.6.2. restocking the off-site PE First Aid kits on an ongoing basis, in liaison with the First Aiders(who will stock the kits at the start of each term and provide supplies for restocking).

3.7. **Visit Group Leaders and PE staff** taking pupils off-site are responsible for:

3.7.1. ensuring that they have collected the list of pupils with medical and any other medication for pupils who require them and who have provided the First Aiders with such medication;

3.7.2. ensuring that pupils are also carrying their own medication; and

3.7.3. liaising with the First Aider to ensure that they have up-to-date awareness and knowledge of the medical needs of members of their visit groups, squads and/or practice groups.

3.8. **Heads of Department** are responsible for ensuring that:

3.8.1. staff in their departments are aware of the procedures set out in this policy and, where appropriate, the location of the nearest First Aid kits; and

3.8.2. risk assessments, especially for practical work, take account of First Aid Procedures, and any relevant instructions from the First Aiders; and

3.8.3. if specified in risk assessments, emergency action such as immediate flushing and cooling for burns is carried out without waiting for a qualified first aider to arrive on the scene.

3.9. **All staff** have a duty of care towards pupils and should respond accordingly when First Aid situations arise. All staff should:

3.9.1. familiarise themselves with the Special Medical Needs list on the Google Drive detailing pupils with medical needs who could require First Aid due to medical conditions such as severe asthma, epilepsy and diabetes;

3.9.2. familiarise themselves with the list of First Aiders available on Google Drive; and

3.9.3. understand that in general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

4. First Aid kits and other equipment

4.1. First Aid kits are located in the Reception. All staff and pupils have access to these First Aid kits and in case of emergency would be able to access appropriate First Aid equipment to support their treatment. In addition:

4.1.1. First Aid kits are available to PE staff during lessons and are taken to matches;

4.1.2. a First Aid kit should be taken to all off-site activities and visits. The First Aider will provide these kits and the Group Leader should liaise with her in advance. Group Leaders should advise the School Nurse of any activities which might require specific or extra First Aid items. First Aid kits are signed in and out in a book kept in the Medical Centre; and

4.2. The **First Aider** is responsible for checking and restocking First aid kits, but staff must inform the First Aider immediately when items have been used so that they can be replaced if necessary. Each First Aid kit contains a card listing the basic contents of the kit.

5. **Information**

5.1. It is essential that there is accurate, accessible information about how to obtain emergency aid. 5.2. All new staff receive information during their induction programme on how to obtain First Aid assistance. This includes:

• the names of the First Aiders

• how to contact the First Aiders in an emergency;

• the procedure for dealing with an emergency in the First Aiders absence;

• where to access the names of the First Aiders and appointed persons;

• the location of the First Aid kits;

• how and when to call an ambulance; and

• where to access a current copy of this policy.

6. **Training**

6.1. First Aid training is organised in house by the Vice Principal with responsibility for staff training.

6.2. A qualified First Aider is someone who holds a valid certificate of competence in First Aid. These qualifications must be renewed regularly. Regular annual update courses are provided for staff.

6.3. An Emergency First Aider is someone who has attended a minimum of 4 hours First Aid training and is competent to give emergency aid until further qualified help arrives.

6.4. Additional training for other medical conditions is provided when necessary. Staff can also find further information on these conditions in the attached Appendices as follows:

• Appendix I Anaphylaxis

• Appendix II Asthma

• Appendix III Diabetes

• Appendix IV Epilepsy

7. **Reporting and Record Keeping**

7.1. Every accident which occurs in school, whether to pupils, staff or visitors, must be reported using the Medical/Accident Book in the School Office.

7.2. If a pupil suffers an accident the accident report should be made by the person supervising the lesson/activity at the time of the accident, even if they were not aware of it at the time (in which case the pupil should pass on the details to the supervising member of staff). If the accident took place outside lesson time, the report should be made by the member of staff first on the scene.

7.3. All accident reports and associated records should be kept by the First Aider. For accident reports involving pupils a copy is kept by the SENCo on the pupil's confidential medical record and on the individual pupil file. For accident reports concerning staff a copy is placed on the member of staff's personnel file.

7.4. The Principal will decide whether an accident or incident requires a supplementary accident form to be completed or an investigation to discover the root causes so as to prevent a recurrence or for disciplinary or insurance purposes.

8. **Hygiene procedures when dealing with a spillage of bodily fluid (e.g. blood, vomit, urine etc**.)

8.1. All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single use disposable gloves and hand washing facilities and should take care when dealing with blood or other body fluids and when disposing of dressings or equipment.

8.2. The First Aider attending should take the following precautions to avoid the risk of infection:

8.2.1. cover any cuts and grazes on their own skin with a waterproof dressing; and

8.2.2. wear suitable disposable gloves when dealing with blood.

8.3. Each first aid kit contains gloves and a clinical waste bag for the disposal of any items used during the treatment of the First Aid incident. This should then be disposed of appropriately

9. **Review and Monitoring of First Aid provision**

9.1. First Aid arrangements, including the contents of this policy, are under annual review to ensure that the provision is adequate and effective. This review will be carried out by the First Aiders and the Principal.

9.2. An annual review of training provision will be carried out by the Vice Principal responsible for staff training

Appendix - I Severe allergic reaction - Anaphylaxis

An allergy is a hypersensitivity to a foreign substance that is normally harmless, but produces an immune response reaction in some people. An anaphylactic reaction is the extreme end of the allergy spectrum affecting the whole body and requires emergency treatment to preserve life, with an intramuscular injection of adrenaline (in school - via an Adrenaline Auto-Injector such as an Emerade/EpiPen/Jext. The reaction usually occurs within minutes of exposure to the "trigger" substance although in some cases the reaction may be delayed for a few hours (bi-phasic). Common trigger substances include peanuts, tree nuts, eggs, shellfish, kiwi, insect stings, latex and drugs such as penicillin. Avoidance of the allergen/trigger substance is paramount.

Signs and symptoms The early symptoms of an allergic reaction are:

• Itchy, urticarial rash (hives) anywhere on the body

• Runny nose and watery eyes

• Nausea and vomiting

• Abdominal cramping

• Tingling when an allergen has been touched Where possible remove the "trigger" – the sting, food etc. – get them to spit the food out but NEVER induce vomiting The pupil's medical condition must be monitored as it may rapidly deteriorate

Definition of Anaphylaxis:

Anaphylaxis involves one or both of two features

• Respiratory difficulty (swelling of the airway or asthma)

• Hypotension (fainting, collapse or unconsciousness)

Symptoms suggestive of Anaphylaxis are:

• Skin Changes: Pale or flushed, urticaria (hives)

• Severe swelling of lips or face

• Tongue becomes swollen

• Respiratory difficulty - audible wheeze, hoarseness, stridor

• Difficulty in swallowing or speaking

• Pupil may complain that their neck feels funny

• Feeling weak or faint due to a drop in blood pressure

• Feeling of impending doom (anxiety, agitation)

• Pale and clammy skin

• A rapid and weak pulse

• May become unconscious

Treatment - what to do Follow the pupil's individual Emergency Allergy Action Plan. Treatment depends on the severity of the reaction and may require the administration of an Emergency Adrenaline Auto Injector (Emerade/EpiPen/Jext) to be given without delay.

For mild symptoms An antihistamine and if prescribed, an inhaler should be taken by the pupil

For severe symptoms Each pupil with a known severe allergy, who has been prescribed an Adrenaline Auto Injector - Emerade/EpiPen/Jext should (parents advised) carry x2 with them at all times. Treatment for anaphylaxis is adrenaline administered via an Adrenaline Auto Injector into the upper outer thigh muscle and may be given through clothing (avoiding the seam line) noting the time. Adrenaline quickly reverses the effects of the allergic reaction, but it is short-acting. If there is no improvement or the symptoms return, then a second Adrenaline Auto Injector must be administered after 5 minutes. Follow the pupil's Individual Emergency Allergy Action Plan which includes details of any additional medication to be administered such as antihistamines, an inhaler or steroids (adjuncts). The pupil must always go to hospital by ambulance.

First episode - In the case of a pupil without a previous history of anaphylaxis or allergy reaction The First Aider should be contacted without delay if the episode occurs in school. If s/he is not available or the incident is off-site then an ambulance should be called (stating that the emergency is a suspected anaphylactic reaction) and First Aid measures carried out.

New pupils

• Parents must inform us of their daughter's allergy on the Information Form that they complete when their child joins LMI. If the condition develops later, the parents must notify us as soon as possible.

• The SENCo will discuss with parents the specific arrangements for their child.

• Parents will need to teach their child about the management of their own allergy including avoiding trigger substances and how and when to alert a member of staff.

• The parents should ensure that their child has been shown how to self-administer an Adrenaline Auto Injector by the prescribing doctor or specialist allergy nurse and that this is regularly reviewed.

• Pupils should carry x2 Adrenaline Auto Injectors and any other emergency medication required with them at all times.

• Parents must provide the school with a spare Adrenaline Auto Injector. Parents will also supply any antihistamine or other medication that may be required. The medication will be kept in a named emergency kit with photo-id and contact details.

• Parents are responsible for ensuring that all medication is in date and replaced as necessary.

• Parents must keep the school up-to-date with any changes in symptoms or medication and must provide an up-to-date individual Emergency Allergy Action Plan from the prescribing doctor.

• A named photograph of pupils with **severe** allergies is displayed on the Special Medical Needs poster in the Office store room and on Google Drive

• A pupil must carry their Adrenaline Auto Injectors with them at all times in school together with any other prescribed emergency medication and should wear a medical alert bracelet.

Training

• Training will be available to all staff in the recognition and treatment of anaphylaxis and allergic reactions, including the use of Adrenaline Auto Injectors and how to summon help in an emergency.

• An update on allergy/anaphylaxis will take place regularly – preferably annually as staff change.

• An update may also be required when protocols and guidelines are revised.

• Specific training can be given on individual pupils as and when the need arises.

• The training to be provided will cover: prevalence; recognition of signs & symptoms of allergic reactions, including anaphylaxis; differential diagnosis; treatment; roles and responsibilities; storage of medication; and administrative procedures.

School Visits

• Specific arrangements should be made for after-school or weekend activities and for school visits

• At least one member of staff trained in administering antihistamine and an Adrenaline Auto Injector must accompany the party.

• The degree of supervision required for the pupil should be discussed with parents and will depend on the pupil's age

• Following any anaphylactic episode all staff will meet to discuss what occurred, offer support to each other and look at how the emergency procedure worked and the procedure will be amended if necessary

Appendix II – Asthma

LMI College recognizes that Asthma is a common condition affecting children and young people and welcomes all pupils with Asthma to the school. Asthma is a serious but controllable chronic disease affecting 1.4 million children within the UK and is one of the most common causes of absence from school and the most frequent medical condition which requires medication to be taken during the school day. Asthma can vary in its severity and in presentation according to the individual and can occur at any time. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breath and leading to symptoms of asthma. Asthma can be controlled by taking medication in the form of an inhaler. A reliever inhaler opens the airways and makes breathing easier. A preventer inhaler makes the airways less sensitive to irritants**. Immediate access to a reliever inhaler is essential.**

Types of inhaler

• Blue - Salbutamol (ventolin) - reliever inhaler – generally delivered via a volumatic spacer device (taken for the immediate relief of symptoms)

• Brown - Beclometasone – preventer inhaler (usually taken only in the morning and at bedtime Pupils with asthma learn from their past experience of asthma attacks; they usually know what to do, nevertheless good communication is essential.

Triggers

• Grass and hay

• Pollen

• Animal fur

• Viral infections

• Cold, damp weather

• Exercise

• Emotion

• Smoke, pollution and dust

Signs of poor control are:

• Night time symptoms leading to exhaustion during the day and poor concentration

• Frequent daytime symptoms

• Using their reliever inhaler on more than two occasion in a week

• Time off school because of respiratory symptoms

New pupils

• Parents must inform us of their child's asthma on the Information Form they complete when the child joins LMI . If the condition develops later, the parents must notify us as soon as possible.

• The SENCo will discuss with parents the specific arrangements for their child and parents will be asked to provide a copy of their child´s current Asthma Action Plan.

• A pupil with asthma should carry their inhaler with them at all times in school.

• Parents must provide The Visit Group Leader with a spare named inhaler for staff to take on residential visits. Parents are responsible for ensuring that inhalers are in date and replaced as necessary and have sufficient doses remaining. Should a parent wish to provide the School with a spare inhaler for in-school use, this will be kept in a named individual pouch in the Office cupboard.

• A named photograph of any pupils with asthma is displayed on the Medical List displayed in the Office storeroom and on Google Drive.

• Regular training will be available to all staff in the recognition of an asthma attack and how to summon help in an emergency. All staff should familiarize themselves with the procedure for dealing with an asthma attack.

• Pupils with asthma are encouraged to take a full part in PE at LMI and PE staff will remind pupils who have exercise induced asthma to use their reliever inhaler before the commencement of the lesson and during it if needed.

• Specific arrangements should be made for after-school or weekend activities and for school visits.

Common signs of an asthma attack

• Coughing

• Shortness of breath

• Wheezing

• Feeling tight in the chest

• Being unusually quiet

• Difficulty speaking in full sentences

It should be noted that in atypical asthma <u>no wheezing will be audible</u>.

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/guardian must always be informed if their daughter has had an asthma attack.

Appendix III - Diabetes

LMI supports pupils attending the school with type 1 diabetes and recognize that they need understanding, encouragement and support to ensure a sense of independence. Most pupils with diabetes have a good knowledge of their condition and can manage it well but good communication between the pupil and medical team is essential.

New pupils

When the pupil joins the school, the parents will complete an Information Form informing us that their child is diabetic. The SENCo will then send an individual care plan for completion, unless the family already has an appropriate and up-to-date plan; in which case a copy will be requested. This will include details of the care to be given for hypoglycaemia (low blood glucose) and the emergency treatment that will be needed and instructions on when to call the emergency services. It is crucial to reinforce that parents are experts in the care of their child and should be involved from the outset. They are best positioned to indicate they are ready to share responsibilities with the school. Raising expectations of what is possible and keeping their daughter at the centre of everything is essential. Collaborative working between healthcare professionals, education staff and the pupil's family will support the school in their day to day management of diabetes including monitoring of the condition, food, physical activity and the pupil's wellbeing. A copy of the individual care plan will be kept on Google Drive. The pupil's name and photograph will be included on the Medical List; a copy of which is displayed in the Office storeroom.

Insulin

The pupil will know how to administer their insulin and will carry this with them during the normal school day. However, the school will support them and the SENCo will discuss with the parents all aspects of the pupil's insulin and its administration. The school will provide facilities for the safe disposal of needles. The need for regular eating times is recognized by the school and appropriate arrangements will be made. Diabetes management outside school will be the responsibility of the pupil's consultant/diabetes specialist nurse (DSN) and the parent/guardian must inform the SENCo of any change in the pupil's regime in writing, as soon as they occur.

Day visits The pupil will need to carry their insulin and blood glucose testing kit and snacks as usual and must plan for the possibility of a delayed return. All staff will be advised of the necessary precautions and the emergency procedures. The staff will collect the pupil's spare emergency kit and a copy of the individual care plan detailing the emergency procedures, for use in the event of a hypoglycaemic episode.

Residential and overnight visits. The parent will complete a detailed medical history form prior to departure which will include the details of insulin with current dosage and frequency. A risk assessment will be carried out and a meeting between the parents and SENCo will take place. The teacher organizing the visit will aim to ensure that there is refrigerated storage for the insulin. The pupil must be confident in the management of their diabetes with regard to dosage administration, monitoring control and the adjustment of

dosage when necessary. A copy of emergency procedures will be taken on the visit. In the event of loss or damage to the insulin, it will be the parents' responsibility to provide where possible extra medication. However, where this is not possible or a delay will occur the visit leader should contact the paediatric department or Accident and Emergency department at the nearest hospital, who will be able to offer assistance. If following a risk assessment it is felt by the parents and SENCo that the pupil is not able to manage their diabetes independently, then the requirement for a trained health professional to accompany the visit will be discussed.

PE

The school will ensure that PE staff are aware of the precautions necessary for a pupil with diabetes to take part in sporting activities and on the emergency procedures. PE staff will have a supply of fast acting glucose/snacks/juice boxes available for diabetic pupils when they are off site or at sporting events.

Background

Type 1 diabetes develops when the insulin-producing cells in the body are destroyed by the body's immune system; the body is unable to produce any insulin. It is a long-term medical condition. Insulin is the key that unlocks the door to the body's cells. Once the door is unlocked glucose can enter the cells where it is used as fuel. In Type 1 diabetes the body is unable to produce any insulin so there is no key to unlock the door and the glucose builds up in the blood. Nobody knows for sure why these insulin producing cells have been destroyed, but the most likely cause is the body having an abnormal reaction to the cells. This may be triggered by a virus or other infection. Type 1 diabetes can develop at any age but usually appears before the age of 40, and especially in childhood. Type 1 diabetes accounts for between 5 and 15 per cent of all people with diabetes and is treated by daily insulin injections, a healthy diet and regular physical activity. Insulin is taken either by injections, an insulin pen or via a pump.

The main symptoms of undiagnosed diabetes can include:

• passing urine more often than usual, especially at night

• increased thirst

• extreme tiredness

• unexplained weight loss

• genital itching or regular episodes of thrush

• slow healing of cuts and wounds

• blurred vision

If you are concerned that a pupil is showing these symptoms, please contact the First Aiders without delay.

Medication – Insulin

Insulin cannot be given orally as it will be digested. It is administered by either an Insulin pen, injection or by a pump. Insulin may be administered several times a day, so the pupil will carry their pen and blood glucose testing kit with them. Spare insulin will be kept in a labelled box in the fridge. It will be the responsibility of the pupil to be aware of her dosage of insulin. If there is a query during the school day either the parents will be contacted or the named diabetes specialist nurse if the parent is unavailable.

Insulin pump This continually delivers insulin into the subcutaneous tissue

• The device is worn attached to the pupil's waist. It helps maintain a more stable blood glucose level and as it is easy to vary the dose, gives pupils more freedom with diet and activity.

• Using the maximum bolus and maximum basal facility settings can give added reassurance that too much insulin will not be delivered in error.

• Each pupil who uses a pump must learn and be confident to carb count, to set/adjust the insulin dose delivery themselves according to their diet, activity and blood glucose levels.

• Staff and First Aiders will not be required to know how to carb count, calculate dosages or administer insulin via a pump.

Appendix IV – Epilepsy

LMI recognizes that epilepsy is a common condition affecting children and young people and welcomes all pupils with epilepsy to the school. The school supports pupils with epilepsy in all aspects of school life and encourages them to achieve their full potential. We believe that every child with epilepsy has the right to participate fully in the curriculum and life of the school, including all outdoor activities and residential visits; assuming health and safety considerations are met following a risk assessment. The school's aim is to meet all the educational needs of the pupil, through discussions with the pupil, parents, SENCo, First Aiders, Principal.

Background

Epilepsy is the most common serious neurological condition. It affects about 1 in 200 children under 16 years and is currently defined as a tendency to have recurrent seizures. A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's messages becoming halted or mixed up. It can be due to head trauma or secondary to drugs, toxins, stress, infections such as meningitis, or of no known cause.

The brain is responsible for all the functions of the body, so what is experience during a seizure will depend on where in the brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them. Seizures that affect the whole of the brain are known as generalized seizures and only part of the brain, are known as partial seizures. Generalized seizures usually result in a loss of consciousness, which may last seconds or several minutes. Partial seizures only partially affect consciousness.

The tonic phase

The person loses consciousness and, if standing, will fall to the floor. Their body goes stiff because all their muscles contract. The eyes roll back and they may cry out because the muscles contract, forcing air out of their lungs. The breathing pattern changes, so there is less oxygen than normal in the person's lungs; because of this, the blood circulating in their body is less oxygenated than usual; causing the skin, particularly around the mouth and under the finger nails to appear blue in colour. This is called cyanosis. The person may bite their tongue and the inside of their cheeks.

The clonic phase

After the tonic phase has passed, the clonic phase of the seizure begins. The person's limbs jerk because their muscles tighten and relax in turn. The person may occasionally lose control of their bladder and/or bowels. It is not possible to stop the seizure; no attempts should be made to control the person's movements, as this could cause injury to their limbs.

After a tonic-clonic seizure

After a short time, the person's muscles relax and their body goes limp. Slowly they will regain consciousness, but they may be groggy or confused. They will gradually return to

normal but may not be able to remember anything for a while. It is usual to feel sleepy and have a headache and aching limbs. Recovery times can be different. Some people will quickly want to get back to what they were doing; other people will need a short sleep, whereas some will need plenty of rest and will need to go home.

Post-ictal state After a tonic-clonic seizure, some people may be very confused, tired or have memory loss. This is known as a post-ictal state.

Absence seizures (petit mal)

The person briefly loses consciousness (3-30 seconds); they may appear to be distracted or daydreaming and these seizures can occur up to 20 times a day; lasting only a few seconds. There may be a slight drop in muscle tone causing the person to drop something and there maybe frequent repetitive movements. In an undiagnosed child these are often mistaken for inattentiveness or daydreaming and their school work may deteriorate.

Complex partial seizures

During these seizures, lasting 1-2 minutes, the person will have impaired consciousness and may do repetitive actions such as lip smacking, scratching, chewing, picking at clothing or rubbing an object. They are unable articulate their feelings. This may also be interpreted as inattentive behaviour. It is important not to restrain the person, as this may frighten them, but it is essential to keep them safe, by guiding them away from stairs or busy roads. When the seizure ends they may be confused and will require reassurance and monitoring until fully alert.

Triggers

Any of these may cause a seizure to occur:

• Excitement

• Tiredness

• Emotional stress

• Illness

• Fever

• Flickering lights

New pupils

When the pupil joins the school, the parents will complete an Information Form and inform us that their daughter suffers from epilepsy. The SENCo will request a copy of the existing individual care plan; where none exists the parents will be sent an individual care plan for completion. This will include details of any known triggers, the care to be given in the event of a prolonged seizure and the emergency treatment that will be needed. Where emergency medication has been prescribed by a consultant neurologist, then the consultant must provide a complete and signed individual care plan for emergency medication to be

administered in school. We keep a record of all the medical details of pupil's with epilepsy and keep parents updated with any issues which may affect the pupil. Advice about this condition is available to all staff. The pupil's name and photograph is included on The Medical List; a copy of which is available in the Office storeroom and on Google Drive. The staff will be informed of any special requirements, such as the most suitable position for the pupil to sit within the classroom. The epilepsy procedure applies equally within the school and for any activities off the school premises that are organized by the school. A risk assessment will be carried out for educational visits involving the pupil. If the pupil, parent, or member of staff or the medical team have any concerns these will be addressed at a meeting prior to any off-site activity involving the pupil taking place.