



## First Aid Policy and Procedures (Including EYFS)

### 1. Policy Statement

The First Aid Policy and Procedures form part of the School's overall Health and Safety strategy. This Policy should therefore be read in conjunction with the Health and Safety Policy, as well as the Educational Visits Policy. It is a whole school policy inclusive of EYFS.

The School Management Board has delegated responsibility for the effective implementation of this Policy to the Designated Board Member for Health & Safety will work in conjunction with the Headteacher, the Appointed Person for First Aid and the first aiders to ensure that the requirements of this Policy are fulfilled. They will also report to the School Management Board on a termly basis, or as required, regarding the implementation of this Policy and make recommendations regarding any additions or revisions to the Policy deemed necessary.

The School recognises that its members of staff are not required to administer first aid; nevertheless, it is expected that staff in charge of pupils use their best endeavours at all times to secure the welfare of the pupils at the School in the same way that parents might be expected to act towards their children. It is also acknowledged that the consequences of taking no action are likely to be more serious, in general, than those of trying to assist in an emergency.

TKHSW recognises the responsibility that we have to support all children, including those with medical conditions. Governing bodies of maintained schools and academies are responsible for ensuring that school staff consult health professionals to ensure that the needs of children with medical conditions are properly understood and effectively supported. This duty came into force in September 2014 and aims to ensure that all children with medical conditions, in terms of mental and physical health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve academic potential. While, as an independent school, we do not have the statutory responsibilities, we have referred to this guidance in formulating this Policy.

Any member of staff may be asked to provide support to pupils with medical conditions, including administering medicines, although they cannot be required to do so. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. All members of staff will know what to do and respond accordingly when they are aware that a child with a medical condition needs help.



## 2. MANAGEMENT

### **Responsibilities of the Deputy Health and Safety Officer with Responsibility for the School:**

The main responsibilities of the Deputy Health and Safety Officer with Responsibility of the school are:

- (1) To make sure that all aspects of the Policy are carried out efficiently and effectively;
- (2) To take a lead in reviewing and updating this Policy at least annually or earlier should the Policy require more immediate amendment;
- (3) To ensure that all members of staff receive a copy of the Policy, and understand fully both its content and the responsibility that it may place upon them regarding the health and safety of the pupils;
- (4) To ensure all accidents are reported, recorded and investigated, where appropriate, in accordance with the requirements set out in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 [RIDDOR];
- (5) To ensure an accurate record is kept of all occasions when first aid is administered to pupils, members of staff and visitors;
- (6) To ensure the appropriate equipment and materials are provided to carry out first aid treatment;
- (7) To make arrangements to provide training to members of staff, to maintain a record of that training and to review it annually;
- (8) To establish a procedure for managing accidents in school that require first aid treatment;
- (9) To undertake a risk assessment of the first aid requirements of the School.

## 3. FIRST AID

### **3.1 Arrangements for First Aid**

- First aid materials and equipment are provided in accordance with the DfE 'Guidance on First Aid for Schools'.
- First aid kits are located in the Early Years, the Lower Junior Learning Centre classroom, the corridor between the Upper Junior Learning Centre and Senior Learning Centre classrooms and the School Hall.



- **The Appointed Person for First Aid is Sarah Smith.** There are qualified first aiders on the School staff to ensure that first aid cover is available in the School at all times. There is also a first aid rota showing which member of staff is designated to cover first aid each day.
- The contents of the first aid kits will be checked on a regular basis by the Appointed Person for First Aid or the Deputy Health and Safety Officer.
- Illness record forms (Appendix 1) are kept in the Medical Room and an accident book is located inside or beside each first aid kit for recording all injuries.
- Staff training in Paediatric First Aid (12 hour course) or Schools First Aid (6 hour course), or other certified first aid training, will be undertaken every three years and all core teaching and support staff will be invited to attend as necessary.
- A copy of this Policy will be given to all members of staff.
- Signs are displayed showing the location of first aid kits and a full list of first aiders is displayed in the school office.
- Walkie-talkies are available for staff to use in each classroom, the staff room, school reception and the Headteacher's office to request assistance as necessary.

### 3.2 Off-site Activities

- The arrangements for first aid (personnel and equipment) for sports, outdoor activities and school trips are the responsibility of the supervising member of staff.
- Risk assessments for all trips should be completed and submitted to the Headteacher for approval at least 2 weeks in advance.
- At least one qualified first aider will accompany pupils and members of staff on all off-site visits. EYFS trips **MUST** include a Paediatric First Aider.
- At least one first aid kit will be taken on all off-site activities, along with any individual pupil's medication, such as inhalers and EpiPens.

Please also see our Educational Visits Policy.

## 4. ILLNESS & INJURY MANAGEMENT

### 4.1 Managing Illness

- If a child complains of sickness/headache/stomach ache etc. the class teacher or support staff should first check whether:
  - The child has eaten breakfast/lunch;
  - The child has been to the toilet recently;
  - The child needs a drink of water;
  - The complaint is out of character for the child.
- If the above steps prove inconclusive, the child should be referred to the first aider, who will take one of the following actions:
  - Assess the child, and if they consider the child is well enough, they will return them to their class and ask the teacher to note this in the child's Homework diary;
  - Isolate the child in the medical room, provide treatment if necessary, and seek authorisation from the Headteacher to send the child home, and ask the School Office to contact the parent/carer to come and collect the child, using the emergency contact number(s) for the child if the parent/carer cannot be reached.
  - An illness record form should be completed (see Appendix 1) detailing symptoms, and actions taken, which should be signed by the parent/carer and the first aider who looked after the child.
  - If a member of staff becomes ill at school, they should obtain permission from the Headteacher to go home. If granted, the Headteacher must arrange for the class to be covered by another member of staff.
  - The School has the right to exclude a pupil or a member of staff from the premises if they are deemed not well enough to attend, or if there is a danger or risk to other students.
  - Disposable gloves must always be worn when coming into contact with bodily fluids.
  - The School will make every effort to stay up-to-date on information relating to infectious, notifiable and communicable diseases and local health issues.
  - All parents will be informed about any infectious illnesses/diseases that occur in school. Similarly, it is expected that parents inform the school if their child is suffering from any illness or disease that may put others at risk.



- Parents/carers must also inform the School in writing of any relevant allergies (e.g. nuts, wheat, bee stings, etc.) that their child has. This information must be recorded clearly in the pupil's file and all those supervising the pupil must be made aware. Likewise, employees must inform the Headteacher of their allergies.

## **4.2 Managing Injuries**

### **4.2.1 Minor Injuries:**

- If a child gains an injury while in the classroom or playground, the class teacher/supervising member of staff should send the child accompanied to a first aider.
- The first aider will treat the injury, if it is within their capacity, and immediately complete, sign and date the entry in the accident book.
- The pupil's parent/carer will be given the record from the accident book (a duplicate is kept in the accident book) when collecting their child.
- In the event of injuries to the head, face or scalp, the School Office will contact the parents/carers to inform them as soon as possible following the incident, having first obtained the permission of the Headteacher. The parent/carer can then decide whether they want to collect the child. A 'Bump note' will also be given to parents on collection of their child explaining signs to look out for that may indicate that a more serious injury requiring immediate medical follow-up may have occurred (Appendix 3).
- Disposable gloves must always be worn when coming into contact with bodily fluids.
- Clear guidelines will be given to first aiders of the levels of injury to be treated on-site, who should be responsible for that treatment, and which levels of injury need an automatic ambulance call or hospital visit.

### **4.2.2 Serious Injuries:**

- If a child gains a serious injury requiring emergency treatment, an ambulance will be called as directed by a first aider or the Headteacher.
- The child's parent/carer should be informed immediately and a member of staff should accompany the child to hospital if the parent/carer is not available and remain with the child until the parent/carer arrives.
- A copy of the child's record form should be printed and given to ambulance staff to show if the child has any allergies, current medication etc.

- Where hospital treatment is required but it is not an emergency, the Headteacher will contact the parent/carer for them to take over responsibility for the child.
- If the parent/carer cannot be contacted, the Headteacher may decide to transport the pupil to hospital, where the following points can be observed:
  - Only staff cars insured to cover such transportation will be used;
  - No individual member of staff should be alone with a pupil in a vehicle;
  - A second member of staff will be present to provide supervision for the injured pupil.
- An accident record should be completed and statements written by witnesses as soon as possible following the accident.
- If the child does not return to school the following day, a phone call will be made to the family to check on the state of the child's condition, as part of our policy to monitor absence.

### **4.3 Managing Allergic Reactions**

- It is recognised that allergies can be a serious condition which can be life threatening and it is important to ensure that all pupils with an allergy can and do fully participate in all aspects of school life, including out of school activities.
- Teaching staff will be made aware of any child with life threatening allergies at or before the beginning of the term by the Headteacher.
- Pictures of the relevant pupils will be displayed in the child's classroom and the school hall together with details of their particular allergy.
- Details regarding how to recognise signs and symptoms of a mild allergic reaction and anaphylaxis and the action to be taken are contained in the Emergency Care Plan (Appendix 4).

## **5. REPORTING**

### **5.1 Reporting Accidents and Illness**

- All incidents requiring first aid, however minor and whether involving pupils or members of staff, must be clearly logged in the accident book contained within the first aid kit, using an ink pen. The following information must be included: name, exact time and date of incident, summary of incident, any action taken, signature of the responsible person (i.e. the first

aider) and, in the case of pupils, a copy will be given to the parents.

- If a child is taken ill, an illness record sheet should be filled out by the first aider, the parent/carer should be informed and asked to collect the child. The record sheet will show parents when the symptoms began and what has happened to their child since they were called to collect them, including what action has been taken and whether there has been improvement or not. The parent/carer will be asked to sign the illness record sheet before leaving.
- Any accident or illness should be reported to the Headteacher, who will keep a log of all completed accident and illness forms. In the case of children, the incident should also be reported to their parent/carer.
- In the unlikely event of a serious accident causing death, major injury or dangerous occurrences, the person responsible for administering the accident reporting procedure is the Headteacher. Any serious accident or injury will be reported to the Health and Safety Executive (HSE) and Ofsted in accordance with RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences) Regulations 2013. Please refer to the Critical Incidents section of the Health and Safety Policy for further details.

## **6. MEDICATION**

### **6.1 Administering Medicines**

- Members of staff are not obliged to administer medicines to pupils; nevertheless, they may volunteer to do so in order to assist pupils. However, the school is committed to meet the needs of those children with medical conditions.
- Parents/carers are encouraged to administer medicine to children before or after school wherever possible.
- Medicine may only be administered by members of staff to pupils at school where written permission and instructions have been received from the parent/carer (see Appendix 2).
- For EYFS, medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist.
- Prescription medicines must be clearly labelled by the parent/carer. The label must show:
  - The name of medicine in its original container
  - The child's name
  - The child's date of birth
  - The dosage to be administered



- Prescription medicines should be received from and returned to the parent/carer daily, apart from the long-term medicines mentioned below that the school have agreed to retain.
- Pupils requiring life-saving medicine on a long-term basis (e.g. for asthma/diabetes/epilepsy/nut allergies) would make arrangements with the School in advance and an up-to-date and clear record of instructions kept by the School Office via the Administering Medicine Parental Consent Form. Appropriate training will be given to any of the staff who are First Aiders who are assigned to undertake these medical procedures as necessary.
- The identified member of staff who will administer medicines, usually the Appointed Person for First Aid, will also be responsible for ensuring that all doses are recorded on the Medicine Administration Record (Appendix 5), a second member of staff will also be present to confirm the correct dosage is administered and countersign to confirm. The list should record the name of the child, the date when administered, the time when administered, the name of the medicine, the dosage given and they will record their signatures.
- All medicines, except those which pupils may need to self-administer e.g. inhalers, will be kept out of the reach of pupils in a locked cupboard in the Medical Room. The key will be held by the relevant first aider. In the case of Asthma, in EYFS and throughout the school, the class teachers will be responsible for the child's inhaler, which will be stored securely in the child's classroom.
- Pictures of pupils requiring life-saving medicine (e.g. inhalers) for medical conditions will be displayed in the staff room with relevant details of their condition.
- The Adrenaline Auto-Injectors (AAIs) for pupils who have serious allergies will be kept in an unlocked drawer in the school office or in the Early Years medication cupboard if appropriate. These are prescription only for that specific child and should not be used by any other pupil. Any trained First Aider may administer a prescribed AAI and asthma reliever inhaler if required in an emergency. Parents are responsible for making a note of when AAIs and inhalers expire and provide a replacement in good time. If someone appears to be having a severe allergic reaction (anaphylaxis) call 999 without delay, even if an AAI device has been used. For further details please refer to the Emergency Care Plan at Appendix 4.
- Medicines that require refrigeration should be brought to school in a clearly labelled, sealable plastic container inside a cool bag.





**Review Leader:** Lyndsey Harding, Headteacher

**Policy Updated:** September 2023

**Next Review Date:** September 2024

**KCI Health and Safety Officer:** Joanne Pswarayi

**Deputy Health and Safety Officer:** Lyndsey Harding  
(with specific responsibility for the school)

**Appointed Person for First Aid:** Sarah Smith (paediatric)

**Next First Aid Training Due:** July 2024

**Additional Qualified First Aiders:**

Lyndsey Harding

Bassey Ephraim (Paediatric)

Megan Penny (Paediatric)

Jossi Williams

Nicky Turkington

Suzanne Redmond



Appendix 1

ILLNESS RECORD FORM

PUPIL NAME \_\_\_\_\_

Date	Time	Summary of Incident (including when the symptoms began, whether there has been any improvement, and what has happened whilst awaiting collection)	Action taken	Appointed first aider signature	Parent/ Carer signature



## Appendix 2

### PARENTAL CONSENT FORM FOR THE ADMINISTRATION OF MEDICINE IN SCHOOL

The school will not give your child any medicine unless this form is completed correctly and accurately and signed. The school has a policy that staff can administer medicine; however, members of staff are not obliged to do this but are free to volunteer to do so. The school does encourage all parents and carers to administer any medication before or after school wherever possible.

All medicines must be in the original container as dispensed by the pharmacy with the name of the child, the child's date of birth, dosage and expiry date clearly written on.

Date \_\_\_\_\_

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_

Class \_\_\_\_\_

Medical condition/illness

\_\_\_\_\_  
\_\_\_\_\_

#### Medicine

Name and type of medicine (incl. strength as described on the container)

\_\_\_\_\_  
\_\_\_\_\_

Date dispensed \_\_\_\_\_

Expiry date of medication \_\_\_\_\_

Agreed review date to be initiated by (incl. name of staff member agreed with)

\_\_\_\_\_

Dosage and method \_\_\_\_\_

\_\_\_\_\_

Timing \_\_\_\_\_



Special precautions (e.g. storage instructions) \_\_\_\_\_

Any other instructions (e.g. only taken with water)

Quantity to be given to school \_\_\_\_\_

Any possible side effects that the school need to be aware

Self-administration Yes/ No (delete as appropriate)

Procedures to take in an emergency

I understand that I must deliver the medicine personally to the following agreed member of staff

Name and contact number of G.P.

The information above is to the best of my knowledge accurate at the time of writing, and I give consent to school staff to administer medicine in accordance with the school policy. I will inform the school immediately in writing if there is any change in the dosage or frequency of the medication or if the medicine is to be stopped.

I understand that I must notify the school of any changes in writing.

I accept that this is a service that the school is not obliged to undertake.

Parent/Carer Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_



## Appendix 3

# HEAD BUMP NOTE

Dear Parent/Guardian

Date/Time of bump

Your child received a bump on his/her head today. There is no evidence that he/she received a serious injury, however important signs of injury may not develop for several hours after a head bump. Below, find a list of signs that may indicate that a more serious injury requiring immediate medical follow-up has occurred. Please consult your doctor and/or take your child to Accident and Emergency should your child experience any of the following symptoms:

- 1) **Vomiting -this may begin immediately or many hours after the injury**
- 2) **Difficulty waking. Sleeping after a head injury is not dangerous. Upon waking however, there should be normal behaviour, ability to recognize people and objects. Speech should be clear and coherent.**
- 3) **Change in mental status--confusion, irritability, crying, unusual behaviour etc.**

Please share any medical follow-up with your school.

The Kings House School, Windsor, 77A Frances Road, Windsor, Berkshire  
SL4 3AQ

Telephone: 01753 834850

## Appendix 4

### EMERGENCY CARE PLAN

#### 1. Allergic reactions Management

##### 1.1 Signs and symptoms of mild allergic reaction

- Rash
- Flushing of skin
- Itching or irritation

##### 1.1 Treatment

- Remove allergen if possible e.g. rinse skin, wash out mouth etc
- Administer prescribed antihistamine
- Observe the victim closely for at least 30 minutes

#### 2. How to recognise anaphylaxis

An anaphylactic episode is a medical emergency, its most severe form is life threatening. Each pupil will have their own Allergic Action Plan (AAP) detailing their triggers, symptoms and management to be followed. However, in general the signs and symptoms of anaphylaxis may include:

- Swollen lips, tongue, throat or face, noisy breathing/gasping
- Nettle type rash (Hives) anywhere on the body
- Difficulty swallowing and/or speaking
- Alteration in heart rate - pounding heart - pulse rapid but weak
- Abdominal pain, nausea and/or vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to drop in blood pressure)
- Collapse in unconsciousness

#### 3. Anaphylaxis Management

**DO NOT PANIC**

If there are mild symptoms, including tingling lips and/or itching - GIVE PIRITON as directed on the packet/bottle according to the age or AAP

**IF IN DOUBT TREAT AS SEVERE - DO NOT LEAVE THE PUPIL**

**(1) Give 10 ml of Piriton** (if vomited, give again) - if you deem the situation too severe give Auto Adrenaline Injector (AAI) first and then Piriton

**(2) Administer AAI Urgently**

If possible at this stage ask someone to call 999 and state “ANAPHYLAXIS”, “CHILD” OR “ADULT”

If on your own ALWAYS give AAI first then call 999

Remove the safety cap and hold AAI in fist

Firmly administer in top outer side of leg (through clothes)

Check to hear CLICK sound

Leave in leg for 10 seconds (Emerade 5 secs, EpiPen 3 secs, Jext 10 secs)

Massage leg for 10 secs where the needle went in (Emerade and Jext only)

**TAKE NOTE OF THE TIME AAI WAS ADMINISTERED**

**(3) Call 999 Ambulance**

State you have a child/adult with anaphylaxis having difficulty breathing and losing consciousness

**(4) If prescribed give inhaler if possible using a Spacer chamber:**

Take cap off and shake

Insert inhaler into one end of the Spacer Chamber (if you have one) and the other end of the chamber into the child's mouth

Give one puff of inhaler

Tell casualty to breathe in and out 4 times

Repeat 'Puff' action 10 times getting child to do breathing each time.

**(5) Give 2<sup>nd</sup> AAI 5-15 minutes after the 1<sup>st</sup> injection was given if no better and NOTE TIME**

**(6) Give used AAI's to the ambulance staff and tell them what time the doses were administered.**

A member of staff should always accompany a casualty taken to hospital by ambulance and stay with them until a parent or carer arrives.

**(7) Contact the casualty's parent/guardian/spouse after the ambulance has been called. All pupils who have been given an AAI must go to hospital even if they are improving.**

**Position of Pupil**

The position of the pupil is very important because anaphylactic shock involves a drop in blood pressure. If the pupil is feeling faint, weak, or looking pale lay them down with their legs raised. They should not be standing. If there are signs of vomiting, lay them on their side in the recovery position to avoid choking. If they are having difficulty breathing caused by asthma symptoms or swelling of the airways, they should be supported sitting up and slightly forward.

**After the emergency**

Document events. This should include where and when the emergency occurred, how much medication was given and by whom. The Headteacher will carry out a debriefing session with the staff members involved. The parents/guardians will be asked to replace any used medication.

## **4. Asthma Management**

It is recognised that asthma is a serious condition which can be life threatening and it is important to ensure that all pupils with asthma can and do fully participate safely in all aspects of school life including out of school activities. Teaching staff will be made aware of any child with severe asthma at or before the beginning of term by the Headteacher.

Trigger factors for asthma may include: change in weather conditions, animal fur, viral illness or chest infection, exercise, pollen, chemicals, air pollutants, emotional situations and excitement.

Persons with asthma need immediate access to their reliever inhaler (usually blue). Younger pupils may need help/encouragement to administer their inhaler. It is the parent's responsibility to ensure that the School is provided with a named, in date reliever inhaler which is always accessible to the pupil.

#### HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- 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 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

#### WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own prescribed inhaler
- Remain with the child while the inhaler and spacer are brought to them. Loosen tight clothing
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs (shaking inhaler in between doses)
- 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 does not feel better or you are worried at ANY TIME before you have reached 10 puffs, ask the school office to CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- 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
- Document events. This should include where and when the attack took place (e.g PE lesson, playground, classroom), how much medication was given, at what times and by whom.

## 5. Diabetes Management

### Signs and symptoms of low blood sugar level (hypoglycaemia)

Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment is available.

Symptoms include:

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

### Action

- Should be as prescribed in the pupil's individual medical care plan from the Diabetes Specialist Team
- Inform parents as soon as possible

### **Action to be taken if the pupil becomes unconscious**

- Place casualty in the recovery position
- Follow individual care plan
- Do not attempt to give glucose by mouth as this may cause choking
- Telephone 999
- Inform parents/next of kin as soon as possible
- Accompany casualty to hospital and await arrival of parent

### **Signs and symptoms of high blood sugar level (hyperglycaemia)**

This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal. Symptoms may include:

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

### **Action**

- Arrange for blood glucose testing if possible
- Follow individual care plan
- Recovery position for unconsciousness
- Inform parents/next of kin as soon as possible
- Call 999 and accompany casualty, await arrival of parents/next of kin

## **6. Epilepsy Management**

### **How to recognise a seizure**

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

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

## Action

- Try to help the casualty to the floor if possible but do not put yourself at risk of injury
- Move furniture etc away from casualty in order to prevent further injury
- Place a cushion or something soft under the casualty's head
- Clear the area of students
- Cover the casualty with a blanket as soon as possible in order to hide any incontinence
- Stay with the casualty throughout the duration of the seizure
- As the seizure subsides place the casualty into the recovery position
- Inform the parents as soon as possible
- Send for an ambulance if this is the casualty's first seizure or, if a casualty known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. (Follow the persons IHP for specific individual care but do not leave the casualty on their own to obtain this). The casualty must be accompanied until the parent/next of kin arrives.
- The casualty should rest for as long as necessary
- Reassure other pupils and staff



Appendix 5

MEDICATION ADMINISTRATION RECORD

PUPIL NAME \_\_\_\_\_

<b>Date</b>	<b>Time</b>	<b>Name &amp; Type of Medication</b>	<b>Dosage</b>	<b>Signature of person administering medicine (Normally Appointed person for First Aid)</b>	<b>Signature of Second Member of Staff (Present to witness the administering of medication)</b>	<b>Parent/Carer Signature</b>