

FIRST AID POLICY (SUPPORTING STUDENTS WITH MEDICAL CONDITIONS)

Mission Statement

We will be uncompromisingly focused on ensuring every individual is successful.

1. **Excellence** – We will provide students with opportunities in which to excel, to empower them to make free choices as a foundation for the best possible future; with outcomes in line with or better than their peers nationally.
2. **Equality** – We will provide high quality teaching and learning, delivering a broad, knowledge rich curriculum, where high aspirations are the norm and success is celebrated, to all students regardless of their background, ethnicity, religion, gender, educational need.
3. **Truth** – We will pursue truth open-mindedly, seeking to help students to enquire, question and challenge, helping them to be well-rounded, resilient, confident, independent learners with a love for learning.
4. **Respect** – We will create a safe community that has at its core an understanding of deep respect for self, for others and for the environment; strong relationships are key.

Executive Head teacher:	Jen Veal
Assistant Head teacher:	Dan Vile
Student Health Care Assistant:	Ferdinand Boucher
SDCC & the Atrium reviewed this policy: March 2022	
Local Governing Board adopted this policy: 10 March 2022	
This policy will be reviewed annually by the Local Governing Board.	

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Introduction

The Health and Safety at Work Act 1974 places duties on employers regarding the health and safety of their employees and other who are affected by their undertakings. The Health and Safety (First Aid) Regulations 1981 require employers to assess the first aid needs and provide adequate arrangements.

South Dartmoor Community College wants to ensure that students with medical conditions receive appropriate care and support whilst at college, so that they have full access to education, including school trips and physical education.

The College is an inclusive community that aims to support and welcome students with medical conditions, as follows:

- Schools, local authorities, health professionals and other support services must work together to ensure that students with medical conditions receive a full education and can take part in all college activities.
- The college has a responsibility to make itself welcoming and supportive to students with medical conditions who currently attend, and to those who may enrol in the future.
- The college aims to provide any student with diagnosed medical conditions, the same opportunities as others at the college.
- The college understands that some medical conditions that require support at school will affect quality of life and may be life-threatening.
- The college aims to ensure that the focus is on the needs of each individual student and how their medical condition impacts on their school life. The college also understands that students with the same medical condition will have their own individual needs.
- The college understands that medical conditions may impact on a student's ability to learn and our aim is to provide assurance to parents and students that the college is able to provide effective support, promoting self-confidence and self-care.
- The college understands that there are social and emotional implications associated with medical conditions.
- The college will ensure that all staff understand their duty of care to students in the event of an emergency.
- All staff understand the common medical conditions that affect students at the college, and receive appropriate training to provide the support that students need.
- Students with medical conditions are entitled to a full education and have the same rights of admission to school as other students.

Any questions regarding this policy or the arrangements describing within should be referred to the Medical Officer in charge of the First-Aid Centre or the Assistant Head Teacher – Culture.

Response to injury

2.1 Term time on campus – normal school day hours

It is the responsibility of the injured person or the person who discovers an injured person to ensure first aid advice is sought immediately. All serious injuries should be reported to the emergency services immediately, and their advice followed. Further guidance on this matter can be found in Appendix 5 – when to call an ambulance.

Should staff be unaware who can administer first aid, the injured person or person who discovers the injury must notify the school reception or Medical Room. On receipt of the report, the reception or Medical Room will be able to advise further who can provide first aid, operate the defibrillator and any further steps as required.

If the injured person is taken to hospital for treatment, the Assistant Head Teacher – Culture & Medical Officer must be informed immediately. The parents of the injured student will be notified by a first-aid member of staff when a student requires hospital treatment, involves a head injury or when the student

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needs to be collected. Other injuries may be notified to the parents as appropriate, at the discretion of the Medical Officer. Following an incident where hospitalisation is required, a follow-up call will be made the next working day by a first-aid member of staff.

All head injuries must be immediately reported to the Medical Room so that follow up assessments can be carried out in accordance with Appendix 4 – Dealing with head injuries/concussion.

2.2 Term time off campus – normal school day hours

It is the responsibility of the person in charge of the trip or event to ensure first aid is administered and provided. First aid may be provided may be administered by a trained first aider only within the event/trip destination venue or nearest hospital A&E department. The person responsible for the trip must consider first aid arrangements as part of the risk assessment process. The school does not require to see the First-Aid certificates of the staff members if the destination venue has First-Aid facilities. The school does require to have on record all the First-Aid certificates of the staff members if the destination venue does not have First-Aid facilities. This latter point is pertinent to all trips on Dartmoor or similar remote areas.

Arrangements

3.1 First Aiders

3.1.1 First Aiders on campus

First Aiders are employees who have been selected by the Assistant Head Teacher – Culture & Medical Officer as being suitable for training and appointment as a nominated first aider. A full list of first aiders is visible to all students and staff through posters placed strategically around the school (including the student reception).

The HSE and DfE recommend in low-risk environments that 1 member of staff for every 100 employees/students is present on site. When high-risk activities are being undertaken, more may be required. Based on student and staff numbers at the time of writing this policy, a minimum of 9 fully qualified first aiders are required. This shall be reviewed on an annual basis.

3.1.2 First Aiders off campus

For a finite number of activities, a First-Aider with the three day qualification (First Aid at Work) or higher will need to be present amongst the staff in charge of the trip. The First Aider may be provided by South Dartmoor Community College or by the destination venue (external). These exceptional trips include:

- Oversees residential trips.
- UK Residential Adventure Trips.
- UK Non-Residential Adventure Trips.

3.2 First Aid Training

All chosen staff will either attend a 1-day emergency first-aid at work course or a 3-day first-aid at work course. In addition, the Medical Officer can offer bespoke first-aid, defibrillator training, anaphylactic, epilepsy or other training to staff and students as appropriate.

All first-aid trained members of staff, regardless of length of training course, will need to complete an online 1-hour top-up session. This will be completed on a yearly basis. This will be overseen by the Medical Officer to ensure all staff have completed this.

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3.3 First Aid Kits

3.3.1 First Aid Kits for on campus

First Aid Kits are available in all key locations across the school site, including the sport facilities. Please see Appendix 3 for a full list of locations. Each First-Aid kit for on campus usage will require the following items in each kit:

- 3 x Antiseptic wipes.
- Eye pad dressing.
- 10 x wash proof adhesive plasters.
- 1 x Non-adherent dressing (5cm x 5cm).
- 1 x Non-adherent dressing (10cm x 10cm).
- 1 x crepe bandage (5cm x 4m).
- 1 x pair vinyl gloves.
- 1 x Burn gel sachet.
- 1x pair of scissors.
- 6 x Safety pins.
- 1x Sport Instant Ice Pack [Koolpak].

3.3.2 First Aid Kits for off-campus Trips

First Aid Kits will be required for all school off-campus trips. These will be supplied by the Medical Officer. All staff must contact the medical officer with 48h notice prior to the trip starting, clearly stating the number of kits required and which students are going. This will allow enough time for the Medical Officer to check the necessary number of First-Aid kits and make sure they are student specific. Upon taking a First-Aid Kit out of school, the member of staff needs to sign a form. This is stored in the Medical Room, and requires the number written on the first-aid kit. After the trip, all First-Aid kits must be returned to the Medical Officer and be signed in on the same form as above. All kits will be checked by the Medical Officer before they are returned to circulation.

Each First-Aid kit for outdoor usage will require the following items in each kit:

- 1 x Tweezers.
- 6 x Safety Pins.
- 1 x Scissors (5.5cm Blade).
- 2 Pairs Vinyl Gloves.
- 1 x Spot Check Thermometer.
- 1 x Crepe Bandage 5cm x 4.5m.
- 1 x Triangular Calico Bandage 90 x 127cm.
- 1 x Open Woven Bandage 7.5cm x 5m.
- 6 x Hygienic Cleansing Wipes.
- 1 x Zinc Oxide Tape 1.25cm x 5m.
- 1 x Micropore Tape 1.25cm x 5m.
- 5 x 4-Ply Gauze Swabs 5 x 5cm.
- 3 x Burn Gel Sachets (3.5g).
- 1 x Strapping Tape 2.5cm x 2m.
- 2 x Sterile Eye Wash (20ml each).
- 1 x Pack of Assorted Plasters.
- 1 x Medium Wound Dressing 12 x 12cm.
- 2 x Low Adherent Dressings 5 x 5cm.
- 1 x Low Adherent Dressing 10 x 10cm.
- 3 x Wound Closure Strips.
- 1 x Small Eyepad Wound Dressing.

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3.4 Legal Liability of First Aiders

To date in the UK, there have been no instances of first aiders being held liable for the first aid care they have provided. Nonetheless, liability cover is provided for first-aiders in line with the rest of the staff network, under the school insurance policy.

3.5 Principal First Aider/ Medical Officer

The principal First Aider for the school is the Medical Officer in charge of the Medical Room. All advice, queries and questions should be directed to them in the first instance. A full list of their duties can be found in Appendix 1.

3.6 Emergency Adrenaline Auto-Injectors (AAs) and Emergency Asthma Kits

All emergency medication, including AAs and emergency Asthma kits are held in the Medical Room. All staff who are First-Aid trained can administer these.

3.7 Automated External Defibrillator (AED)

The AED must only be used for the treatment of sudden cardiac arrest for all students, staff and visitors over the age of 1 year. If used, a debrief event should be held and led by the Medical Officer to identify whether any future changes need to be implemented.

The Resuscitation Council states that whilst it is preferable that only First-Aider trained members of staff, individuals with no previous training (including all members of staff and visitors) are permitted to use the AED for the above purpose only.

The AED is located inside the Ashmoor Sports Centre. The battery and pads will periodically need to be replaced. These will be checked alongside the general function of the machine by the Medical Officer on an annual basis.

All First-Aid trained members of staff receive training on using this equipment in their 1 or 3 year training course. The Medical Officer is responsible for inspecting the AED during term time every 6 months. Records of inspection are kept in the Medical Room.

The AED can be used if the casualty is pregnant.

3.8 Students with Medical Conditions

Parents and carers of students joining the school will complete a medical questionnaire identifying any medical conditions and medication that needs to be stored on school site. This process is overseen by the Head of Transition. Students who are identified to have medical needs are added to the medical conditions master list. This document details the condition, response, medication and all appropriate information that staff should be aware of. Individual Healthcare Plans (IHPs) are additionally put in place for students with significant medical needs. These are put together with the parents/carers and Medical Officer and are reviewed on an annual basis. The students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their IHPs.

Students are encouraged to manage their own health needs and medicines, where competent to do so. They will be encouraged to take some responsibility for their own care. This will be agreed upon in discussion with parents and Medical Officer and will be shown in their IHP. It is also their responsibility to ensure that their medicine is brought to the Medical Room to be locked in the medicines cabinet. The main exceptions to this are asthma inhalers, blood glucose testing meters and auto-injector adrenaline pens, which students will carry with them at all times. Students are to take all forms of medication under the supervision of the school Medical Officer or First Aider sitting.

Students are permitted to carry their own personal emergency medication (inhalers, AAs and glucose tablets), a further stock for each student is kept in the Medical Room.

Should a student be scheduled for an off-campus trip, the appropriate emergency medication shall be supplied in the bespoke first-aid kit for that trip. Where feasible, it is the responsibility of the student

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to self-administer their medication. The First-Aid member of staff remains at disposal to offer a helping hand where required.

3.9 Medication

Medicines should only be administered at college when it would be detrimental to a student's health or school attendance not to do so. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of college hours. If this is not possible, the parents/carers of the student must complete and sign a 'Parental Agreement for a School to Administer Medicine' form prior to staff members administering medication. An appropriate supply of the medication may be provided to the college at one time to meet the needs of the student.

No student under 16 should be given any prescription or non-prescription medicines without written parental/carers' consent. If a situation arises where this is not possible, it will be reviewed on an individual basis. No student under 16 years of age will be given medication containing aspirin without a doctor's prescription. Students will never be prevented from accessing their medication.

The school will only accept medicines that are in date, labelled clearly with the student's name, and provided in the original container as dispensed by the pharmacist (except in the case of insulin which must be in date, but may come in a pen or pump rather than its original container) with dosage and storage instructions. The college will accept non-prescribed medicines, such as paracetamol, ibuprofen, in their original packaging. Medicines which do not meet these criteria will not be administered or kept on site.

Controlled drugs may only be taken on college premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under the college's drug policy. Controlled drugs must be kept securely in our locked medicines cabinet. Named staff only will have access. A record should be kept of doses given, including time, date, how much given. Any side effects must be noted.

Medicines will be stored in the locked medicines cabinet located in Student Reception. Suitable alternative arrangements will be agreed upon when the student is off-site on college trips, visits. Medicines and equipment such as asthma inhalers, blood glucose testing meters and adrenaline auto-injector pens are kept in an unlocked cupboard in the Medical Room. Any medications left over at the end of the course of treatment will, if possible, be returned to the student's parents or carers. If the parent/carer is in agreement, the college will arrange for the safe disposal of medicines at a local pharmacy. It is the duty of the Medical Officer to ensure all medication stored in school is in date, and oversee the safe disposal at a pharmacy of any which

Written records will be kept of any medication administered to students. The trained staff member must always check dosage instructions before administering medicine. This will be found either on the prescribed medicine or on the Parental Consent for the Administration of Medicines form. The staff member must check the medicine log to ensure that medicine is given within the correct timeframe.

The college cannot be held responsible for side effects that occur when medication is taken correctly.

Parents/carers may request a copy of the record of medicines administered to their child, or self-administered under the oversight of a member of staff. Parents/carers will be informed if their child refuses to take prescribed medicine at the time specified or fails to report for the purposes of routine health checks or the taking of medication.

3.10 Disposal of clinical waste

A sharps box and clinical waste bag is held in the Medical Room, which is periodically collected by a registered clinical waste company. Disposable gloves, aprons, masks are available to all cleaners and staff members who visit the Medical Room.

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3.11 Risk assessments for trips off-campus

All trips must be approved in accordance with the school trips policy. In line with this, it is a requirement for members of staff to make adequate plans to cover for first aid provisions. All first kits must be requested with at least 48 hour notice as part of this process.

Appendix 1 – Responsibilities of the Principal First Aider/ Medical Officer

- To closely work with the Assistant Head teacher – Culture and other members of senior leadership team on identifying and reviewing first requirements in accordance with legislation and the needs of the school.
- To closely work with and scrutinise the work of all the First Aiders in the school, in accordance with their responsibilities set out in Appendix 2.
- Ensure all first aid equipment is in date and readily available for all medication events.
- Ensure up-to-date training is kept accurate and adequate notification of renewal training is communicated to all the appropriate parties. This applies to the yearly refresher training as well as the 1 or 3 day course.
- Ensure first aid training for key members of staff is up to date, and provide additional training to trip leaders when taking students off site.
- Ensure the defibrillator is checked on an annual basis, and an accurate record of this stored in the Medical Room.
- Ensure all appropriate first aid procedures are followed, in particular with regards to accident forms and these are appropriately sent to Devon County Council.
- Ensure medication is administered with the appropriate training
- Ensure all Medical Time Out cards are appropriately issued to students, and they know the appropriate times to use these.

Appendix 2 – Responsibilities of qualified First Aiders

- To closely work with the Lead First Aider/ Medical Officer in ensuring all procedures are correctly followed.
- To complete annual refresher training.
- To help and assist individuals completing accident report forms.
- To arrange immediate transfer of a casualty to either the Medical Room or to the hospital, depending on the seriousness of the injury and/or condition. They are to remain at the casualty's side until a more senior first-aider or hospital staff is present.
- To help safeguard the casualty's clothing and possession.
- To always respect the casualty's confidentiality.
- To only practise within their own competency and training.

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Appendix 3 – Location of First Aid Kits

Location	Number of kits	Responsibility
PE Office (Top Shelf)	3	Phil Roberts
“Ten Tors set”	~15	Katie Upton
Student Reception	1	Shell Hammond
Library	1	Shirley McAuley
Printing Room	1	Karen Trezise

Appendix 4 – Dealing with head injuries/concussion

A concussion is a temporary injury to the brain caused by a bump, blow or jolt to the head. This can happen in the school environment when a student or staff's head comes into contact with a hard object such as the floor, a desk or another individual's body.

Symptoms usually only lasts up to a few days or weeks, although it sometimes needs emergency treatment and some people can have longer-lasting problems.

In accordance with the RFU, FIFA guidelines, based on the Zurich Guidelines, one must follow the 4 R's approach:

Recognise the signs and symptoms.

Remove the person from play or activity.

Recover fully before returning to activity.

Return to sport only after following a gradual return to play.

Recognise – All staff should be aware of the symptoms.

- If student is unconscious, call 999.
- If the student is conscious, a First-Aider should be called immediately to assess the injury and arrange for them to be accompanied by an adult to the Medical Room. Alternatively, please radio on channel 4 or call on ext. 315.

Remove – If concussion is suspected, the student is to stop and removed immediately from the activity. A First-Aider should be called immediately to assess the injury and arrange for them to be accompanied by an adult to the Medical Room. Alternatively, please radio on channel 4 or call on ext. 315.

Recover – If concussion is confirmed, an initial 2-week rest from sport is to be observed with immediate effect. If the student is symptoms free after the 14 days, they are permitted to return gradually to sport.

Head Injury Advice Sheet

Advice for parents and carers of children



How is your child?



RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help

Go to the nearest Hospital Emergency (A&E) Department or phone 999



AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today

Please ring your GP surgery or call NHS 111 - dial 111



GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

Self Care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I look after my child?

Head Injury Advice Sheet

Advice for parents and carers of children



Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz



Football: goo.gl/zAgbMx



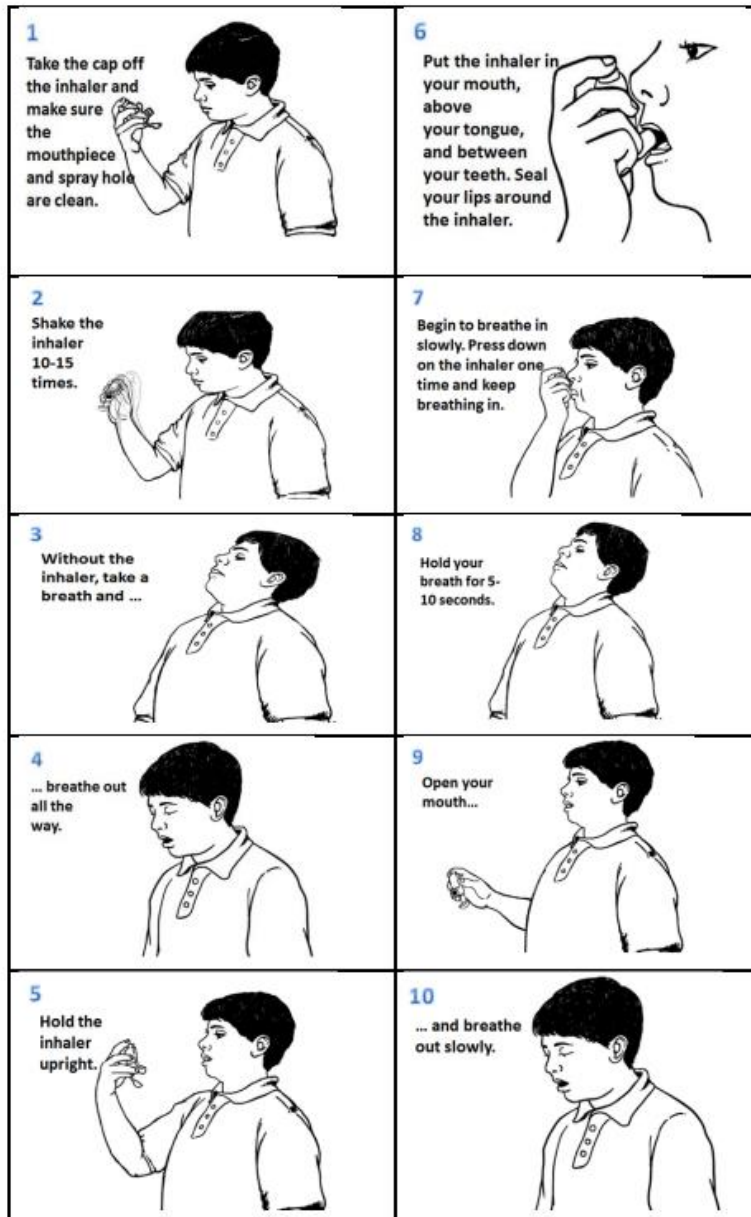
For further support and advice about head injuries, contact:

Appendix 5 – When to call an ambulance

Always call 999 if someone is serious ill or injured, and their life is at risk. Once you are connected to a call handler, they will ask a series of questions to establish the nature of the emergency. Please wait for a response from the ambulance control room as they might have further questions for you. The person handling the call will let you know the next appropriate steps in the care of the casualty, in particular should any first-aid or trips to the hospital be required.

Know How to Use Your Asthma Inhaler

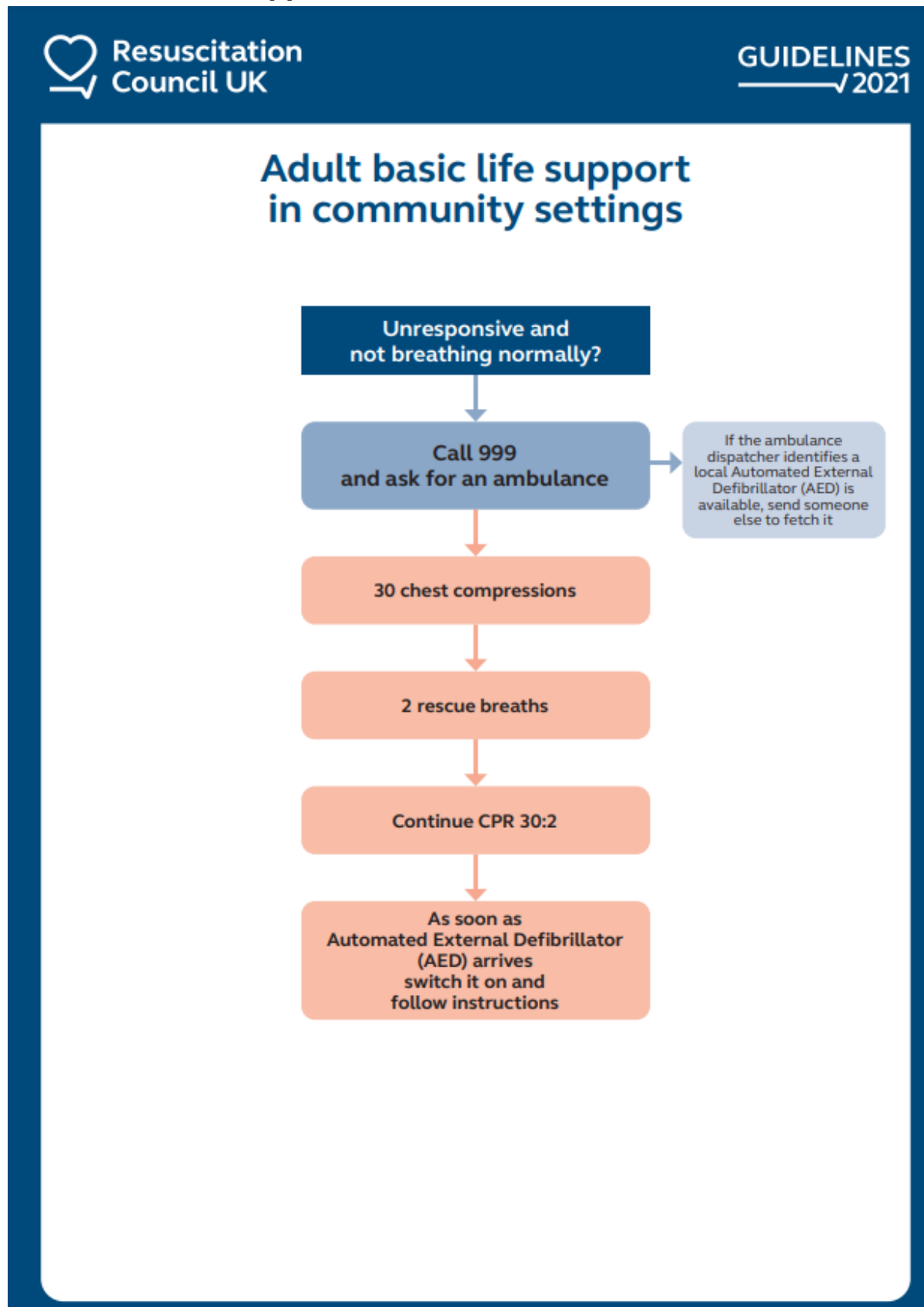
Using a metered dose inhaler (inhaler in mouth)



National Center for Environmental Health
Division of Environmental Hazards and Health Effects



Adult Basic Life Support



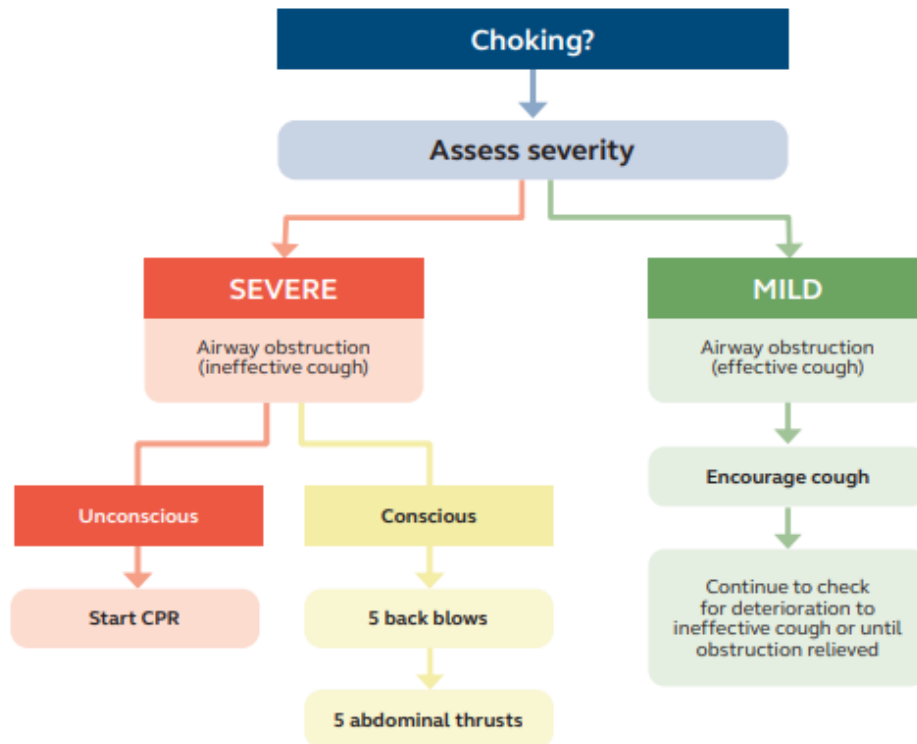
Adult choking



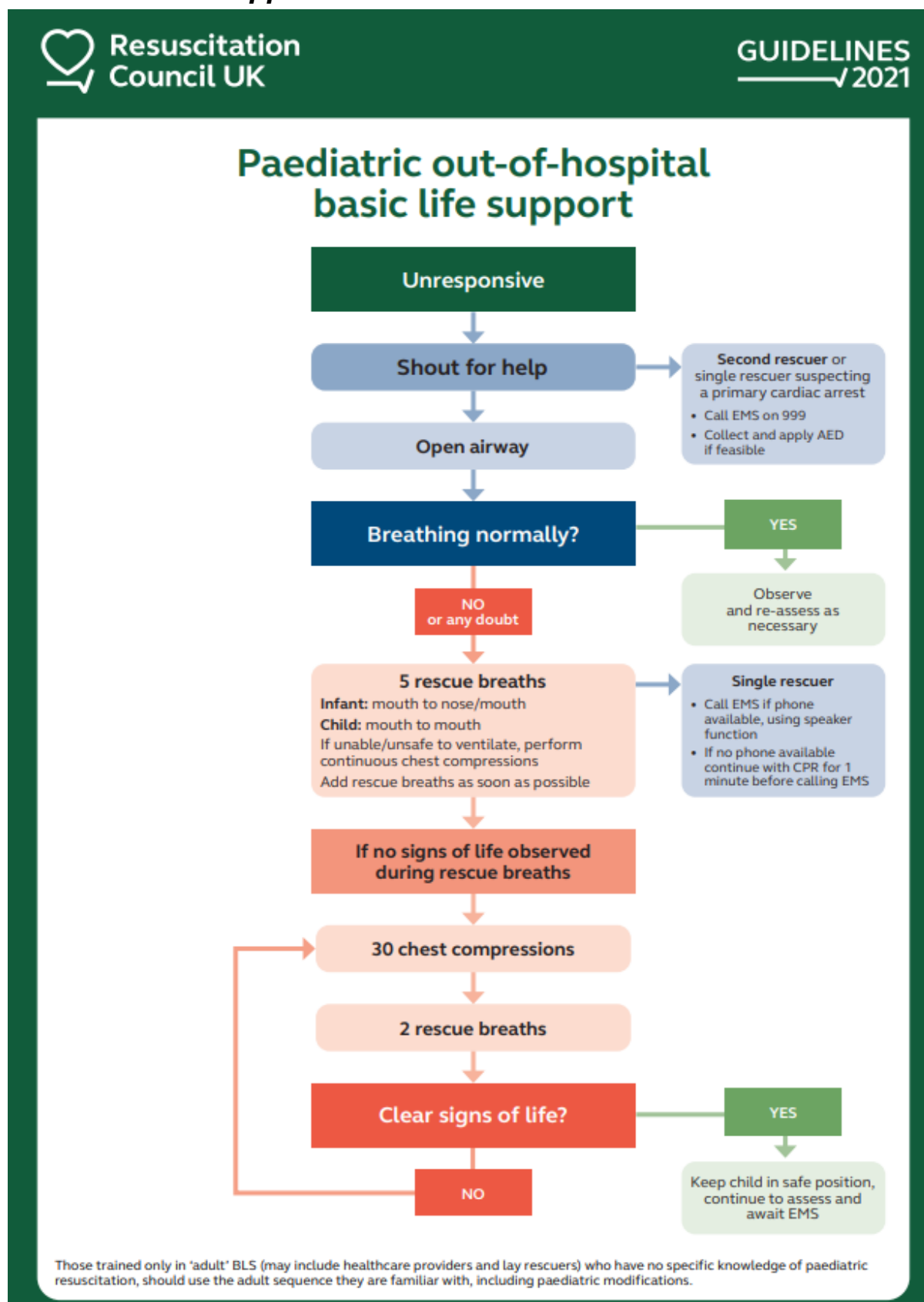
Resuscitation
Council UK

GUIDELINES
—✓ 2021

Adult choking



Paediatric Life Support



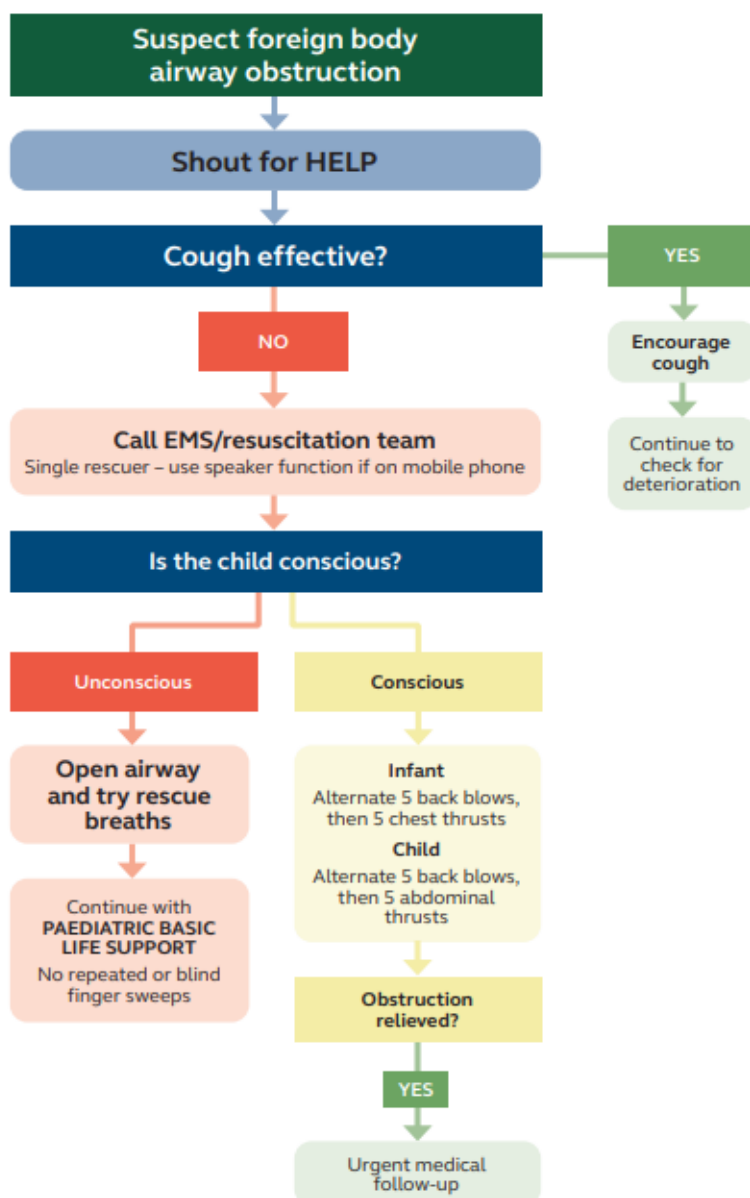
Paediatric choking



Resuscitation
Council UK

GUIDELINES
✓ 2021

Paediatric foreign body airway obstruction



Appendix 9 – Administering an Adrenaline Auto-Injector (AAI)

Anaphylaxis

Anaphylaxis?

A = Airway **B** = Breathing **C** = Circulation **D** = Disability **E** = Exposure

Diagnosis – look for:

- Sudden onset of Airway and/or Breathing and/or Circulation problems¹
- And usually skin changes (e.g. itchy rash)

Call for HELP

Call resuscitation team or ambulance

- Remove trigger if possible (e.g. stop any infusion)
- Lie patient flat (with or without legs elevated)
 - A sitting position may make breathing easier
 - If pregnant, lie on left side



Give intramuscular (IM) adrenaline²



- Establish airway
- Give high flow oxygen
- Apply monitoring: pulse oximetry, ECG, blood pressure

If no response:

- Repeat IM adrenaline after 5 minutes
- IV fluid bolus³

If no improvement in Breathing or Circulation problems¹ despite TWO doses of IM adrenaline:

- Confirm resuscitation team or ambulance has been called
- Follow REFRACTORY ANAPHYLAXIS ALGORITHM

1. Life-threatening problems

Airway
Hoarse voice, stridor

Breathing
↑work of breathing, wheeze, fatigue, cyanosis, SpO₂ <94%

Circulation
Low blood pressure, signs of shock, confusion, reduced consciousness

2. Intramuscular (IM) adrenaline

Use adrenaline at 1 mg/mL (1:1000) concentration

Adult and child >12 years: 500 micrograms IM (0.5 mL)

Child 6–12 years: 300 micrograms IM (0.3 mL)

Child 6 months to 6 years: 150 micrograms IM (0.15 mL)

Child <6 months: 100–150 micrograms IM (0.1–0.15 mL)

The above doses are for IM injection **only**.
Intravenous adrenaline for anaphylaxis to be given **only by experienced specialists** in an appropriate setting.

3. IV fluid challenge

Use crystalloid

Adults: 500–1000 mL

Children: 10 mL/kg

Appendix 10 – Epileptic seizures



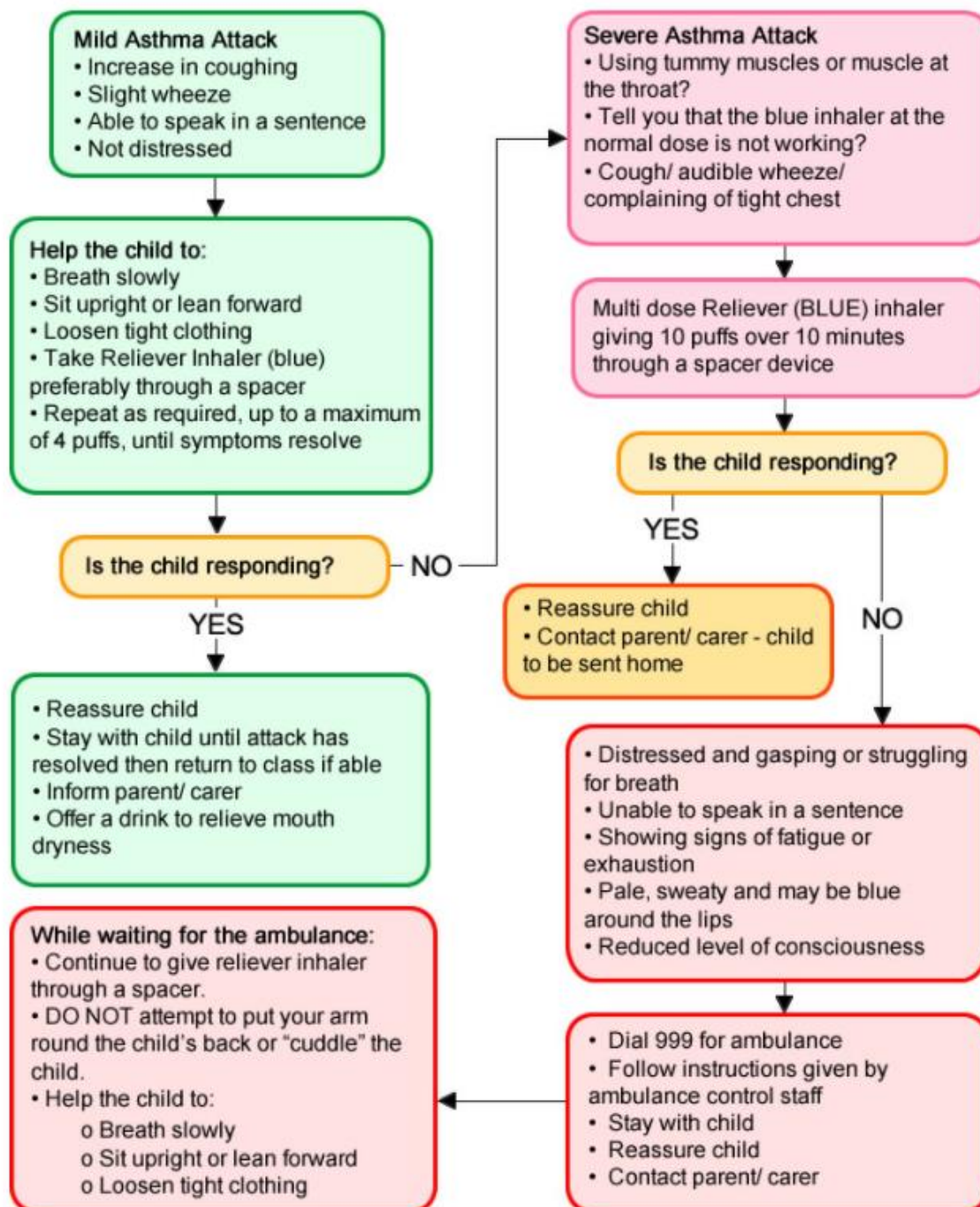
Managing seizures

- Don't put anything in their mouth
- Don't restrain them



- Protect their dignity
- If the seizure lasts **more than 5 minutes** phone an ambulance

Appendix 11 – Asthma Response flowchart



Adapted from City of Edinburgh Council Symptom and action flowchart for Asthma attack