



## First Aid and Medical Welfare Policy

**This Policy is drawn up based on UK Law. St John's College School Nanjing has regard to this policy and its content and endeavours to adhere to the same standards.**

### Introduction

St John's College School Nanjing is an inclusive community that aims to support and welcome children with medical conditions, providing them with the same opportunities as the other pupils in the school. Please see our [Equal Opportunities Policy](#) for further details. The school acknowledges its legal duty to make reasonable adjustments for disabled children and children with special educational needs (SEND); Equality Act 2010, SEN and Disability Code of Practice 0-25 years 2014.

Medical policies and procedures are reviewed and approved by the School Medical Committee. For further details please see the [Medical Committee](#) document. This policy has been drawn up taking into account the DfE 'Guidance on First Aid'.

In accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations 1981 and the amended regulations 2009) it is the responsibility of the Governing Body to ensure adequate and appropriate First Aid provision at all times when there are people on the school premises and for staff and pupils during off-site visits and activities.

This policy outlines the school's responsibility to provide safe, appropriate, first aid (the initial assistance or treatment given to someone who is injured or suddenly taken ill) or medical care to day pupils, boarding pupils, staff, parents and visitors to ensure best practice.

It includes arrangements for first aid within the school environment and for activities off site involving pupils and members of staff. It will be available for all staff, pupils and parents to access on the school website. Where more than basic first aid is required the parent/guardian of the pupil will be notified as soon as possible. Consent to administer first aid is obtained from parent/guardians on admission to the school.

This policy also covers the EYFS for administering medicines, including systems for obtaining information about a child's needs for medicines and for keeping this information up to date.

There will be parts of the policy where arrangements are different for visitors, staff, EYFS (Early Years Foundation Stage) and all other pupils and these will be clearly stated.

## **Medical Facilities**

There is a dedicated First Aid area at reception that allows children with minor injuries and illnesses to be cared for during the school day. This area is equipped with a couch, clinical waste bins, lockable medicines cabinet and refrigerator. There are sink and toilet facilities nearby.

## **Opening Hours**

The medical room is open from 08:00-17:00 every school day. This is where you will find the School Nurse or a trained First Aider. Contact details below:

- School Nurse or duty First Aider: \_\_\_\_\_,  
Medical Room: internal extension: \_\_\_\_\_

## **Medical Personnel**

### **School Nurse**

The School Nurse looks after everybody's health and welfare at school and has day-to-day responsibility for medical and first aid issues on site. The School Nurse can access external Occupational Health Services for staff if required. Please note that all consultations with the School Nurse are confidential.

### **Doctor**

- Pupils  
Parents will provide details of their child's doctor on the Health Questionnaire that is completed when a child first registers with the school. Parents should notify the School Nurse of any changes to their child's health as they occur throughout the school year.

## **First Training - EYFS Requirements**

Paediatric first aid courses must be EYFS compliant as described in EYFS Practice Guidance.

## **First Aiders**

The School will ensure that a member of staff with a Chinese government recognised Paediatric First Aid qualification is always available to children in school and on trips, thus complying with Early Years legislation.

A comprehensive list of First Aid qualified staff is included in Appendix 1 of this document. The following members of staff are required, as part of their job description, to hold a suitable First Aid qualification:

- School Nurse
- the Secretary
- Teaching Assistants
- Catering Staff
- Facilities Manager
- P.E. Teachers

### **First Aid Training**

The staff identified above will be obliged to attend an initial appropriate first aid course that is recognised by the HSE and to attend a re-qualification course every 3 years.

### **Chronic Illness and Emergency Care Training**

The School Nurse will provide Anaphylaxis and Asthma training to all staff at the beginning of the Michaelmas term each year. In addition, if a child joins the School with specific medical needs then staff training will be organised as part of the Individual Health Care Planning process.

### **Maintenance of First Aid Training Record**

- The HR & Compliance Officer will inform the School Nurse if a new member of staff joins the school who is required by their job description to hold a First Aid qualification.
- The HR & Compliance Officer will inform the School Nurse if an existing member of staff changes their job description and thereby is required to obtain a First Aid qualification.
- The School Nurse will maintain a list of staff members who hold a first aid qualification.

- After attending a training programme, the member of staff will provide the School with 2 copies of their certificate. One to be kept in the individual's personnel file (to be given to the HR & Compliance Officer) and one to be kept by the School Nurse.
- The HR & Compliance Officer will ensure that training information is maintained on the IT system.

### **First Aid Boxes**

The School Nurse is responsible for ensuring that all First Aid Boxes meet statutory requirements. All First Aid Boxes are checked every half-term. If a first aid box is used then the first aider must restock the items removed from supplies held at Byron House or Senior House.

First Aid Boxes are located in the following areas:

#### **Medical Room:**

Nurses room

#### **School Building:**

Reception

Kitchen

### **After-School Performances**

Staff organising after school evening performances are asked to nominate a first aider for the event on the [Events Planning Form](#). If staff are unsure about the appropriate level of cover required they need to seek advice in advance from the School Nurse or Bursar.

### **School Visits**

When an activity is taking place offsite the designated leader of the party should ensure that they have details of any pupils/children with medical conditions and any treatment they require. They are also responsible for collecting a first aid kit from the School Nurse and for reporting any accidents that occur offsite.

Individual medical needs for all children will be identified on the school [Risk Assessment Form](#) and [Consent and Medical Form for Educational Visits](#). The School Nurse can assist with planning individualised care in advance of the trip. While visit locations have a legal duty to provide first aid cover, the school has a duty of care to ensure pupils remain safe. There must be adequately qualified staff and procedures in place to ensure first aid care can be delivered quickly and safely, without risking further harm to the pupil or placing the rest of the group at risk from being left unsupervised.

Within the current staffing ratio of 1:6 for visits, one member of staff is to be appointed the nominated first aider (NFA) by the visit organiser. The NFA is responsible for carrying the first aid kit and visit mobile phone (to be collected from the bursary office). Prior to leaving school the visit organiser is to check that all members of staff have entered the visit mobile phone number (17761705150) into their personal phones. Should a pupil become ill or injured during the visit, the supervising member of staff is to call the NFA for assistance, the NFA will then move to the incident with their group and pass their pupils under the supervision of the teacher of the sick or injured pupil. The NFA can then attend to the child requiring treatment in the knowledge that their own pupils are under supervision.

## **Dealing With a First Aid Event**

### **Duties of a First Aider:**

- Respond promptly to calls for assistance.
- Give immediate assistance to casualties with injuries or illness.
- Ensure that an ambulance or professional medical help is summoned as appropriate.
- Record details of the accident and treatment.
- Clear the scene safely.
- Replace any first aid supplies used.

The rules of First Aid learned in training must be applied rigorously and professional help summoned if deemed necessary. An Emergency First Aid booklet is available for reference in each box or bag. In addition, specific guidance can be found in the following documents:

- [Guidelines for Dealing with Medical Incidents](#)
- [Guidelines for Staff Managing Head Injuries in Children](#)
- [Head Injury Form](#)

If in any doubt, the First Aider should summon help from:

- Another School First Aider from the list of First Aiders
- School Nurse:.....
- Emergency Health Services: 120
- Emergency services: 110

A list of all of the First Aiders in the school is kept by the Receptionist. There is always a qualified First Aider on duty during school hours, based in the Medical Room at Senior House.

### **Bodily Fluid Spillage**

Specific guidance can be found in the following documents: Body Fluid Spillage Policy (see Appendix 3).

Following an incident within the school, any bodily fluids must be dealt with according to the policy. It is the responsibility of first aiders and the facilities department to ensure this is done effectively.

### **Contacting Parents / Guardians**

For all but the most minor consultations, parents/guardians should be contacted if their child has received the attention of a First Aider. This should be done as soon as possible after the event. In the case of a head injury, the [Head Injury Form](#) should be completed and emailed or given to their parent or guardian. Please refer to [Guidelines for Dealing with Incidents](#) for further guidance.

### **Accident Reporting**

For any accident or incident occurring in EYFS, a full written record of any accident, injuries and first aid treatment given will be made using the school [Accident/ Incident Report Form](#). All sections of the form will be completed. Parents will be informed of this information on the same day or as soon as reasonably practical. Accidents requiring remedial action or referral to hospital or GP must also be reported on the school Accident/ Incident Report Form.

Completed accident forms will be sent to the School Nurse and Bursar.

### **Guidance on When to Call an Ambulance (refer to Appendix 2)**

In a life-threatening emergency, if someone is seriously ill or injured and their life is at risk always call 110.

Examples of medical emergencies include (but are not limited to):

- chest pain
- difficulty in breathing such as a severe asthma attack (see Appendix 4)

- unconsciousness
- severe loss of blood
- severe burns or scalds
- choking
- concussion
- drowning
- severe allergic reactions (see Appendix 5)
- diabetic emergencies (see Appendix 6)
- fitting (see Appendix 7)

In an emergency an ambulance will be called by the School Nurse, School Secretary, First Aider or another nominated person.

### **Guidance to Staff for management of Chronic Medical Conditions& Disabilities within School**

As part of the admissions process, parents are required to complete a [Health Questionnaire](#) which highlights on-going medical conditions and any significant past or family medical history. Thereafter, parents are required to update the School Nurse of any other changes that occur throughout the year. Medical information is made available to members of staff within the School if it is deemed important for the safety and wellbeing of the child. For certain medical conditions an Individual Health Care Plan will need to be put in place and is reviewed each term. For children whose condition falls under SENDA, a 'reasonable adjustments checklist' is completed, and a care plan written that is tailored to the needs of the child. This process is co-ordinated by the School Nurse in liaison with parents and relevant school staff. In addition, the School Nurse delivers annual training to all staff on Anaphylaxis and Asthma.

Please refer to Appendices 4-7 for detailed procedures covering Asthma, Anaphylaxis, Diabetes & Epilepsy.

## **Management of Acute Illness**

### **Absence**

If a child is unwell and needs to be kept off school, it is essential that parents telephone or email the School Office on the first morning of absence with brief details. If parents have not communicated with the School, the secretary at Byron House or Senior House will contact parents of an absent child during the morning. For further details, please refer to [Registration & Attendance](#), [Signing In and Signing Out](#). Parents are asked to send an Absence Slip explaining the child's absence, on the day of his or her return, addressed to the Secretary.

A request to be 'Off-P.E.' should be addressed to the Class Teacher or to the School Nurse.

### **Infectious Illnesses**

Examples are Chicken Pox, Parvovirus, Measles, Mumps, Rubella, Whooping Cough, Scarlet Fever, Flu, Vomiting and Diarrhoea. If an infectious illness is suspected or reported in the School, the School Nurse must be made aware immediately. Following current guidelines from Public Health England, the School Nurse will request that a message be sent to members of the School community as appropriate to advise them of the presence of the illness and any measures that need to be taken, liaising with parents as required. This will ensure that parents are aware of the illness, its treatment and the recommended period of time for children who have been infected need to be kept away from school to prevent the illness spreading.

### **Becoming Unwell at School**

If a child becomes unwell then they will go to Reception where they will be assessed by a qualified first aider, and the School Nurse may be called to attend.

If necessary then parents / guardians and / or carers will be contacted and suitable arrangements made for the child to go home from school.

### **Medication**

[Specific guidance can be found in the following documents:](#)

[Administration of Medicines Policy](#)

[Parental Agreement for Medication Administration Form](#)

[Prescription Medication Record](#)

[Non-Prescription Medication Formulary](#)



## [Non-Prescribed Medication Record](#)

### **Prescribed Medication**

Medicine must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent/carer. A [Parental Agreement for Medication Administration Form](#) must be completed by the parent/carer, and the Secretary will prepare a [Prescription Medication Record](#) which must be completed. If a child is prescribed medication which is required to be administered during the school day, the medicine must be delivered by a parent/carer to the Secretary. Any Medication that is issued to a child at Byron House must be recorded on the [Prescription Medication Record](#). The Secretary will send an email to parents the same day or as soon as reasonably practicable informing them that their child has been given medication at school. For further information please see the [Administration of Medicines Policy](#).

### **Non-Prescription Medication**

A selection of non-prescription medication is also available for the administration of medication in circumstances which do not constitute an emergency, for example giving Paracetamol for a headache. Please refer to the [non-Prescription Medication Formulary](#). Parents are asked, as part of the Health Questionnaire, to consent to this procedure. For safety reasons, medication cannot be given before 12 noon without consulting a parent or guardian as a child may have already have been given medication before coming to school.

Any Medication that is issued to a child must be recorded on the [Non-Prescribed Medication Record](#). The Byron House Secretary will send an email to parents the same day or as soon as reasonably practicable informing them that their child has been given medication at school. For further information please see the [Administration of Medicines Policy](#).

## **Health Promotion**

### **Sun Protection Policy**

The School takes a proactive approach to protect children and staff against the harmful effects of the sun and has developed a [Sun Protection Policy](#). This policy is sent to parents / guardians at the beginning of every summer term and is always available on the school website.

### **Immunisation**

Parents are asked to supply details of their child's immunisation history on the [Health Questionnaire](#). The School Nurse will review this information and will contact parents if it appears that some immunisations are missing. Parents are encouraged to contact their Doctor to arrange for immunisation if necessary. No child shall be denied access to St John's College School due to the fact that they have not received the immunisations recommended by NHS guidelines. Please note that:

- Immunisation against the Human Papilloma Virus has been made available from October 2008 and all girls in our Sixth Form are offered the opportunity to be immunised at school.
- The school will support NHS childhood vaccination campaigns such as the NHS flu programme for children.

## Appendix1

### All Staff with a First Aid Qualification

NAME	CERTIFICATE	NAME	CERTIFICATE


## Appendix 2

### Contacting Emergency Services

A qualified first aider, the School Nurse or another nominated person will dial 110, ask for an ambulance and then speaking clearly and slowly be ready with the following information:

1. The school telephone number 025-58715588 or mobile number calling from.
2. The location as follows:
  - Give exact location in the school of the person needing help.
3. The name of the person needing help.
4. The approximate age of the person needing help.
5. A brief description of the person's symptoms (and any known medical condition).
6. Inform ambulance control of the best entrance to the school and state that the crew will be met at this entrance and taken to the pupil.

Do not hang up until the information has been repeated back.

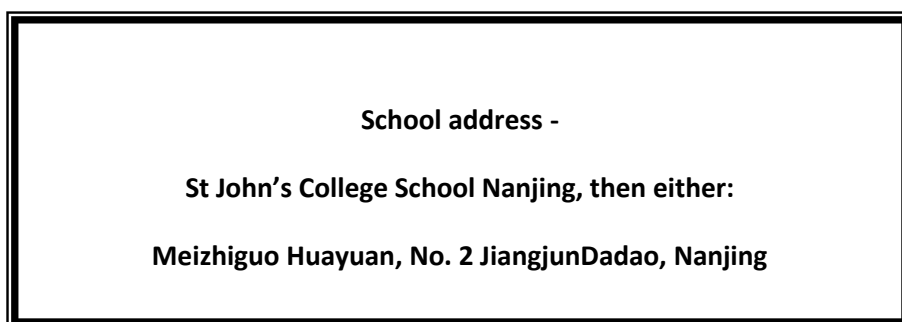
Please note that the person calling should be with the child, as the emergency services may give first aid instructions.

**Send a member of staff to wait at the entrance to guide the ambulance service to the person needing help.**

Also ensure that one or more of the following members of staff are informed that an ambulance has been called to the school: Secretary, School Nurse, Bursar, Head of School, Foreign Head of School or Deputy Head.

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

Never cancel an ambulance once it has been called.



## Appendix 3

### Body Fluid Spillage Policy

#### Introduction

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages. This document is to be used in conjunction with Public Health England: Guidance on infection control in schools and other childcare settings (September 2014).

There are Body Fluid Disposal Kits available at reception.

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

#### Body Fluid Spillage Clean-Up Procedure

1. Cordon off the area until clean-up is completed.

- 2.Put on disposable gloves from the nearest First Aid kit.
- 3.Place absorbent towels over the affected area and allow the spill to absorb.
- 4.Wipe up the spill using these and then place in a bin (which has a bin liner).
- 5.Put more absorbent towels over the affected area and then contact the Facilities Manager for further help.
- 6.If a Body Fluid Disposal Kit is available then the instructions for use should be followed. If not then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin bag or double bagged and put in an outside bin.
- 7.If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.
- 8.The area must be cleaned with disinfectant following the manufacturer's instructions.
- 9.An appropriate hazard sign needs to be put by the affected area.
- 10.The area should be ventilated and left to dry.
- 11.All reusable cleaning equipment needs to be appropriately disinfected according to the manufacturer's instructions.
- 12.Anyone involved in cleaning up the spillage must wash their hands.

Please note that:

- The bin that has had the soiled paper towels put in needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.
- Any article of clothing that has been contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
- Any soiled wipes, tissues, plasters, dressings etc. must ideally be disposed of in the clinical waste bin (yellow bag). If not available then the gloves being used needs to be taken off inside out so that the soiled item is contained within them. This can be placed in a sanitary waste disposal bin which is regularly emptied.

## Appendix 4

### **Asthma Emergency Procedures**

(Please also refer to the school Asthma Form)

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

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

#### **Do . . .**

- keep calm

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

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

## **110**

Call an ambulance urgently for any of the following:

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

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

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

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

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

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to School Reception to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.

- Send a pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents/carers immediately after calling the ambulance.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.

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

## Appendix 5

### **Anaphylaxis Emergency Procedures**

(Please also refer to the school Epipen Policy)

#### **Anaphylaxis has a whole range of symptoms**

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

- generalised flushing of the skin anywhere on the body
- nettle rash (hives) anywhere on the body
- difficulty in swallowing or speaking
- swelling of throat and mouth
- alterations in heart rate
- severe asthma symptoms (see Appendix 3 for more details)
- abdominal pain, nausea and vomiting
- sense of impending doom



- sudden feeling of weakness (due to a drop in blood pressure)
- collapse and unconsciousness.

### **Do . . .**

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

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

### **110**

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

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

While awaiting medical assistance the designated trained staff should:

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

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

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

### **Do . . .**

- If symptoms are potentially life-threatening, give the pupil their adrenaline injector into the outer aspect of their thigh

- Make a note of the time the adrenaline is given in case a second dose is required and also to notify the ambulance crew
- On the arrival of the paramedics or ambulance crew the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew

#### **After the emergency**

- After the incident carry out a debriefing session with all members of staff involved
- Complete an incident form
- Ensure that parents/guardians have replaced any medication used

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

## **Appendix 6**

### **Diabetes Emergency Procedures**

#### **Hyperglycaemia**

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

Common symptoms:

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

**Do . . .**

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

## **110**

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

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

### **Hypoglycaemia**

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

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

Common symptoms:

- hunger
- trembling or shakiness
- sweating
- anxiety or irritability
- fast pulse or palpitations
- tingling

- glazed eyes
- pallor
- mood change, especially angry or aggressive behaviour
- lack of concentration
- vagueness
- drowsiness.

### **Do . . .**

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

- apple juice or non-diet drink such as cola
- three or more glucose tablets
- five sweets, e.g. jelly babies
- GlucoGel

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

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

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

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

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

## Appendix 7

### **Epilepsy Emergency Procedures**

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

#### **Tonic-clonic seizures**

Symptoms:

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

### **Do . . .**

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

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

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

## **110**

### **Call for an ambulance if . . .**

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

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

### **Simple partial seizures**

Symptoms:

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

### **Complex partial seizures**

Symptoms:

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

### **Atonic seizures**

Symptoms:

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

### **Myoclonic seizures**

Symptoms:

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

## **Absence seizures**

Symptoms:

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

### **Do . . .**

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

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

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

## **110**

Call for an ambulance if . . .

- One seizure follows another without the person regaining awareness between them.



- The person is injured during the seizure.
- You believe the person needs urgent medical attention.
- Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.