



LAMMAS SCHOOL

FIRST AID POLICY

Policy Statement

It is the policy of Lammas School to take all measures to ensure the health, safety and welfare of all students, members of staff and visitors with regard to the provision of First Aid. Anyone on Lammas School premises is expected to take reasonable care for their own and others' safety.

Aims of this policy

- To ensure that there are a sufficient number of trained first aid staff on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment.
- To ensure that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment.
- To ensure that all staff and students are aware of the procedures in the event of any accident, illness or injury.
- Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. Staff should dial 999 for the emergency services in the event of a medical emergency and make clear arrangements for liaison with ambulance services on the Centre site.

Responsibilities

Head Teacher

- To ensure that the history relating to a student not feeling well is recorded, and in the cases of headaches to ensure that no injury has caused the student to feel unwell.
- To ensure that in the event of an injury, the student is referred to a First Aider for examination.
- To provide the first aiders with an accurate, current list of students who are known to be asthmatic, diabetic, epileptic or have any other illness. This includes providing information as to the taking and safe storage of medication.

- To ensure that all students at Lammas School have up to date medical consent forms and that these are readily available for staff responsible for all educational visits, off-site activities and work experience placements.
- To ensure that there is adequate and appropriate First Aid equipment and that there is a First Aider available.
- To ensure, in the event of accident, illness or injury, that
 - prompt and appropriate first aid is administered,
 - the circumstances of the incident are investigated
 - any recommendations made as a result of an investigation are implemented.
- To ensure that all staff members are conversant with the accident, illness or injury reporting procedure, and that notification of hazards is passed to the appropriate person for action.

Teachers, Staff and Support Workers

- To ensure that they are familiar with the first aid procedures in operation and ensure that they know who the current First Aiders are.
- To support the First Aiders in calling for an ambulance or contacting relatives in an emergency.
- To ensure that their students are aware of the procedures in operation.
- To send a student who has minor injuries to medical room if they are able to walk where a First Aider will see them, they should accompany the student.
- To send a student who feels generally “unwell” to medical.
- To ensure that they have a current medical consent form for every student that they take out on off-site trip which indicates any specific conditions or medications of which they should be aware.
- Note: paracetamol or any other medications, must only be administered by a trained first aider who is aware of the medical history of the young person and only with the permission of a parent/carer.
- Note: non First Aid qualified staff members should not move a casualty until they have been assessed by a qualified First Aider. The only exception is when that casualty is in immediate danger of further injury

Details of First Aid Practitioners at Lammas School

Appointed Person:

Staff member identified - training course TBC

Rosemary Bell: EMERGENCY FIRST AID AT WORK 05.03.18 (March 2018)

Trained First Aiders:

Michelle Beddall: PAEDIATRIC FIRST AID 31.10.18 (October 2018)

Adam Jones: PAEDIATRIC FIRST AID 01.07.20 (July 2020)

Angela Towndrow: PAEDIATRIC FIRST AID 08.04.20 (April 2020)

Olivia Ghindea: EMERGENCY FIRST AT WORK 30.10.18 (October 2018)

Practical Arrangements at Lammas

Location of First Aid Facilities

- The sick room is located in the administration block for first aid treatment and for pupils or staff to rest/recover if feeling unwell. This includes a bed, first aid supplies, a water supply and sink, an adjoining bathroom and hygiene supplies such as gloves, paper towels and yellow clinical waste bags.
- The science lab also has adequate first aid supplies, along with an eye wash station.
- A portable first aid kit must be obtained from the office for school trips, excursions and sporting events.

Responsibilities of the Trained First Aiders

- Provide appropriate care for students or staff who are ill or sustain an injury
- Record all accidents on an accident form (to be found in the first aid folder in the school office). The original is kept in the first aid folder and a copy is sent home with the student. At the end of every academic year the forms are filed in the individual student files.
- In the event of any injury to the head, however minor, ensure that a head injury form is completed (to be found in the first aid folder in the school office) and a copy is sent home to the parent/carer, along with a phone call, text or email that a form is coming home with their child.
- Make arrangements with parents/carers to collect children and take them home if they are deemed too unwell to continue the school day, and record the illness, time and date in the sick book (to be found in the sick room)
- Inform the appointed person of all incidents or illness where first aid has been administered.
- Ensure same gender (if possible) and another member of staff is present if dealing with intimate parts of the body of a student.

Responsibilities of the Appointed Person

- Ensuring that all staff and students are familiar with the school's first aid and medical procedures.
- Ensuring that all staff are familiar with measure to provide appropriate care for students with particular medical needs (e.g. Diabetic needs, Epi-pens, inhalers).
- Ensuring that a list is maintained and available to staff of all students with particular medical needs and appropriate measures needed to care for them.
- Monitoring and re-stocking supplies and ensuring that first aid kits are replenished.
- Ensuring that the school has an adequate number of appropriately trained First Aiders.

- Co-ordinating First Aiders and arranging for training to be renewed as necessary.
- Maintaining adequate facilities.
- Ensuring that correct provision is made for students with special medical requirements both in school and on off-site visits.
- On a monthly basis, reviewing First Aid records to identify any trends or patterns and reporting to the Health and Safety committee
- Fulfilling the school's commitment to report to RIDDOR, as described below
- Liaising with managers of external facilities, such as the leisure centre, to ensure appropriate first aid provision.
- Contacting emergency medical services as required.
- Maintain an up-to-date knowledge and understanding of guidance and advice from appropriate agencies

What to do in the case of an accident, injury or illness

A member of staff or student witnessing an accident, injury or illness should immediately contact a named trained first aider (see above). The school office should be contacted if the location of a trained first aider is uncertain. Any student or member of staff sustaining an injury whilst at school should be seen by a first aider who will provide immediate first aid and summon additional help as needed. The student or member of staff should not be left unattended.

The first aider will organise an injured student's transfer to the sick room if possible and appropriate and to hospital in the case of an emergency. Parents/carers should be informed as necessary by telephone by the first aider or school administrator. This will be followed up in writing and a record kept at school. A written record of all accidents and injuries is maintained in the first aid folder.

Contacting parents/carers

Parents/carers should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury including:

- Head injury - a head injury form – available from the school office - should be given to any student who sustains a head injury. If unsure see the appointed person.
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis & following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness
- If the student is generally unwell

If non-emergency transportation is required, an authorised taxi service will be used if parents/carers are delayed. A member of staff will accompany the student until a parent/carer arrives. In the primary school parents/carers can be informed of smaller incidents at the end of the school day by the form teacher. Senior School students should be encouraged to inform their parents/carers at the end of the school day.

Contacting the Emergency Services

An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any student taken to hospital by ambulance must be accompanied by a member of staff until a parent/carers arrives. All cases of a student becoming unconsciousness (not including a faint) or following the administration of an Epi-pen, must be taken to hospital.

Accident reporting

A first aid form must be completed for any accident or injury occurring at school, including at the leisure centre, or on a school trip, excursion or sport event. This includes any accident involving staff or visitors. The first aid folder will be monitored by the appointed person as certain injuries require reporting (RIDDOR requirements).

Students who are unwell in school

Any student who is unwell in the senior school is advised to see the appointed person or another first aider. The student should be accompanied if teaching staff have concerns. A student in the senior school who becomes unwell can be given time to rest in the sick room. This should only be a temporary measure until the student is collected by a parent/carer or, if appropriate, returns to class. Permission to rest in the sick room can be given by teaching staff.

Any student who is unwell in the primary school cannot be left to rest unattended in the sick room. If a primary school student becomes unwell a parent/carer should be contacted as soon as possible by the appointed person, the school administrator or the head teacher.

Anyone not well enough to be in school should be collected as soon as possible by a parent/carer or adult with permission to collect the student. Staff should ensure that a student who goes home ill remembers to sign out at the school office.

First Aid equipment and materials

The appointed person is responsible for stocking and checking the first aid kits. Staff are asked to notify the appointed person when supplies have been used so that they can be restocked. The first aid boxes contain:

- A first aid guidance sheet
- Assorted adhesive hypo allergenic plasters
- Triangular bandages (slings)
- Safety pins
- Cleaning wipes
- Adhesive tape
- Sterile eye pads
- Sterile eye washes
- Assorted sized un-medicated dressings
- Finger bandages
- Disposable gloves
- Resuscitation mask
- Yellow clinical waste bag

First aid for school trips

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the educational visits policy, which includes further guidance. A First Aid kit for school trips must be collected from the appointed person. This must be returned to the appointed person for replenishing on return. Any accidents/injuries must be reported to the appointed person and to parents/carers and documented in the first aid folder in accordance with this policy. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

Students using crutches or having limited mobility

Parents/carers must inform the school of the nature of injury and the anticipated duration of immobility. The form tutor will arrange for a 'class partner' to carry books, open doors etc. Information about the condition will be discussed in staff meetings to enable staff to be fully aware of the student's needs. Arrangements will be made for the students to arrive/leave lessons early to allow for a safe transfer around school. Parents/carers must inform school of any particular difficulties.

Emergency care plans and treatment boxes

The appointed person ensures that staff are made aware of any student with an emergency care plan. These care plans are saved on the schools S drive (only staff have access to this drive). A copy is also kept in the sick room. Students with a

serious medical condition will have an emergency care plan drawn up and agreed by the appointed person and parents. Emergency treatment boxes must always be taken if the pupil is out of school. The boxes are kept in the sick room. Please return emergency boxes to the sick room on completion of the trip.

Students with medical conditions

A list is available on the schools S drive and the sick room of all student who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip. If staff become aware of any conditions not on these lists please inform the appointed person.

Dealing with body fluids

In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include:

- Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in all 1st aid boxes) then placed in the waste bin in the sick room. Avoid getting any body fluids in your eyes, nose, and mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

Infectious diseases

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines below to reduce the transmission of infectious diseases to other students and staff.

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
Chickenpox	5 days from onset of rash	Pregnant women up to 20 weeks and those in last 3 weeks of pregnancy should inform their midwife that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
German Measles	For 5 days from onset of rash	Pregnant women should inform their midwife about contact

Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing
Measles	5 days from onset of rash	Any children being treated for cancer or on high doses of steroids must seek medical advice
Scabies	Until treatment has been commenced	Two treatments one week apart for cases. Treatment should include all household members and any other very close contacts
Scarlet Fever	5 days after commencing antibiotics	Antibiotic treatment recommended
Slapped Cheek Syndrome	None	Pregnant women up to 20 weeks must inform their midwife about contact
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	Exclusion from swimming may be needed
Hepatitis A	Exclusion may be necessary	Consult the Health Protection Agency
Meningococcal meningitis	Until recovered	Communicable disease control will give advice on any treatment needed and identify contact requiring treatment. No need to exclude siblings or other close contacts.
Viral Meningitis	Until fully recovered	Milder illness
Threadworms	None	Treatment is recommended for the pupil and family members
Mumps	5 days from onset of swollen glands	
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better
Influenza	Until fully recovered	
Cold sores	None	Avoid contact with the sores
Warts, verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Glandular fever	None	
Tonsillitis	None	

Medication in School

The school aims to support as far as possible, and maintain the safety of, students who require medication during the school day.

However, it should be noted that:

- No child under 16 should be given any medication without their parent's/carer's consent.
- No aspirin products are to be given to any students at school.
- Parents/carers must give written confirmation of any medication administered at school, a copy of which will be kept on the student file. Forms for this are available from the school office (Authorisation for Dispensing Medication Form)

Children will need to take medication during the school day e.g. antibiotics. However, wherever possible the timing and dosage should be arranged so that the medication can be administered at home.

(i) Non-Prescription Medication

These are only to be administered by the appointed person or a designated person if they have agreed to this extension of their role and have been appropriately trained. A teacher may administer non-prescription medication on a residential school trip provided that written consent has been obtained in advance. This may include travel sickness pills or pain relief.

All medication administered must be documented, signed for and parents/carers informed.

(ii) Prescription-Only Medication

Prescribed medicines may be given to a student by the appointed person or a designated person if they have agreed to this extension of their role and have been appropriately trained.

Written consent must be obtained from the parent/carer, clearly stating the name of the medication, dose, frequency and length of course.

A form for the administration of medicines in school is available from the school office or appointed person (Authorisation for Dispensing Medication Form)

(iii) Administration of Medication

- The medication must be checked before administration by the member of staff confirming the medication name, students name, dose, time to be administered and the expiry date.
- Wash hands.
- Confirm that the student's name matches the name on the medication

- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document, date and sign for what has been administered.
- Complete the form which goes back to parents
- Ensure that the medication is correctly stored in a locked drawer or cupboard, out of the reach of pupils.
- Antibiotics and any other medication which requires refrigeration should be stored in the fridge in the sick room.
- Parents/carers should be asked to dispose of any out of date medication.
- We do not have any used needles and syringes, but if this was to change we would acquire a sharps box and dispose of them accordingly. This would be kept locked away in the sick room.

(iv) Emergency Medication

It is the parents/carers responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan may be required and this will be completed and agreed with the parent/carer.

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

By law any of the following accidents or injuries requires notification to be sent to the Health and Safety executive by phone, email or letter.

This list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
 1. covers more than 10% of the body
 2. causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
 1. leads to hypothermia or heat-induced illness
 2. requires resuscitation or admittance to hospital for more than 24 hours

Please see appendix 1 for further guidance on reporting and what to report regarding RIDDOR.

Storage of this policy

A copy of this policy is available on the school website and also in the staff room and school office.

Monitoring and evaluation

The policy will be reviewed annually by the Head Teacher, Business Manager and Appointed Person.

Related Documents

- First aid form
- Head injury form
- Sick book
- Authorisation for dispensing medication form
- Record of medication and dosage form
- RIDDOR 2013 Guidance

LIST OF APPENDICES

Appendix 1: RIDDOR - Incident reporting in schools (accidents, diseases and dangerous occurrences)

The information sheet gives guidance on how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR.

Appendix 2: Guidance to staff on particular medical conditions

(i) Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the student has a care plan, follow the guidance provided and agreed by parents/carers. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the policy. Observe the child closely for 30 minutes to ensure symptoms subside.

(ii) Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for a paramedic ambulance and inform parents/carers. Arrange to meet parents/carers at the hospital.
2. Send for the named emergency box.
3. Reassure the pupil help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 may be repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.

Epi-pen treatment must only be undertaken by staff who have received specific training.

(iii) Asthma management

The school recognises that asthma is a serious but controllable condition and the school welcomes any student with asthma. The school ensures that all students with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all students and those with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of students with medical conditions kept in the first aid folder and on the staff S drive. The school has a smoke free policy.

Trigger factors

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

General considerations

Students with asthma need immediate access to their reliever inhaler. Younger students will require assistance to administer their inhaler. It is the parents/carers' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, which is kept in the classroom not locked away and always accessible to the student. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a student to have an asthma attack. It is the parents/carers' responsibility to provide a new inhaler when out of date. Students must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

In the primary school, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. A spare named inhaler should be brought to school and given to the class teacher for use if the pupil's inhaler is lost or forgotten.

In the senior school, students are encouraged to be responsible for their reliever inhaler which is to be brought to school and kept in a school bag to be used as required. It is the student's responsibility to take the inhaler on any out of school activities.

Recognising an asthma attack

- Student unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the student.
3. Encourage the student to adopt a position which is best for them-usually sitting upright.
4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents/carers and give another dose of their inhaler and call the appointed person or a first aider if she not available.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the student takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany student to hospital and await the arrival of a parent/carer.

(iv) Diabetes management

Students with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any student with diabetes attending school.

Signs and symptoms of low blood sugar (hypoglycaemic attack)

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate, more exercise, warm weather, too much insulin and stress. The student should test his or her blood glucose levels if blood testing equipment is available.

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

Action to be taken

1. Follow the guidance provided in the care plan agreed by parents/carers.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. Students should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly.
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the student to have access to regular snacks.
6. Inform parents/carers.

Action to take if the student becomes unconscious:

1. Place student in the recovery position and seek the help of the appointed person or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents/carers.
5. Accompany student to hospital and await the arrival of a parent/carer.

Signs and symptoms of high blood sugar (hyperglycaemic attack)

Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

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

Action to be taken

1. Inform the appointed person or a first aider
2. Inform parents/carers
3. Call 999

(v) Epilepsy management

How to recognise a seizure

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

- Student 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 or face
- Possible incontinence.

A student diagnosed with epilepsy will have an emergency care plan.

Action to be taken

1. Send for an ambulance;
 - a. if this is a student's first seizure,
 - b. if a student known to have epilepsy has a seizure lasting for more than five minutes or
 - c. if an injury occurs.
2. Seek the help of the appointed person or a first aider.
3. Help the student to the floor.
4. Do not try to stop seizure.
5. Do not put anything into the mouth of the student.
6. Move any other students away and maintain student's dignity.
7. Protect the student from any danger.

8. As the seizure subsides, gently place them in the recovery position to maintain the airway.
9. Allow patient to rest as necessary.
10. Inform parents/carers.
11. Call 999 if you are concerned.
12. Describe the event and its duration to the paramedic team on arrival.
13. Reassure other pupils and staff.
14. Accompany pupil to hospital and await the arrival of a parent/carer.