

Policy

Health & Safety

FIRST AID POLICY

PURPOSE

Downe House aims to provide a level of First Aid cover and expertise that ensures a swift and competent response to any accident or illness suffered by a pupil or member of staff (while they are in School or engaged on a School activity out of School) or by visitors to the School. This policy takes into consideration the regulatory framework provided by:

- ISSR (2014 – Updated 2019)
- NMS (2022)
- The Equality Act (2010)
- Data Protection Act (2018- updated 2023)

PROCEDURE

1.0 FACILITIES

Main School Site: The main School is situated on the Hermitage Road, Cold Ash, West Berkshire and there is a well-equipped and professionally staffed Health Centre on the site. The playing fields are on the opposite side of the road approximately 5 minutes' walk from the Health Centre.

France: The School also owns a satellite property in France. The French property must abide by French legislation but is run on similar lines to the main School in UK.

2. SPECIFIC HAZARDS

Specific hazards include higher risk activities carried out by departments such as PE, Extra Curricular, Science, Technology, Housekeeping, Catering and Maintenance as well as out-of-school trips, special events and road safety. Risk assessments are available for all areas of the School, and, in addition, specific risk assessments are carried out routinely for all potentially hazardous activities or special events, including trips off the School site and major events on the site. This includes consideration of whether a qualified first-aider's attendance is needed.

3.0 SPECIFIC NEEDS

There are a small number of pupils with specific disabilities or health needs such as asthma, severe allergies, diabetes, epilepsy etc. Lists of such pupils as well as a photograph are compiled by the Health Centre at the beginning of each year and are accessible in confidence to staff. Individual health care plans are managed within the schools Risk Assessment policy and through [Smartlog V5](#) . This information is also available on SchoolBase, the School's management information system. Such information is updated during the course of the year as necessary.

- Lists of pupils with specific needs who are going off site are given to the member of staff in charge of the trip prior to departure together with any trip/site specific actions that might be necessary. Members of staff who wish similar information to be known about themselves are invited to advise the Health Centre and/or any other individuals in person. The HR Officer also gathers similar essential information from newly recruited staff during their HR Induction at the start of their employment and encourages any such immediate health issues to be notified to their line manager where appropriate.

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4.0 ACCIDENTS/INCIDENTS

Reports on all accidents/incidents are completed using the form contained within the [Smartlog V5](#) and are submitted to the Director of Estates and Services (DES), Health Centre, HR and Administration. Where necessary, incidents are investigated by the DES and First Aid provision is reviewed in the light of any resulting concerns about particular activities or departments.

The DES is responsible for any RIDDOR reporting that may be required and the Nursing Team from the Health Centre are responsible for notifying parents should any pupil be involved in an accident where the Health Centre staff are called to assist. In the event of an accident being reportable, this will be completed in line with HSE guidance which can be found: <https://www.hse.gov.uk/riddor/>

In the case of minor cuts and grazes to pupils, these are dealt with in-house by Pastoral Staff who then inform the parents. Information in the reports should be as detailed as possible. It is important to have a clear documentation of what happened and the actions that were needed as a result of the incident.

5.0 STAFFING & TRAINING

The Health Centre is staffed at all times by a qualified nurse (during term time), who is also a first-aider. The relevant teaching and House staff undertake basic training in First Aid during INSET which is provided for the School by a recognised qualified trainer and arranged by HR.

The school's first aid provision is based upon the ISI guidance: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800615/Independent_School_Standards- Guidance_070519.pdf and considers the schools overall Risk Assessment and Health and Safety Policy.

The Health Centre also provides training in the use of an Auto-injector adrenaline pen to all staff on an annual basis. There is an NHS GP present in the Health Centre four mornings a week, and the students are registered with them. Additionally, we have physiotherapists, psychologists, counsellors and chiropodists who are available for the students to use.

Selected members of staff in specific departments undertaking higher risk activities are encouraged to gain an appropriate First Aid qualification i.e. Sports First Aid, First Aid at Work, Defibrillator. A list of currently qualified first-aiders is listed as Appendix A and within [Smartlog V5](#). Staff need to request any training via the DoEPS and HR Department who will then book and record the training. This list is reviewed and updated by the DoEPS and HR on an annual basis. Training is refreshed every 3 years. The following staff must have first aid training:

- All HSM and AsHsM
- All staff who lead an offsite trip
- All members of the PE department

6.0 FIRST AID EQUIPMENT

The Health Centre is fully equipped for First Aid. In addition, all Houses have a locked medical cupboard with appropriate First Aid materials, and First Aid bags are provided for off-site trips. First Aid boxes are available throughout the School, and their locations are illustrated on the map at Appendix A.

FIRST AID BOX CONTENTS

Each box should contain the following items

- 1 x Large First Aid Dressing
- 1 x Eye Pad with Bandage
- 2 x Triangular Bandage Non Woven

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2 x Low Adherent Dressing 7.5cm x 7.5cm
3 x Low Adherent Dressing 5cm x 5cm
2 x Hypo allergenic Adhesive Dressing 10 x 9cm
20 x Waterproof Assorted Plasters
6 x Non Alcohol Wipes
1 x Crepe Bandage 5cm
1 x Crepe Bandage 7.5cm
1 x Waterproof Strapping 2.5cm x 5m
2 x Sterile Eyewash 20ml
1 x Vinyl Gloves Non Sterile Powder Free (Pair)
1 x Blue Dot Resuscitation Face Shield
1 x Guidance on First Aid Leaflet
1 x Instant Cold Pack – Single Use

Defibrillator equipment (coloured yellow and blue so as to be immediately visible) is located at Reception in Wakefield House behind the Reception desk and at the Health Centre. A list of defibrillator trained staff is attached at the end of this policy. This equipment has simple, straight-forward, audible instructions to follow, but should never be used instead of calling the Emergency Services on 999; instead, it should be used once the Emergency Services have been called, whilst awaiting their arrival.

Any member of staff who uses First Aid supplies must ensure that the Health Centre is informed so that they can be replenished. Housemistresses/Housemasters are responsible for the state of their House cupboards, and Health Centre staff are responsible for reminding Heads of Departments on a termly basis to check their cupboards and advise as to whether or not re-stocking is necessary.

In the case of spillage of bodily fluids, Housekeeping supply Chemsorb powder that is used to sprinkle on such spillages which must then be cleared up using the gloves and scraper supplied.

7.0 CLEANING UP OF BODILY FLUIDS

The aim is to reduce exposure to an acceptable level. The school must comply with the Control of Substances Hazardous to Health Regulations 2012 (COSHH), to protect workers' health. In the event of an accidental contamination both the Head of Service (Housekeeping) and the Health Center should be informed, in line with the school's Health and Safety Policy.

Bodily fluids are a source of infectious micro-organisms (bacteria, viruses, and fungi) which are therefore hazardous. The main risk is infection following hand to mouth/nose/eye contact in addition to infection via broken skin (cuts or scratches).

Care must be taken when using cleaning products as they may contain hazardous substances such as biocides and surfactants and may cause irritation, dermatitis and breathing problems.

All boarding houses should have the following –

- Bucket (for use with bodily fluids only)
- Gloves
- Dustpan and brush
- Chemsorb Crystals – or similar chlorine-releasing disinfectant e.g. hypochlorite solution
- Clinical waste bags – for any contaminated material that needs laundry/disposal
- A disposable plastic apron
- Store cleaning products and materials in a designated area

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There should be a good standard of general ventilation prior to cleaning. The Chemsorb crystals should be liberally sprinkled over the complete spillage and left for 2-3 minutes, add further crystals if necessary. The residues should then be scraped up into the closable container for safe disposal. Surfaces should be washed with detergent before disinfecting, if there is heavily fouled soft furnishings, they may need bagging for disposal as clinical waste.

Hands should be washed thoroughly before eating or drinking, and after touching any surface or object that might be contaminated.

7.0 PROCEDURE FOR REACTING TO ILLNESS OR INJURY

In an extreme emergency, an ambulance should be called immediately, followed by the Health Centre and any other first-aiders available. When calling an ambulance the following information should be provided –

- Name of individual needing attention
- Their date of birth (if you have this information)
- Address of where you are and a precise location
- A summary of the condition of the person needing attention including any help you have given them.

It is an advantage to give as much information as possible.

Normally, however, the procedure will be as follows:

- If a member of staff, regardless of whether or not they are a qualified first-aiders, needs assistance or advice in dealing with a person who is injured or ill, the first point of contact is the Health Centre – the Emergency Contact No. is Extension 4657.
- There are a number of staff qualified in First Aid who will deal with an emergency whenever possible. However, because of variations in daily and weekly routine, they should not be relied on as the first point of contact in an emergency in School.
- If a member of staff is in charge of a group of pupils when such a situation arises, they should normally stay with the patient, and send one pupil to the nearest phone to call the Health Centre, and another to the nearest member of staff (normally in the next classroom) for assistance.

9.0 ROLES AND RESPONSIBILITIES

The organisation of Health and Safety in the School is established to ensure that each individual is able to contribute to the safety of others. Responsibility is delegated, as a means of reminding everyone of their responsibility to others. It also allows expertise, where this is restricted to a specific department, to be fully utilised in that particular area of potential risk.

The Health and Safety Committee is the primary mechanism for discussing and communicating Health and Safety issues throughout the school. Its Terms of Reference are at Appendix A of the Health and Safety Policy

The Director of Estates and Services is responsible for the overall compliance of Health and Safety and reports termly to the Governors who complete an annual audit of the school's policy and procedures.

In line with ISSR 2014: <https://www.legislation.gov.uk/ukxi/2014/3283/schedule/made> it is the responsibility of all First Aiders to ensure that first aid is administered in a timely and competent manner.

The Health Centre are responsible for providing First Aid when required. All first aid bags are held within the Health Centre, where they are restocked and checked. The Health Centre will provide trip leaders with first aid bags as needed. First Aid kits that are located around the school are checked termly, the Health Centre contact the person(s) responsible for each kit and confirm they have been checked. Emergency equipment including Defibrillators and Oxygen are checked termly by the Health Centre and any action completed by them.

The Health Centre will communicate with parents regarding treatment provided to their daughter as a result of an accident or serious incident. Furthermore, they will discuss care given for a medical condition.

Appendix:

- A. Location of First Aid Boxes
- B. List of current holders of “First Aid at Work” and “Defibrillator Training” qualification (whose qualification is refreshed every 3 years)
- C. Examples of Care plans which include triggers, symptoms and management of Anaphylaxis, Asthma and Epilepsy.

Revision History:

Revision	Date	Description of changes	Requested By
	September 2020	Review	Alasdair Heath
	September 2021	Reviewed (First Aiders under constant review)	Alasdair Heath
	September 2022	Review	Alasdair Heath
	December 2022	Review and amendments as suggested by the Safeguarding Consultant and Safeguarding Governor.	Alasdair Heath
	December 2023	Review	DES
	December 2024	Review	DES
	September 2024	Updated First Aiders	DES
	September 2025	Update use of Smart log Update list of First aiders	DES

This policy makes reference to the following School policies, copies of which can be located on SchoolBase :

- Cleaning up of Bodily Fluids
- Health and Safety Policy
- Off Site School Activities Policy
- Risk Assessment Policy
- Health & Safety: Storing, Giving and Recording Medications Policy

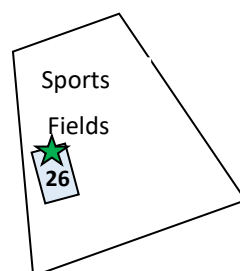
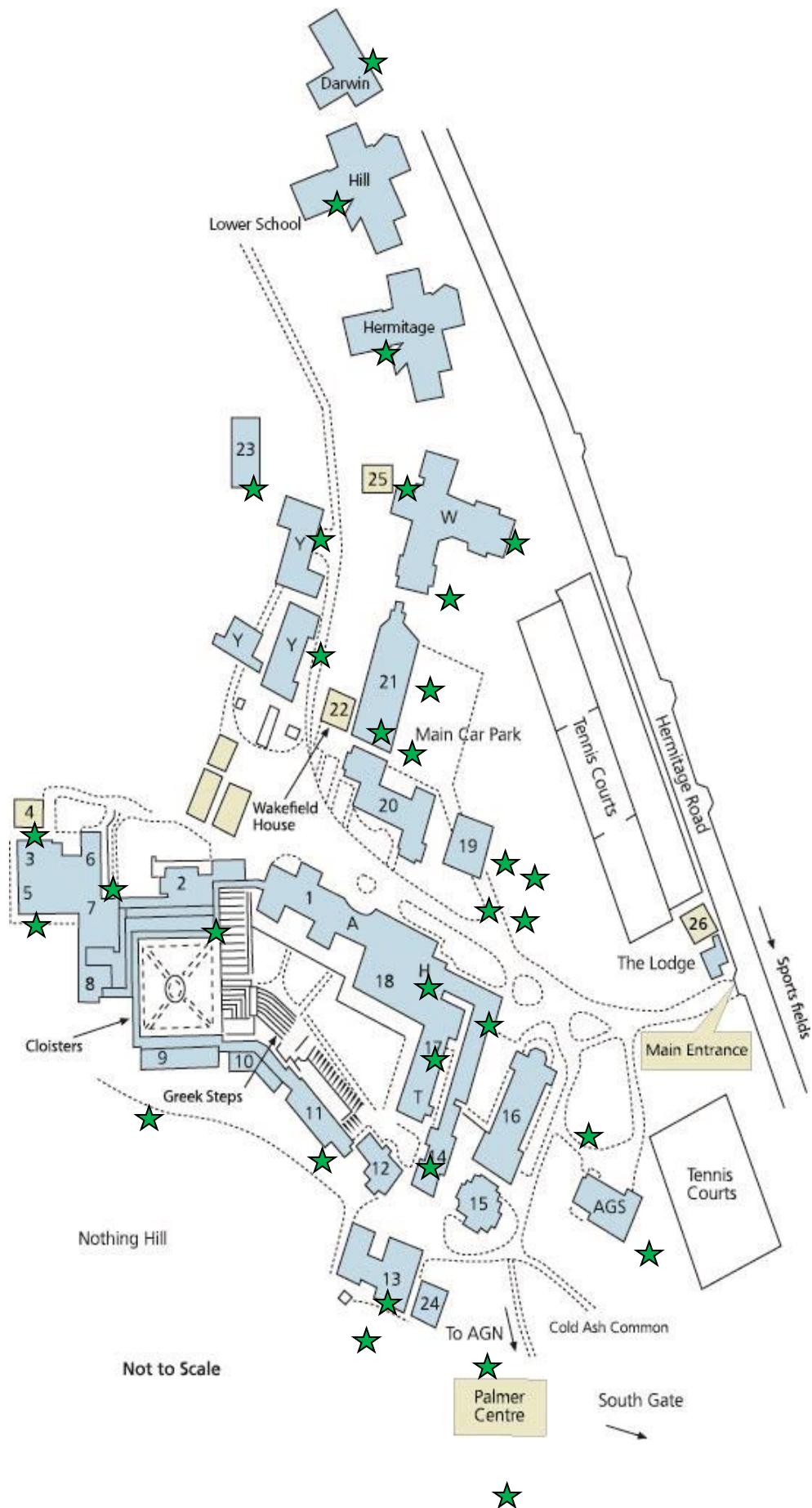
Review Leader: Director of Estates and Services

Reviewed: September 2025

Next Review: August 2026

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APPENDIX A – LOCATION OF FIRST AID BOXES



Map Key		Room
2	Classics, Chapel	E
3	Business and Economics, ICT teaching	CM1/X/Y
4	Finance	
5	Geography Department, Barn Library, Ridler Room	G/H/F/Z /L
6	Staff Common Room	Nickel Room
8	History Department, History of Art, Sports Science	J1/J2/J3/J4/J6
9	English, Classics (share S)	P/Q/R/S
10	Classics, Maths (N and O)	L/N/O
11	Concert Room	CR
12	Music School (and Office)	V & 17
13	Mathematics, D & T (Materials, Graphics, Textiles, 3D Design); Photography; IT Support Department	M1/M2/M3/M5/T1/T2/TX/ Porta Cabins
14	Art and Pottery	AR1/AR2/AR3/PY
15	Music Practice Rooms	1 – 16
16	Performing Arts Centre	PAC
18	Main Dining Room, Admissions Office, Foundation/Marketing Office	Gallery above MDR
19	Science School	B1/B2/C1/C2/P1/P2/SC1/SC2
20	Garden House - Modern Languages	G1/G2/G3/G4/G7
21	Swimming Pool, Squash Courts	Pool, Squash Courts 1,2,3
22	Headmistress, Deputy Headmaster, Deputy Head (A), Deputy Head (P), Reception, Administration	Wakefield House
23	Farr Centre (Sports Hall, Dance Studio, Fitness Room, PE Office)	FC
24	D & T (Food) and Leiths	CK
25	Co-Curricular, HR Department	Log Cabin
26	Sports Field - Pavilion	Pavilion
A	Aisholt (Upper School House)	Aisholt
AGN	Ancren Gate North (Upper School House)	AGN
AGS	Ancren Gate South (Upper School House)	AGS

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Darwin	Lower School House	Darwin
Hermitage	Lower School House	Hermitage
Hill	Lower School House	Hill
H	Holcombe (Upper School House)	Holcombe
T & 17	Tedworth (Upper School House)	Tedworth
W	Willis (Sixth Form House), Lovelock, Warnock Room	Willis, LL, WSR
Y	York (Sixth Form House)	York
25	Sports Field Pavilion	Sports Fields
	Estates Department	Estates Dept

APPENDIX B

The following is a list of staff who have first aid training. In addition to this list, all nursing staff, based in the Medical Centre, have advanced medical training.

Certificate Date	Name	Type of training	Renewal Date
27/02/2024	Nicola Rogers	First Aid	27/02/2027
16/04/2024	Rebecca Gaunt	Sports First Aid	15/04/2027
16/04/2024	Gillian Kearins	Sports First Aid	15/04/2027
16/04/2024	John Payne	Sports First Aid	15/04/2027
16/04/2024	Katie Lauder	Sports First Aid	15/04/2027
16/04/2024	Katherine Kirby	Sports First Aid	15/04/2027
16/04/2024	Luke Gonjnic	Sports First Aid	15/04/2027
16/04/2024	Madeline Gibbons	Sports First Aid	15/04/2027
16/04/2024	Nicola Riddle	Sports First Aid	15/04/2027
16/04/2024	Sarah Butler	Sports First Aid	15/04/2027
16/04/2024	Tax Bott	Sports First Aid	15/04/2027
16/04/2024	Tony Riddle	Sports First Aid	15/04/2027
17/09/2024	Charlotte Williams	First Aid	16/09/2027
07/01/2025	Beverley Eldridge	Basic Life Support	07/12/2027
07/01/2025	Claire Baker	Basic Life Support	07/12/2027
07/01/2025	Danielle Kirby	Basic Life Support	07/12/2027
07/01/2025	Dawn Hollingworth	Basic Life Support	07/12/2027
07/01/2025	Eleanor West	Basic Life Support	07/12/2027
07/01/2025	Emily-May Sibley	Basic Life Support	07/12/2027
07/01/2025	Georgiana Oldham	Basic Life Support	07/12/2027
07/01/2025	Mark Li	Basic Life Support	07/12/2027
07/01/2025	Nicola Menargh	Basic Life Support	07/12/2027
07/01/2025	Nicola Perceval	Basic Life Support	07/12/2027
07/01/2025	Richard Hollingworth	Basic Life Support	07/12/2027
07/01/2025	Sophie Hughes	Basic Life Support	07/12/2027
10/06/2025	Andy Atherton	First Aid	10/06/2028
10/06/2025	Carol Joice	First Aid	10/06/2028
10/06/2025	Deborah Bowyer	First Aid	10/06/2028
10/06/2025	Helen Knight	First Aid	10/06/2028
10/06/2025	Marya Akhtar	First Aid	10/06/2028
10/06/2025	Katherine Adams	First Aid	10/06/2028
10/06/2025	Michael Liggins	First Aid	10/06/2028
10/06/2025	Mirelle Cook	First Aid	10/06/2028
28/08/2025	Bryony Watts	Basic Life Support	28/08/2028

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28/08/2025	Deborah Tully	Basic Life Support	28/08/2028
28/08/2025	Denise Palfery	Basic Life Support	28/08/2028
28/08/2025	Emily Hayes	Basic Life Support	28/08/2028
28/08/2025	Emma Stonebridge	Basic Life Support	28/08/2028
28/08/2025	Genevieve Ford	Basic Life Support	28/08/2028
28/08/2025	Isabelle Wallace	Basic Life Support	28/08/2028
28/08/2025	Josh Goodall	Basic Life Support	28/08/2028
28/08/2025	Julia Andrade	Basic Life Support	28/08/2028
28/08/2025	Kim Collingwood	Basic Life Support	28/08/2028
28/08/2025	Kirsten Mortimer	Basic Life Support	28/08/2028
28/08/2025	Lizzie Broyd	Basic Life Support	28/08/2028
28/08/2025	Madeline Killacky	Basic Life Support	28/08/2028
28/08/2025	Matt Godfrey	Basic Life Support	28/08/2028
28/08/2025	Nicola Neill	Basic Life Support	28/08/2028
28/08/2025	Nicola Patrick	Basic Life Support	28/08/2028
28/08/2025	Paul Barlow	Basic Life Support	28/08/2028
28/08/2025	Rob Castell	Basic Life Support	28/08/2028
28/08/2025	Sofie Mc Clymont	Basic Life Support	28/08/2028
28/08/2025	Sophie Templeman	Basic Life Support	28/08/2028
28/08/2025	Stephanie Waite-Roberts	Basic Life Support	28/08/2028
28/08/2025	Stephen Burn	Basic Life Support	28/08/2028
28/08/2025	Zoe McEwen	Basic Life Support	28/08/2028
17/09/2025	Abigail Burcher	Basic Life Support	17/09/2028
17/09/2025	Alex Leadbeater	Basic Life Support	17/09/2028
17/09/2025	Ben Hainsworth	Basic Life Support	17/09/2028
17/09/2025	Elizabeth Roshier	Basic Life Support	17/09/2028
17/09/2025	Hazel Rodgers	Basic Life Support	17/09/2028
17/09/2025	Jenny Grant	Basic Life Support	17/09/2028
17/09/2025	Jo Harrop	Basic Life Support	17/09/2028
17/09/2025	Joshua Kersley	Basic Life Support	17/09/2028
17/09/2025	Laura Jenkins	Basic Life Support	17/09/2028
17/09/2025	Melanie Parsons	Basic Life Support	17/09/2028
17/09/2025	Nicola Price	Basic Life Support	17/09/2028

APPENDIX C

Anaphylaxis / Asthma / Diabetes / Epilepsy

ANAPHYLAXIS

Anaphylaxis is the most severe form of allergic reaction. A severe allergic reaction can develop just seconds after someone comes into contact with the allergen. It can affect the whole body, and if it's not treated quickly enough it could be fatal. Common causes are insect stings, foods and some medication. It is life threatening and requires immediate first aid (an auto-injector) and emergency medical assistance.

Signs and symptoms

Look for:

- a red, itchy rash, or raised area of skin (welts)
- red, itchy, watery eyes
- swelling of hands, feet, or face
- abdominal pain, vomiting, or diarrhoea.

There may also be:

- difficulty in breathing
- swelling of tongue and throat with puffiness around eyes
- confusion and agitation
- signs of shock leading to collapse and unresponsiveness.

WHAT ACTION TO TAKE

1. Call 999 or The Health Centre straight away and explain that you suspect a severe allergic reaction.
2. Keep them safe, remove danger from them and provide reassurance
3. If someone's having a severe allergic reaction, then they may have medication, like an auto-injector. This is a pre-filled injection device containing adrenaline which when injected, can help reduce the body's allergic reaction.
 - Check if they have one, and if they do, help them to use it or do it yourself following the instructions.
4. Help them to get comfortable and monitor their breathing and level of response.
 - Repeated doses of adrenaline can be given at 10-minute intervals if there is no improvement or the symptoms return.
5. Remain with the person until help arrives.

ASTHMA

Asthma is a common lung condition that causes occasional breathing difficulties. It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults. During an asthma attack, the muscles of the air passages in the lungs go into spasm. As a result, the airways become narrowed, which makes breathing more difficult. Sometimes there is a recognised trigger for an attack, such as a cold, a drug, cigarette smoke or an allergy. At other times, there is no obvious trigger.

Signs and symptoms

Look for:

- difficulty breathing
- wheezing and coughing
- a tight chest, it may feel like a band is tightening around it
- distress and anxiety
- difficulty speaking, shown through short sentences and whispering
- signs of hypoxia such as grey-blue tinge to the lips, earlobes and nailbeds
- exhaustion, in the case of a severe attack.

What action to take

1. Reassure the casualty and ask them to take their usual dose of their reliever inhaler (usually blue). Ask them to breathe slowly and deeply. Call the Health Centre.
- If they have a spacer available, ask them to use it with their inhaler. The inhaler is more effective with a spacer, especially when being used for young children.
2. Sit them down in a comfortable position.
3. A mild attack will normally ease after a few minutes. However, if they don't improve within a few minutes, it may be a severe attack. Ask them to take a puff every 30 to 60 seconds, until they have had 10 puffs. Help the casualty to use their inhaler if they need assistance.
4. If the attack is severe, and they are getting worse, becoming exhausted, or if this is their first attack, call 999 for emergency help.
5. Monitor their breathing and level of response. If the ambulance hasn't arrived within 15 minutes, repeat step 3.
- If they become unresponsive at any point prepare to give CPR.
6. If their symptoms improve and you do not need to call 999, advise the patient to get an urgent same-day appointment to see their GP or asthma nurse.

DIABETES

Diabetes is a long-term medical condition where the body cannot produce enough insulin. Sometimes those who have diabetes may have a diabetic emergency, where their blood sugar level becomes too high or too low. Both conditions could be serious and may need treatment in hospital.

There are two types of diabetes:

- Type 1, known as insulin dependent diabetes
- Type 2, non-insulin dependent diabetes.

Someone with diabetes may have items with them which could lead you to suspect that they have diabetes:

- they may be wearing a medical warning bracelet or necklace
- they may be carrying glucose gel or glucose tablets
- they could have medication, such as an insulin pen, a special pump or tablets and a glucose testing kit.

HYPERGLYCAEMIA

This is where the blood sugar level is higher than normal. It may be caused by a person with diabetes who has not had the correct dose of medication. They may have eaten too much sugary or starchy food or, they may be unwell with an infection.

Signs and symptoms

Look for:

- warm, dry skin
- rapid pulse and breathing
- fruity, sweet breath
- excessive thirst
- drowsiness, leading them to become unresponsive if not treated (also known as a diabetic coma)
- medical warning jewellery or medication.

Action to take

1. If you suspect hyperglycaemia (high blood sugar), they need urgent treatment. Call 999 for emergency help and say that you suspect hyperglycaemia.

- They may be wearing a medical bracelet or medallion, or have a card on them which can alert you to their condition.

2. While you wait for help to arrive, keep checking their breathing, pulse and whether they respond to you.

- If they become unresponsive at any point, open their airway, check their breathing and prepare to start CPR.

HYPOGLYCAEMIA

This is where the blood sugar level is lower than normal. It can be caused by an imbalance between the level of insulin and the level of glucose in the blood. Someone with diabetes may recognise the onset of a hypoglycaemic episode.

Signs and symptoms

Look for:

- weakness, faintness or hunger
- confusion and irrational behaviour
- sweating with cold, clammy skin
- rapid pulse/palpitations
- trembling or shaking
- Deteriorating level of **response**
- medical warning jewellery or medication.

Action to take

1. If you suspect **hypoglycaemia** (low blood sugar), help the person to sit down. If they have their own glucose gel or glucose tablets, help them take it. If not, you need to give them something sugary, such as an 150ml glass of fruit juice or non-diet fizzy drink; three teaspoons of sugar or sugar lumps; or three sweets such as jelly babies.
 2. If they improve quickly, give them more of the sugary food or drink and let them rest. If they have their blood glucose testing kit with them, help them use it to check their blood sugar level. Stay with them until they feel completely better.
 3. If they do not improve quickly, look for any other reason why they could be unwell and call 999 for emergency help.
 4. Keep monitoring their breathing and level of response while waiting for help to arrive.
- If they are not fully alert, don't try to give them something to eat or drink as they may choke.
- If they become unresponsive at any point, open their airway, check their breathing and prepare to give CPR.

EPILEPSY/SEIZURES

In adults, the most common cause of a seizure, also known as a convulsion or fit, is epilepsy. Epilepsy is a condition that affects the brain and can cause repeated seizures, which are often sudden and dramatic. However, it can be caused by other things, including a head injury, alcohol poisoning, lack of oxygen, after taking certain drugs, or if someone with diabetes has a 'hypo' where their blood glucose is too low.

Signs and symptoms

Look for:

- sudden loss of responsiveness
- a rigid body with an arching back
- noisy, difficult breathing
- grey blue tinge on the lips
- start of jerky uncontrolled movements (uncontrolled)
- saliva at the mouth, possibly blood stained if they have bitten their tongue or lip
- loss of bladder or bowel control.

What action to take

1. With any seizure, it is important to first protect the casualty from harming themselves during the fit. Ask any bystanders to stand back and clear away any potentially dangerous objects, like hot drinks or sharp objects. Make a note of the time that the seizure started. Call the Health Centre.

- Do not restrain the casualty or move them unless they are in immediate danger.
- Do not put anything in their mouth.

2. Protect their head. You could place soft padding underneath it, such as a rolled-up towel. You should also loosen any clothing around their neck.

3. When any jerky movements have stopped, open their airway and check their breathing.

- If they are breathing put them in the recovery position.

4. Monitor their level of response and make a note of how long the seizure lasted.

- If they become unresponsive at any time, prepare to call 999 for emergency help and give CPR.

5. Call 999 or Health Centre for emergency help if:

- it is the casualty's first seizure
- they are having repeated seizures
- the cause of the seizure is unknown
- the seizure continues for more than five minutes
- the casualty is unresponsive for more than 10 minutes
- they have an injury on another part of the body