FIRST AID GARAGE

V2 – 2026

PAUL KENNY TRAINING

REAL TRAINING. REAL CONFIDENCE. REAL DIFFERENCE.

QUALITY ASSURED | EVIDENCE BASED | TRAINER PROFESSIONAL | LEARNER FOCUSED

BREATH-HOLDING SPELLS IN NURSERY

Staff quick-reference | Recognise • Protect • Escalate

STAFF OBSERVE AND RESPOND — THEY DO NOT DIAGNOSE

Recognise the usual pattern

BEFORE	DURING	AFTER
Often follows crying, pain, fright, frustration or upset.	The child may become silent, hold their breath, change colour, go floppy or briefly faint.	Breathing usually restarts by itself. The child may be tired, upset or need reassurance.

During a typical spell

1. Stay calm and note the start time.
2. Lay the child safely on their side on the floor; do not pick them up during the spell.
3. Protect them from injury, keep the area clear and stay with them.
4. When breathing resumes, reassure, allow rest and reassess against their usual presentation.

NO DUMMY, FINGERS, FOOD, DRINK OR OTHER OBJECT IN THE MOUTH

CALL 999 IMMEDIATELY IF THE CHILD:

- faints and cannot be woken
- becomes stiff, shakes or has jerking movements
- suddenly turns pale, blue or grey — particularly if this is not their known pattern

UNRESPONSIVE AND NOT BREATHING NORMALLY

Call 999 and start paediatric basic life support/CPR in line with your training and the call handler's instructions.

Never shake the child, splash water on them or tell them off.

REMEMBER

- Breath-holding spells are involuntary; the child is not choosing to do this.
- A typical spell often resolves within about one minute.

USE THE WHOLE PICTURE

- Do not rely on a stopwatch alone.
- Follow the 999 criteria above and the child-specific plan; escalate anything severe, unusual or concerning.

KEEP CALM • KEEP THE AIRWAY CLEAR • KNOW WHEN TO CALL 999

PREPARE, RECOVER AND RECORD

A proportionate nursery procedure for a known breath-holding condition

Before an episode: agree the child-specific plan

- Confirmed diagnosis and current clinical advice, including whether iron deficiency or another cause has been considered.
- Known triggers, the child's usual colour change, movements, typical duration and recovery.
- Exact staff actions, individual 999 criteria, emergency contacts and collection arrangements.
- Where the plan is kept; who has read it; review date; and what changes require an earlier review.

AFTER THE EPISODE

- Reassure and allow quiet rest.
- Check breathing, responsiveness and recovery against the child's normal baseline.
- Inform the manager and parent/carer promptly.
- Record timings, trigger, presentation, actions, recovery and advice received.

COLLECTION / GOING HOME

- Follow clinical advice, the child-specific plan and the setting's policy.
- Request collection if the episode was severe, prolonged or unusual; the child is not back to baseline; or safe supervision cannot be maintained.
- An ambulance attendance alone does not create a universal automatic exclusion rule.

Record, report and review

- Complete the setting's accident/incident and first-aid records, including any 999 call and paramedic advice.
- Share information with parents/carers and retain records in line with the EYFS, confidentiality and safeguarding arrangements.
- Review the plan after any significant, changing or emergency episode, and brief all relevant staff.

ASK THE PARENT/CARER TO SEEK MEDICAL ADVICE IF:

- the child has not previously been medically assessed
- episodes become more frequent, last longer, worsen or look different
- staff or parents are uncertain that the events are breath-holding spells

Manager implementation check

- The plan is agreed, dated and available.
- Emergency contacts and collection arrangements are current.
- Permanent, relief and agency staff are briefed.
- A significant episode triggers a debrief and plan review.

KEEP THE PLAN ACCESSIBLE • BRIEF ALL RELEVANT STAFF • REVIEW AFTER ANY SIGNIFICANT CHANGE

Official guidance

NHS: Breath-holding in babies and children
NHS: How to resuscitate a child
DfE: Early years foundation stage framework
DfE: First aid in education settings

Staff-awareness aid only. It does not replace accredited paediatric first-aid training, the nursery's emergency procedures or child-specific clinical advice. Guidance checked: July 2026.