MEDICAL POLICY
Including First Aid Policy

1. Aim

This policy aims to promote the health and wellbeing of all pupils (including boarding, day and EYFS pupils) in order that they are best able to reach their potential and participate fully in school life, and care for pupils and visitors through the provision of first-aid facilities, equipment and trained personnel. This is achieved by:

- Monitoring the wellbeing of each child; using pastoral monitoring systems and wellbeing lists shared by the DSL
- Being available to give them advice and support;
- Recognising and respecting that each child is an individual with his or her own needs and aspirations;
- Providing links between children, parents/guardians, members of staff and other health professionals.

2. Medical Provision, Accommodation and Facilities

Provision

The school has a multi-disciplinary team of professionals who work together to deliver an integrated pastoral, health and welfare support system for all pupils. This includes:

- A First Aid Coordinator who provides a medical / nursing care service to pupils, first aid care to all members of the school community, and promotes the health, wellbeing and protection of the pupils in the school.
- First aiders with an appropriate range of qualifications, eg paediatric first aid, sports first aid, emergency first aid, first aid at work, outdoor rescue and emergency first aid
- Access to a school doctor or nurse in private if they wish (boarding schools)
- Access to counsellors
- Designated Safeguarding Lead
- SENCO
- Pastoral staff

See **Annex D** for a list of the First Aid Coordinator's key responsibilities.

All information provided to the First Aid Coordinator by the child or the parents, is confidential and will only be passed on to staff members or other healthcare professionals on a 'need to know basis'. NB Safeguarding 'trumps' patient confidentiality. All medical and nursing notes are stored securely with restricted access. All qualified nurses work in line with the Nursing and Midwifery Code of Professional Standards.
It is the intention of the team to make every child feel welcome in the medical centre, however big or small the problem, and to see them back into school feeling confident that, whether they have needed medical treatment or not, they have been listened to and understood.

There will always be at least one qualified first aider on the school site when children are present, including overnight, weekends and boarding hours, who has access to appropriate resources and the pupils' medical records.

There will be occasions when the First Aid Coordinator is absent from school, either short or longer term. The school will put arrangements in place to support and care for pupils, particularly any with long term health conditions, during their absence.

Accommodation

The school provides a suitably located and equipped treatment room in order to cater for the medical and therapy needs of pupils, including:

- medical examination and treatment,
- short-term care of sick and injured pupils.

The treatment room, known as Surgery, is the main base for the First Aid Coordinator / medical staff and is the place where first aid/nursing/medical treatment is usually prescribed and administered. It is also a port of call for children feeling unsure, homesick or needing to chat.

It will be:

- Large enough to hold an examination with enough space at the side for people to work, and other necessary furniture and equipment.
- Be as near as possible to a point of access for transport to hospital,
- Have adequate heating, lighting, and ventilation and a non-slip washable floor,
- Have appropriate telecoms and internet equipment and connectivity to facilitate easy communication and access to electronic information / records,
- Have a wash hand basin supplied with hot and cold running water and be near to a toilet,
- Be provided with:
    - Chairs (with waterproof / easily cleanable surfaces)
    - Smooth topped washable working surfaces
    - Cupboards for storing equipment and materials
    - A secure, lockable cupboard for storing medicines and a lockable fridge for storing temperature sensitive medicines.
    - Drinking water (if not available on tap) and a supply of disposable cups
    - Foot operated refuse container
    - Suitable container for ‘sharps’

If the school has pupils with disabilities, SEN or complex needs, appropriate additional medical accommodation may need to be provided to meet these needs.

If the school has boarders who need to be cared for away from their usual accommodation, e.g. due to infectious illness, good quality quarantine accommodation is provided including toilet and washing facilities, in a location where they can easily be monitored and supervised by staff.

Facilities

In addition to the first aid and medical equipment available in Surgery, additional facilities and equipment are located in other parts of the school, eg:

- First aid kits
- Defibrillators (AED Cabinet Outside Maintenance Shed)
- Emergency Adrenaline Injectors (Main Building Surgery / AED Cabinet Outside Maintenance Shed / Bowlers Changing Rooms)
- Eye-wash kits (Science Lab)

3. Gillick Competency / Fraser Guidelines

In line with Lord Scarman's comments in his judgement of the Gillick case "parental right yields to the child's right to make his/her own decisions when he/she reaches a sufficient understanding and intelligence to be capable of making up his/her own mind on the matter requiring decision." The following websites provide more information:

- https://learning.nspcc.org.uk/child-protection-system/child-competency-guidance
- www.cqc.org.uk/content/nigels-surgery-8-gillick-competency-and-fraser-guidelines
- https://www.nhs.uk/tests-and-treatments/consent-to-treatment/children/

It is unlikely that any Cothill pupil will be considered Gillick Competent, but if there is any question on the matter, it will be discussed in detail by the Head, Head of Year, First Aid Coordinator and any other relevant seniors members of staff.

4. First Aid Policy

First Aid is the initial treatment given to a casualty for any injury or sudden illness for the purpose of preserving life and minimising the consequences of injury and illness before the arrival of an ambulance, doctor or other qualified health professional. It is also the treatment of minor injuries which do not need treatment by a medical practitioner.

The aim of this policy is to:

- Provide effective first aid cover for pupils, staff and visitors,
- Provide first aid promptly and efficiently,
- Ensure that all staff and pupils are aware of the systems in place.

This will be achieved by:

- Providing adequate first aid cover as outlined in the Health and Safety (First Aid) Regulations.
- Ensuring that all members of staff know what the first aid procedures are throughout the school and reminders are regularly provided e.g. at the start of the academic year or during inset days.
- Ensuring that a sufficient number of staff receive appropriate first aid training which is updated every three years.
- Ensuring at least one qualified first aider is always on the school site when children are present, and they have access to appropriate first aid resources and the pupils' medical records.
- Ensuring that at least one appropriately qualified first aider always accompanies every school trip, off-site activity or away match attended by pupils.
- Ensuring that first aid kits are adequately stocked and readily available around the school, and portable first aid kits are provided for all off-site activities / school trips / away matches.
- Ensuring that other first aid equipment provided at the school, e.g. defibrillators and emergency Adrenaline Auto Injectors, are regularly checked and maintained in good working order.
- Making parents aware of the school's first aid arrangements and the procedures for informing them if their child has an accident and receives first aid treatment / medication at school or on an off-site school activity.
- Ensure that a record is kept of all accidents and injuries to staff and pupils occurring both on and off the school premises as a result of school activities. (More information in section 7);
- Ensure that a record is kept of all first aid treatment administered by the First Aid Coordinator/ Matrons / first aiders and all medication administered by school staff (More information in sections 7 & 9);
- The HSE is informed of injuries that are reportable under RIDDOR without delay. (More information in section 7 and **Annex E**);

- The schools first-aid and accident reporting arrangements are regularly reviewed.

Refer to **Annex A** for a list of staff who are first aid trained

Cothill aims to:

- Provide first aid promptly and efficiently to secure the safety and welfare of our pupils.
- Ensure effective assessment of a child feeling unwell or who is injured;
- Ensure that a child with any minor injury is accompanied to the treatment room to be attended to by the on duty first aider.
- Ensure that a casualty with a serious injury will not be moved until assessed by a qualified first aider, unless the casualty is in immediate danger;
- Ensure that a first aider treats casualties safely and effectively. This includes wearing protective clothing, i.e. disposable gloves, and seeking assistance from other first aiders if required.
- Ensure staff who do not possess a valid first aid certificate refer an injured child to a first aider with an in-date first aid qualification. However, if emergency aid is required, it may be necessary for the staff member to initiate simple lifesaving measures.
- Ensure that any child who has sustained a significant head injury is taken to hospital and assessed professionally. (More information in section 5);
- Ensure that if a pupil goes to hospital by ambulance, they are accompanied by a relative or staff member. The staff member will act 'in loco parentis' if required. Key medical details for the child will be taken to the hospital as this information may required by hospital staff;
- Ensure adequate infection control measures are adhered to by the cleaning and clearing of contaminated areas and equipment and the correct disposal of used items, e.g. gloves and dressings, to prevent contamination. (More information in section 10);
- Ensure that at the beginning of each term, a list of children with specific medical requirements is made available to all relevant staff e.g. asthma, allergies and special dietary needs.

5. First Aid Within the School

In the event of an accident or first aid emergency:

- Keep calm
- Be aware of danger
- Assess the injured person and the situation
- If the injured person is well enough to walk, take them to the treatment room. If the First Aid Coordinator is not there contact the receptionist and ask them to send a First Aider. Do not leave the person unattended.
- If the injured person is not able to move, do not try to move them; stay with them and summon help from a First Aider.
- If the situation requires urgent medical assistance, do not hesitate to call an ambulance by dialling 999 from any mobile or land-line telephone.

If you are the First Aider make your assessment:

- Danger – check that there is no danger to yourself or others close by
- Response – does the casualty respond to your voice or tapping on the shoulders?
- Shout for help
- Check:
    - A – Airway
    - B – Breathing
    - C - Circulation

Depending on your assessment you will then:

- Give emergency first aid as appropriate
- If minor injury, accompany casualty to the Matrons Office/Treatment Room

AND/OR

- If the casualty requires further emergency medical assistance call an ambulance. A member of staff will accompany the casualty to hospital.
- Parents will be notified immediately.
- Record details of the incident and first aid treatment given using the school's recording system

Examples of injuries / medical emergencies which require urgent medical assistance:

- Severe allergic reactions and anaphylaxis
- Asthma attacks
- Difficulty in breathing / choking
- Seizures
- Fainting / collapse
- Diabetic emergency, eg hypoglycaemia
- Severe bleeding
- Severe burns
- Breaks or sprains
- Head injury and concussion
- Effects of severe self-harm
- Hypothermia / heat exhaustion
- Cardiac arrest / severe chest pain
- Stroke

Head Injury & Concussion

All staff, particularly PE/Sports staff and coaches, should be familiar with the signs that a pupil has suffered a serious head injury or an injury that might result in concussion (see pages 9 & 10 of 'If in Doubt Sit Them Out' and the actions to take (see pages 11 & 12). If a child loses consciousness, for however short a period of time, appears dazed or confused, or suffers disturbances of vision, the child should receive immediate medical attention. Any child with signs of a serious head injury must go to hospital. Return to school and sport following any diagnosed concussion will be informed by medical advice and using the Concussion Guidelines from:

- The Sport and Recreation Alliance - 'If in Doubt Sit Them Out'
- Association for Physical Education (AfPE)
- Return2Play

Serious consideration should be given to the chance and effects of a second head injury during the recovery period from the initial incident, and appropriate precautions, e.g. rest or phased return taken. Please refer to **Annex F : Head Injury and Concussion Management with Meloria Medical (previously Return2Play)**

Suspected Spinal Injury

If a neck or back injury is suspected DO NOT put the casualty in the recovery position unless immediate loss of life is at risk. An ambulance must be called.

First Aid Outside the School (e.g.during sporting fixtures/events)

- During sporting fixtures, home or away, first aid kits will be made available. This enables first aiders accompanying the pupils to administer basic first aid.
- Staff must report any incidents and details of first aid given to the on duty first aider on return to school.

First Aid for Pupils on School Trips and Off-site activities

- School trip / off-site activity risk assessments should identify if anyone on the trip needs special care, consideration or support, who the first aiders are, and the arrangements if a pupil, member of staff, or any person accompanying the group becomes ill or is injured on the trip.
- Any medical conditions/information affecting any of the pupils must be conveyed to the Trip Leader by the First Aid Coordinator in good time before the trip takes place.
- A first aider will always accompany the trip and a medical bag / portable first aid kit will always be taken.
- Medication is carried in the medical bag if required, e.g. pupils asthma inhalers (ALWAYS blue in colour) and adrenaline auto-injectors. The bag will be the responsibility of the Trip Leader or designated trip First Aider.
- Staff carry mobile telephones to enable communication with the emergency services and school should an emergency occur. The use of mobile phones must be in line with the Staff Code of Conduct and Safeguarding Policy.
- Staff must report any incidents and details of first aid given to the on duty first aider on return to school.

6. First Aid Kits and Other First Aid Equipment

Please refer to **Annex B** for a list of the locations of all first aid kits, defibrillators, emergency medication e.g. AAIs and Inhalers, and other emergency first aid equipment.

All first aid kits, other first aid equipment, e.g. defibrillators and emergency medication (AAIs and inhalers), are regularly checked (at least termly) by the First Aid Coordinator to ensure they are in place, adequately stocked, in date and in good condition.

It is recommended that where no specific risk identified, first aid kits are provided with at least the following contents:

- a leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings of assorted sizes
- two sterile eye pads
- four individually wrapped triangular bandages
- six safety pins
- six medium sized individually wrapped unmedicated wound dressings
- two large individually wrapped unmedicated wound dressings
- three pairs of disposable gloves

Further guidance can be found in the HSEs *First Aid Guidance* (L74) - click here and scroll to page 32.

7. First Aid Records, Accident Records and Accident Reporting

FIRST AID RECORDS

The school will keep a record of any first aid treatment given by first aiders to pupils on iSAMS. This will include:

- Name of the injured person
- Class / form if they are a pupil
- Date, time and location of incident
- Details of the injury and what first aid /medication was given
- Name and signature of the first aider dealing with the incident

- What happened to the person immediately after treatment e.g. went back to class, resumed normal duties, went home, went to hospital)

NB Where appropriate First Aid records can be combined with Accident Records - no need for duplication.

ACCIDENT RECORDING and REPORTING

The school will make detailed records of accidents, injuries and illnesses, together with an account of any first aid treatment, medication or treatment given to all pupils, employees and visitors. It will also make reports to parents, and external organisations as required.

- All accidents to pupils, staff and visitors will be reported to the First Aid Coordinator and serious accidents and near misses will be reported to the Head and the Operations Manager.
- Parents will be informed as soon as is reasonably practicable of any accident or injury sustained by their child, and of any first aid / medical treatment given. Accidents involving EYFS children must be reported to parents on the same day they occur.
- If schools are registered providers of children under the age of 3 Ofsted and local child protection agencies must be notified if a child under the age of 5 dies or suffers any serious accident, illness or injury (defined as those requiring the child to go to hospital) whilst in their care. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring.
- The First Aid Coordinator and First Aiders are responsible for ensuring all accidents are recorded. This includes accidents occurring on the school premises and during off-site matches, activities and school trips. Details of all accidents and serious near misses will be recorded in the accidents book(s) kept by the Operational Manager in the Bursary.
- Accident records will include:
    - Name of injured person
    - Class / form if they are a pupil
    - Job title / role if they are a member of staff
    - Contact details if they are a visitor
    - Date and time of incident;
    - Place where incident occurred (photos / site plans can be very helpful)
    - Details of what the injured person was doing at the time of the accident
    - If injured person was a pupil, who was supervising them
    - Cause of injury
    - Details of the injury (a body map is helpful)
    - First aid / medication given and name of first aider
    - What happened to the person immediately after treatment, e.g. went back to class, went home, went to hospital;
    - Names of anyone else involved in the incident and any witnesses
    - Time pupil's parents were contacted and key information given
- Accident records are stored in a format that is compliant with Data Protection Regulations.
- Accident records relating to staff and adult visitors will be kept for a minimum of seven years.
- Accident records relating to pupils and child visitors will be kept until they reach the age of 25. (Pupils can bring a claim in their own right, rather than through their parents, once they reach the age of 18, so there remains the possibility of a pupil bringing a claim against a school up to the age of 25.
- The Head/Ops Manager will ensure that RIDDOR reportable accidents and incidents are reported to the Health and Safety Executive within the appropriate time scales (see **Annex E** for checklists to determine which accidents are RIDDOR reportable);
- All serious accidents or near misses will be investigated to identify the causes and minimise the risk of a similar incident occurring;
- A review and analysis of the accident records will be undertaken each term by the schools H&S Committee to identify any trends and areas for improvement. This will include:
    - The total number of accidents incurred by staff, pupils and visitors
    - Locations where accidents / incidents occur
    - Causes of accidents / incidents

- Brief details of any unusual or notable accidents / incidents and the measures taken to prevent reoccurrence

8. Accident Investigation

All serious accidents and near misses should be investigated as soon as possible by the Head / Operational Manager and Head of Department responsible for the activities during which the accident / near miss took place. The investigation should seek to identify the immediate and root causes of the accident/near miss in order that action can be taken to prevent them reoccurring in the future.

The investigation should include photographs taken at the scene of the accident, a timeline and detailed record of events, witness statements, any correspondence with interested parties, risk assessments and records e.g. lesson plans, completed checklists, equipment inspection records, training records, qualification certificates, consent forms, accident reports, first aid treatment records. An investigation report should be written and a copy kept on file in the event of future insurance claims or HSE investigations.

Detailed guidance on investigating accidents and incidents is available in the HSE's document HS245 "Investigating Accidents and Incidents"

9. Medicine Storage and Administration

STORAGE

- Pupils should not have medicines in their possession (other than emergency medicines such as adrenaline auto-injectors (AAIs) and inhalers) whilst they are at school. However, pupils should know where their medicines are stored and who is authorised to administer them.
- If a child requires medication to be administered in school, his/her parent must complete and return a Medicine Request/ Administration Consent Form (available from the Matrons Office) providing all the necessary information and permission, including why the child needs the medicine. Medical authorisation and parental consent must also be obtained for the use of the school's emergency salbutamol inhalers and emergency AAIs by children who have been prescribed an inhaler or who are at risk of anaphylaxis.
- No child should be given medicines without their parent's written consent. However, in an emergency any member of staff may administer an AAI or antihistamine or ventolin reliever (blue) inhaler for the purpose of saving a life (The Human Medicines Regulations 2012 Section 238 and Schedule 19). If in doubt call 999 and take the advice given by the emergency services.
- If a parent sends medication to school prescribed by a non-UK doctor / healthcare professional the First Aid Coordinator should check that it is on the UK approved list. All ingredients and full administration instructions (name of the child it is intended for, dose and frequency of administration) must be clearly written in English on the original label. If these conditions are not met the medication will not be administered by school staff.
- With the exception of inhalers and AAIs, all medicines (prescribed and non-prescribed), homoeopathic remedies, vitamins and supplements must be stored in the original container in which they were dispensed / bought, in accordance with the instructions on the label, either in a locked cupboard or a locked refrigerator (eg antibiotics and insulin). The container should be clearly labelled with the name of the child it is intended for, the dose and the frequency of administration.

- Prescribed medicines, e.g. antibiotics, should only be brought into school by day pupils when it would be detrimental to the child's health if the medicine were not administered during the school day. The school should only accept medicines that have been prescribed for the child by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container and include the prescriber's instructions for administration.
- Emergency medicines, such as AAIs and inhalers, should be kept in a readily accessible safe place. Older pupils may carry their own emergency medicines if staff deem they are sufficiently responsible.
- All controlled drugs must be stored in a non-portable container inside a locked cupboard or fridge which only named staff have access to. However they must be easily accessible in an emergency. They may only be administered by named staff who have received training in their administration. A record should be kept of any doses used and the amount of controlled drug held.
- The temperature of medicine fridges should be between 2o and 8oC, monitored daily and the temperature recorded. The fridge should be cleaned and defrosted regularly.
- Staff who bring prescribed or over-the-counter medications to school or on school trips for personal use must ensure that their medicines are securely stored, especially in EYFS settings.

ADMINISTRATION

Refer to **Annex C** for a list of staff who are authorised to administer medication.

- Medicines should only be administered by the First Aid Coordinator, Matron or by nominated staff who have access to up-to-date information about a child's need for medicines and parental consent, and have received appropriate training to administer medication.
- A record should be kept of all pupils who are deemed competent and sufficiently responsible to self-medicate, together with a comprehensive risk assessment.
- Some children who take regular medication will have an Individual Healthcare Plan (IHP). The IHP should be reviewed at least annually by the First Aid Coordinator, or more often if it is updated by their healthcare professional.
- Arrangements for pupils to take any necessary medication on school trips / off-site activities / away matches, either routinely or in emergency situations, must be taken into consideration when the trip / visit is planned. All medication will be held by the Trip Leader or designated trip First Aider and given when appropriate.
- Non-prescription medicines should not normally be administered to children under the age of 8 whilst at school.
- Children under 16 should not be given aspirin unless it is prescribed for medical purposes.
- Before administering the medicine staff should check:
    - The child's name
    - The child's medical consent forms
    - Name of medication, that it is in its original labelled container as dispensed by the pharmacist and its expiry date
    - Prescribed dose and method of administration
    - Time / frequency of administration
    - Instructions provided by the prescriber on the label or container
    - Any information re side effects or restrictions on use, eg asthmatics should not take ibuprofen.
- Every time medicine (prescribed and non-prescribed) is administered to a child, staff must complete iSAMS record and inform the child's parents as soon as possible, preferably the same day if they are a day pupil. The record should include:
    - Name of child
    - Class / form name
    - Date and time medicine administered
    - Name and strength of medicine
    - Dose given
    - Method of administration, eg orally, topically or administered by the pupil themselves

    - Any observed reactions / side effects
    - Name & signature of staff administering the medicine
- The school has a system to ensure that if boarding house staff administer medication, the first aid coordinator / matron is informed to avoid the risk of double dosing. The system used at Cothill is iSAMS.
- If an error in administering medication is made, e.g. wrong dosage, the pupil's parents should be notified immediately and appropriate action taken to prevent any potential harm to the child. The Head should be informed and relevant documentation completed, e.g. Near Miss/ Incident report form.
- If a child refuses to take medication, or spits it out, they should not be forced to take it. A note should be made in their records and their parents contacted the same day to discuss the situation.

DISPOSAL of MEDICINES

Medicines provided by parents should be returned to them once they are no longer needed by their children, or when they reach their expiry date. If parents do not collect medicines they should be taken to a local pharmacy for safe disposal.

STAFF TAKING MEDICINES

Staff must seek medical advice if they are taking medication which may affect their ability to care for children, or affect their ability to do their job safely. Staff must not be under the influence of alcohol or any substance which may impair their ability to care for children. Staff are responsible for their own medication which must be securely stored at all times, especially in EYFS settings. The school cannot be held responsible for staff medication. As a matter of course staff should provide their own non-prescription medication, e.g. Paracetamol for headaches, but the First Aid Coordinator / Matron can occasionally provide a dose to staff who do not have their own supply in order to enable them to continue to work in comfort.

Pupils must not be able to reach or touch any staff medication, and all medication kept e.g. in personal handbags, should be stored securely in staff lockers or locked desk drawers.

All staff are required to sign an annual medical declaration which is securely held by the Head's PA in their Office. This information is confidential. All staff are contractually required to update their medical information should it change at any point during the academic year.

10. Infection Control Procedures, including dealing with the spillage of bodily fluids

Infection control measures aim to interrupt the cycle of infection by the routine use of good standards of hygiene, and other measures, so that transmission of infection is reduced overall. The school aims to achieve this is by:

- Encouraging staff and pupils to practise high standards of personal hygiene, particularly good hand washing and cough etiquette,
- Making sure the school environment is kept clean,
- Following a strict protocol for cleaning up spillages of bodily fluids and disposing of clinical waste and sharps,
- Ensuring staff and pupils who are suffering, or potentially suffering, from infectious diseases do not return to school before the recommended exclusion period for their illness has elapsed,
- Boarders who are suffering from infectious illnesses are moved to quarantine accommodation with its own toilet and washing facilities.

Hand-washing and Personal Hygiene

Handwashing is the key to reducing the spread of many infectious diseases. Encourage everyone to thoroughly and regularly wash their hands using soap and warm water, particularly:

- after using the toilet
- after coughing / sneezing
- before eating any food, including snacks
- after breaks and sporting activities
- before food preparation
- after undertaking any cleaning activities

If hand washing facilities are not available, hand sanitisers can be used as an alternative.

Many infections are spread through coughs and sneezes. Teaching, practising and promoting good 'cough etiquette' plays an important role in infection prevention and control.

Cleaning

Regularly cleaning the school environment is important to prevent and control the spread of infection. Measures for effective cleaning include:

- Implementing a detailed cleaning schedule which specifies the most appropriate cleaning chemicals, dilution rates, contact times and cleaning materials.
- Paying particular attention to frequently touched areas and surfaces, such as key-pads, door handles and push plates, handrails and bannisters, wash hand basin taps and toilet flush handles, light switches, shared keyboards /mice, touch screens, telephones and hand operated dispensers.
- Regularly removing rubbish and waste
- Thoroughly cleaning and ventilating an area occupied by someone with an infectious disease after they have left. Use of household disinfectant and single use / disposable cloths / paper towels will significantly reduce the risk of passing the infection on to other people.
- Everyone who undertakes cleaning tasks should ensure they wash their hands regularly, particularly at the end of the task and before preparing or consuming food or drinks.
- Anyone who cleans a room occupied by someone with an infectious disease should wear disposable gloves and aprons. At the end of the task they should take them off carefully to prevent self-contamination, and dispose of them correctly, then wash their hands thoroughly with soap and warm water.
- Anyone who cleans up blood and bodily fluids (vomit, urine, faeces, saliva and nasal discharges) must follow the protocol for cleaning up spillages of bodily fluids

Protocol for Cleaning up Spillages of Bodily Fluids

All spillages of blood and bodily fluids (vomit, urine, faeces, saliva, and nasal discharges) should be cleaned up immediately to reduce the risk of infectious micro-organisms causing further illness. The main risk is infection following hand to mouth/nose/eye contact. There is also a risk of infection via broken skin (cuts or scratches).

Before clearing up any spillages of body fluids:

- Train staff how to do this safely and effectively.
- Collect dedicated cleaning equipment eg: bucket, scraper, brushes, disposable cloths/paper towels, closable containers and bags.
- Collect appropriate absorbent material e.g. Absorbgel or cat litter, and cleaning chemicals: surface disinfectants such as Distel / TriGene or hypochlorite solution (always follow the manufacturer's instructions).
- Cover all cuts and scratches with a waterproof dressing.
- Wear disposable, abrasion-resistant waterproof gloves and a disposable waterproof apron.
- If necessary, wear disposable overshoes or wellington boots.
- Provide good ventilation, e.g. by opening windows
- Erect barriers and warning notices

- Provide buckets with disinfectant and long-handled brushes for personal decontamination at the exit point.

Cleaning Procedure

- Use 'AbsorbaGel' solidifying agent or cat litter to turn any fluid into a gel/solid which can be picked up easily and disposed of.
- Scrape up residues into a closable container, for safe disposal
- Bag up contaminated material that needs laundry or disposal, eg bedding, clothing, soft furnishings
- Wash surfaces clean with detergent and then disinfect them
- Vomit and faeces may be disposed of in a WC
- Small quantities of tissue paper / paper towel or similar biodegradable material contaminated with minor blood / bodily fluid stains can be disposed of by:
    - flushing down the toilet, providing there is no danger of blocking the drains
    - in a sanitary waste bin
    - in a yellow 'clinical waste' collection bag.
- Larger quantities of contaminated tissues, paper towels and cloths, and disposable gloves, aprons and shoe covers, more heavily contaminated with blood / bodily fluids should be disposed of in a yellow 'clinical waste' collection bag, or if this is not available, in a sealed plastic bag which is placed in a sanitary waste bin.

After the clean-up process has been completed:

- Clean and disinfect all reusable work equipment, eg scrubbing brushes.
- Remove and dispose of used disposable gloves and aprons.
- Change out of contaminated work clothing, bag up and disinfect as soon as possible on a high temperature wash cycle.
- Wash your hands thoroughly

Clinical Waste and Sharps

- Clinical Waste in biohazard / yellow bags must be collected by a registered waste carrier and incinerated.
- General waste in the medical centre bins can be disposed of alongside other normal waste.
- Sharps e.g. syringes and hypodermic needles, must be placed in a puncture proof sharps container kept in the medical centre or a locked cupboard.
- When full, the sharps container will be disposed of by a licensed waste carrier or at a local hospital or doctor's surgery.

Infectious Staff and Pupils

Staff and pupils with symptoms of infectious diseases must not come to school. See the following documents for details of exclusion periods:

- UKHSA - Health Protection for Schools – Infection exclusion table
- UKHSA - Health Protection in Schools - Guidance on managing cases of infectious diseases in schools

Parents and staff should be frequently reminded that the exclusion period, as advised by the NHS, for diarrhoea and/or vomiting is 48 hours from the last episode, to prevent the spread of infection in school.

Some infectious diseases are notifiable. These are usually notified through a GP. A nominated person in the school (usually the First Aid Coordinator) will contact the local Health Protection Team as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningitis

- tuberculosis
- typhoid
- whooping cough (also called pertussis)

Click here for full list of notifiable diseases.

11. Arrangements for Pupils with Particular Medical Conditions

Allergic Reactions and Anaphylaxis

The school has a detailed Allergy Policy.

Whilst many people have mild allergic tendencies to a wide range of substances, some people can have sudden and very severe reactions, which can be fatal. This is known as anaphylaxis.

Allergic reactions and anaphylaxis occur when a person with allergies is exposed to a particular trigger e.g. certain foods, insect stings / bites, animal fur, or certain medicines. During an allergic reaction / anaphylaxis, cells release histamine in large quantities. The blood vessels become leaky resulting in swelling in the surrounding tissues.

See the following websites for further information on allergies and anaphylaxis

Each pupil prescribed with an Adrenaline Auto Injector (AAI), or diagnosed as at risk from anaphylaxis, must have:

- A personal risk assessment
- An Allergy Action Plan or Individual Health Care Plan (IHP).
- An activity risk assessment should also be completed for relevant activities, eg science and food tech lessons using the allergens

The Allergy Action Plan should be completed by the pupil's healthcare professional, but if this has not been provided, use the templates on the BSACI website.

The IHP should include key information that can be used to:

- Train staff, e.g:
    - Description of the child's disorder including known triggers and presenting feature;
    - Importance of being familiar with the Allergy Action Plan
    - Locations of pupil's AAIs and schools emergency AAIs
    - Record keeping and documentation.
- Communicate between parents, doctors, and school staff as well as communication within the school itself.
- Parental responsibility for checking adrenaline auto-injectors expiry dates and providing new ones if they are used / are near the end of their shelf-life.

The symptoms for allergic reactions vary, but are usually consistent for each individual. They are characterised by the following features:

Mild Reaction

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Mild throat tightness
- Hives or itchy skin rask
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Send the child accompanied by an adult to the medical centre for treatment in accordance with their Allergy Action Plan.
- Ensure their AAIs are easily available.
- Do not take a shower to help with itchy skin - this can worsen the reaction

Severe Reaction - signs of anaphylaxis - potentially life threatening

- **A - Airway**
  - Persistent cough
  - Hoarse voice
  - Difficulty swallowing
  - Swollen tongue
- **B - Breathing**
  - Difficult or noisy breathing
  - Wheeze or persistent cough
- **C - Consciousness**
  - Persistent dizziness
  - Pale or floppy
  - Suddenly sleepy
  - Collapse/unconscious

Emergency Protocol - If any one (or more) of these symptoms are present:

- Lie person flat with legs raised (if breathing is difficult allow the person to sit)
- Administer adrenaline auto-injector (AAI) as soon as possible - do not delay.
- Call 999 and state 'ANAPHYLAXIS'
- Stay with the person until the ambulance arrives; reassure and monitor their condition. Keep them lying down, even if they seem to be getting better - do NOT let them stand up.
- If no improvement after 5 minutes give a further dose of adrenaline with a second AAI.
- Be prepared to commence CPR if necessary
- Send the used AAI(s) with the person to hospital
- Record the incident on the pupil's records and complete an accident / incident form.
- Inform parents/guardian as soon as possible

Guidelines for Using an Adrenaline Auto-Injector (AAI)

1. Pull off the safety cap. *(Never put fingers over tip, when the safety cap has been removed).*
2. Place tip on thigh, at right angle to leg.
3. Always apply to the thigh, never to the buttock. The AAI may be administered through clothing in an emergency situation.
4. Press hard into the thigh until the AAI mechanism functions. This will consist of a positive click and the feel of the force as the needle is released. (This force may take you by surprise as it can seem very severe. The leg will have to be held still as this is done.)
5. Hold the AAI there for 10 seconds to allow the unit to empty.
6. Rub the injection area for 10 seconds post delivery.
7. If no improvement after 5 minutes, a second AAI the dose may be administered if instructed by the emergency services or if specified in the child's IHP
8. One would expect colour to improve with easier breathing and return to consciousness.
9. Replace used AAI in a plastic box and take it to hospital with the child.
10. Record what has been given, when and by whom.

- Click here for an infographic on correct use of AAIs
- Click here for a video on correct use of AAIs

Notes re Pupils' Adrenaline Auto Injectors (AAIs)

- Parents should provide the school with two AAIs.
- Each pupil's AAIs will be clearly marked with their name and stored in named containers along with their Allergy Action Plan / Individual Health Care Plan and any other medication that might be used e.g. antihistamine.
- Both of the pupil's AAIs will be kept **in the Main Building - Treatment Room, in a blue wall container clearly labelled with the child's name.**
- All pupils **must** take **both** their AAIs with them when they go off the premises, e.g. to away matches, or school trips. Games teachers and Trip Leaders must ensure that this life saving treatment is to hand and return them when they arrive back in school.
- At the end of each academic year any unused AAIs will be returned to parents who are responsible for returning in-date AAIs to the school at the beginning of the autumn term.

Emergency Adrenaline Auto-Injector Devices

Schools can buy AAIs without a prescription for use in emergency situations, e.g. if a child who has already been prescribed adrenaline auto-injector devices has not got their own AAI with them, or it has expired.

The school should ensure they have a sufficient number of Emergency AAIs - at least two.

The emergency AAI should only be used on pupils who are known to be at risk of anaphylaxis, and for whom both medical authorisation and written parental consent for use of the emergency AAI has been given. Consent should be updated regularly – ideally annually – to take account of any changes in the child's condition. However, in an emergency any member of staff may administer an AAI or chlorpheniramine (antihistamine) for the purpose of saving a life (The Human Medicines Regulations 2012 Section 238 and Schedule 19).

Click here for Dept of Health guidance on the use of adrenaline auto-injectors in schools.

Allergy Drills

The school will do regular staff training and Allergy Drills to ensure all staff know how to recognise and respond to an allergy incident, where to find the AAIs and how to use them.

Asthma

Asthma is a chronic disorder caused by the inflammation of the linings of the bronchioles and an increase in the production of mucus, causing a dry cough and tightness in the chest. Classic symptoms of asthma include: wheeze, cough, shortness of breath and tightness in the chest.

The common triggers for asthma are: exercise, cold air, upper respiratory tract infection, grass pollen, emotional stress, exposure to pets, smoke, house dust mites and medicines such as non-steroidal anti-inflammatory drugs.

Further information on Asthma can be found **here**.

Each pupil diagnosed with severe asthma, must have:

- A personal risk assessment
- An Asthma Action Plan
- An Individual Health Care Plan (IHP).
- An activity risk assessment should also be completed for relevant activities.

The Asthma Action Plan should be completed by the pupil's healthcare professional, but if this has not been provided, use the templates on the Asthma & Lung UK website.

The IHP should include key information that can be used to train staff, e.g:

- Description of the child's disorder including known triggers and presenting feature;
- Importance of being familiar with the Asthma Action Plan
- Locations of pupil's inhaler and schools emergency inhaler
- Record keeping and documentation.

There are two main types of inhalers for the treatment of asthma – relievers and preventers.

Relievers – Bronchodilators (Blue), ventolin or salbutamol

- These relax smooth muscle, dilating the bronchi and opening the airway.
- Relievers are essential in treating an asthma attack.
- Relievers are a safe and effective medicine and have very few side effects. However, some children may feel shaky if they take several puffs, but these effects should pass quickly.
- Children cannot overdose on reliever medicines.

Preventers – Steroids and non-steroidal anti-inflammatory agents (usually brown, orange, purple)

- These reduce and prevent inflammation of the airways and prevent muscle spasm and swelling, thus protecting the lining of the airways. Taking preventer medicines means that a child with asthma is less likely to react badly when he/she comes into contact with an asthma trigger.

Schools Emergency Inhalers

Schools can buy Salbutamol inhalers without a prescription for use in emergency situations, e.g. if a child who has been diagnosed with asthma has not got their own inhaler with them, or it is empty.

The emergency inhaler should only be used by pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication, and for whom both medical authorisation and written parental consent for use of the emergency inhaler has been given. Consent should be updated regularly – ideally annually – to take account of any changes in the child's condition.

Click here for Dept of Health guidance on the use of emergency inhalers in schools.

Common signs and symptoms of an asthma attack:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Difficulty speaking in full sentences

How to help:

- Keep calm
- Encourage the child to sit and lean slightly forward
- Make sure the child takes two (2) puffs of reliever (blue) inhaler immediately, preferably through a spacer. (Spacers give a more accurate delivery of dosage of medication)
- Reassure and encourage the child to breathe slowly and deeply
- Loosen tight clothing
- The child may require another 2 or more puffs of reliever (blue) inhaler through the spacer

If there is no improvement, and:

- The reliever has no effect after 5 to 10 minutes
- There is an audible wheeze
- The child is too breathless to talk
- The child's lips are blue
- Or if you are in any doubt

CALL 999 for an ambulance stating ASTHMA ATTACK – CHILD and follow the instructions given by the operator.

Diabetes

What is diabetes?

- Diabetes is a long-term medical condition where the body cannot produce enough insulin which controls the level of glucose in the bloodstream. 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.
- Insulin is a chemical produced by the pancreas. It regulates the blood sugar (glucose) levels in the body. When someone has diabetes, their body cannot keep the blood sugar level within the normal range. Their level can be higher or lower than normal blood sugar.
- There are two types of diabetes:
    - Type 1 - known as insulin dependent diabetes
    - Type 2 - non-insulin dependent diabetes
- Some diabetics wear 'medical alert jewellery' e.g. bracelets or necklaces, to communicate vital medical information to first aiders in an emergency.

Further information on Diabetes can be found here

Parents of children with diabetes are responsible for providing diabetes equipment / medication for their children in school and also providing a detailed Individual Healthcare Plan (IHP) which has been drawn up for the child by a paediatric diabetes specialist nurse. The IHP should include key information that can be used to train staff, e.g:

- Description of the condition and way it is managed;
- Practical aspects of the condition e.g. the need to:
    - Check blood sugar levels at regular intervals

    - Pass increased volumes of urine if blood sugar levels are high, hence requests to go to the toilet must be respected.
    - Have meals at regular times throughout the day, which may affect lunch-time activities.
    - Eat snacks in-between mealtimes, which may be during lessons.
- Where the pupil's insulin is stored
- Procedures for measuring blood sugar levels and administering insulin
- Signs of hypoglycaemia and hyperglycaemia and action to take
- Record keeping and documentation.
- Communication between parents, doctors, and school staff as well as communication within the school itself.

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:

- 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)

What to do

- If you suspect hyperglycaemia (high blood sugar), they need urgent treatment. Call 999 for emergency help and say that you suspect hyperglycaemia.
- Look to see if they are wearing a medical bracelet or medallion, or have a card on them which can alert you to their condition and action to take.
- 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:

- weakness, faintness or hunger
- confusion and irrational behaviour
- sweating with cold, clammy skin
- rapid pulse
- palpitations
- trembling or shaking
- deteriorating level of response

What to do

- If you suspect hypoglycemia (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 a 150ml glass of fruit juice or non-diet fizzy drink; three teaspoons of sugar or sugar lumps; or three sweets such as jelly babies.
- 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.

- If they do not improve quickly, look for any other reason why they could be unwell and call 999 for emergency help.
- Look to see if they are wearing a medical bracelet or medallion, or have a card on them which can alert you to their condition and action to take.
- 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.

Seizures including Epilepsy

A seizure can also be known as a convulsion or fit. In young children, seizures are usually caused by a raised body temperature, often following an infection. This type of seizure, known as a febrile seizure, occurs because the brain is not mature enough to cope with the body's high temperature.

Epilepsy is a term which is used to describe a proven tendency to have recurrent fits (also known as seizures or convulsions). Further information on Epilepsy can be found **here**.

Signs and symptoms:

- loss of or lack of a response
- vigorous shaking, with clenched fists and an arched back
- signs of a fever, with hot, flushed skin and sweating
- twitching of the face
- squinting, fixed or rolled back eyes
- breath holding with a red face and neck
- drooling at the mouth
- vomiting
- loss of bladder or bowel control.

What to do

Clear any objects away from around the child that could be dangerous. Then place pillows or soft padding, such as rolled up towels, around the child. This will help to protect them from injuring themselves while having the seizure.

- Do not restrain the child or move them unless they are in immediate danger.
- Do not put anything in their mouth.
- Try to cool the child down. Take off any bedding and clothes such as a t-shirt to help cool them. You might need to wait for the seizure to stop to do this. Make sure there is fresh air circulating but be careful not to overcool the child.
- When the seizure has stopped, place them in the recovery position to keep the airway open. Call 999 for emergency help.
- While you wait for help to arrive, reassure the child and parent. Monitor the child's level of response.

An Individual Health Care Plan must be completed for each pupil with Epilepsy. It should include key information that can be used to train staff, e.g:

- Description of the condition and way it is managed,
- Practical aspects of the condition e.g.:
    - Most pupils with the condition can lead a normal a life with minimum restrictions,
    - Pupils with epilepsy are allowed to swim provided they are appropriately supervised by a competent adult,
- Potential triggers,
- Nature of a pupil's fits, how they affect them,
- Action to take if a pupil has a fit whilst at school,
- Record keeping and documentation,
- Communication between parents, doctors, and school staff as well as communication within the school itself.

12. Useful Reference Documents and Websites

- Supporting Pupils with Medical Conditions - DoE
- Health Protection in Schools and Other Childcare Facilities
- First Aid in Schools, Early Years and Further Education – DfE - 2022
- First Aid Approved Code of Practice and Guidance - HSE - L74
- First Aid at Work : Your Questions Answered – HSE – indg214 – rev2 2018
- Guidance on Selecting a First Aid Training Provider - HSE – GEIS3
- Guidance on the use of adrenaline auto-injectors (AAIs) in schools - DoH
- Guidance on the use of emergency salbutamol inhalers in schools - DoH

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Annex A - List of Staff with First Aid and Mental Health First Aid (MHFA) training

First Aid Training (Level 3)

Training is updated every three years and there is always at least one qualified person on school site when children are present

Name	***Department***
April Bailey	*(Senior First Aid Coordinator / DDSL)*
Amy Whitchurch	*(School Healthcare Assistant)*
Adam Pearson	*(Deputy Head Pastoral / DSL)*
Jo Colcutt	*(Senior Matron)*
Trina Pearson	*(Bowlers Houseparent)*
Sarah Wright	*(Head Matron)*
Laura Marx	*(Senior Residential Matron)*
Emi-Lou May	*(Heads Wife / DDSL)*
Chris Page	*(Bowlers Houseparent)*

Basic Life Support Training (Level 2)

Name	***Department***
Elaine Harris	*Senior Matron*
Pete England	*Groundsman*
Jack Smith	*Head of Maintenance*
Anne Marie Bunt	*Domestic*
Stacey Haynes	*Domestic*

*A number of staff have completed **The STA Level 2 Certificate as NaRS Pool Attendant.** This qualification includes an element of first aid training in dealing with unconscious casualties and CPR.*

Name	***Department***
Rory Griffiths	*Director of Sport*
Adam Pearson	*Deputy Head Pastoral / DSL / Sports Coach*
Amelia Baker	*Girls' Houseparent*
Ben Twyford	*Year 7 Houseparent / Assistant Director of Sport*
Ross Martin	*Year 6 Houseparent / Sports Coach*
Rafe Hallett	*Year 8 Houseparent / Sports Coach*
Chris Ashton	*Reverend / Sports Coach*
Jack Phillips	*Deputy Head Academic / Sports Coach*
Dan Lane	*Sports Coach*
George May	*Head*
Emi-Lou May	*Head's wife / DDSL*
Tom Bennett	*Year 8 Houseparent / Head of Music / Sports Coach*
Chris Page	*Bowlers Houseparent / Sports Coach*
Tim Jackman	*Year 7 Houseparent / Sports Coach*

Guy Parker	*Year 4 Teacher / Sports Coach*
Issy Wood	*Gap Assistant*
Finn Hutchinson	*Gap Assistant*

Mental Health Support

Sally Schuckburgh	School Councillor
Emi Lou May	ELSA (Emotional Literacy Support Assistant)

Annex B - List of of the Locations of First Aid Kits, Defibrillators, Emergency Medication and Other Emergency First Aid Equipment

First Aid Kits are kept in the following locations:

- Treatment Room
- Staff room (Complex building)
- Jackson's (Staff WC)
- Kitchen (Incl Wash Up area)
- Swimming pool (Incl Plant Rm)
- Sports centre
- Art & Pottery
- Woodwork / DT room
- Science lab
- Groundsman's shed
- Maintenance shed
- Pavilion
- Laundry
- Minibuses

Defibrillators are kept in the following locations: AED Cabinet Outside Maintenance Shed

Emergency Adrenaline Auto Injectors are kept in the following locations:

- Main Building - Treatment Room
- AED Cabinet Outside Maintenance Shed
- Bowlers Boarding House - Changing Room

Emergency Inhalers are kept in the following locations:

- Main Building - Treatment Room
- Complex - Staff Room
- Pavillion (Grounds)
- Bowlers Boarding House (laundry/surgery)
- Jacksons - Staff WC
- Swimming Pool
- Science Lab

Annex C - List of Staff who are Authorised to Administer Medication

The following staff have received appropriate training and are authorised to administer medication:

Name	
April Bailey	*(Senior First Aid Coordinator / DDSL)*
Amy Whitchurch	*(School Healthcare Assistant)*
Adam Pearson	*(Deputy Head Pastoral / DSL)*
Elaine Harris	*(Senior Matron)*
Jo Colcutt	*(Senior Matron)*
Trina Pearson	*(Houseparent)*
Sarah Wright	*(Head Matron)*
Laura Marx	*(Senior Residential Matron)*
Emi-Lou May	*(Heads Wife / DDSL)*
Rory Griffiths	*Head of Sport*
Ross Martin	*Year 6 Houseparent*
Chris Page	*Bowlers Houseparent*
Rafe Hallett	*Head of Science / Deputy Y8 Houseparent*
Mark Harris	*Head of Humanities*
Ben Twyford	Y7 Houseparent / Deputy Head of Sport

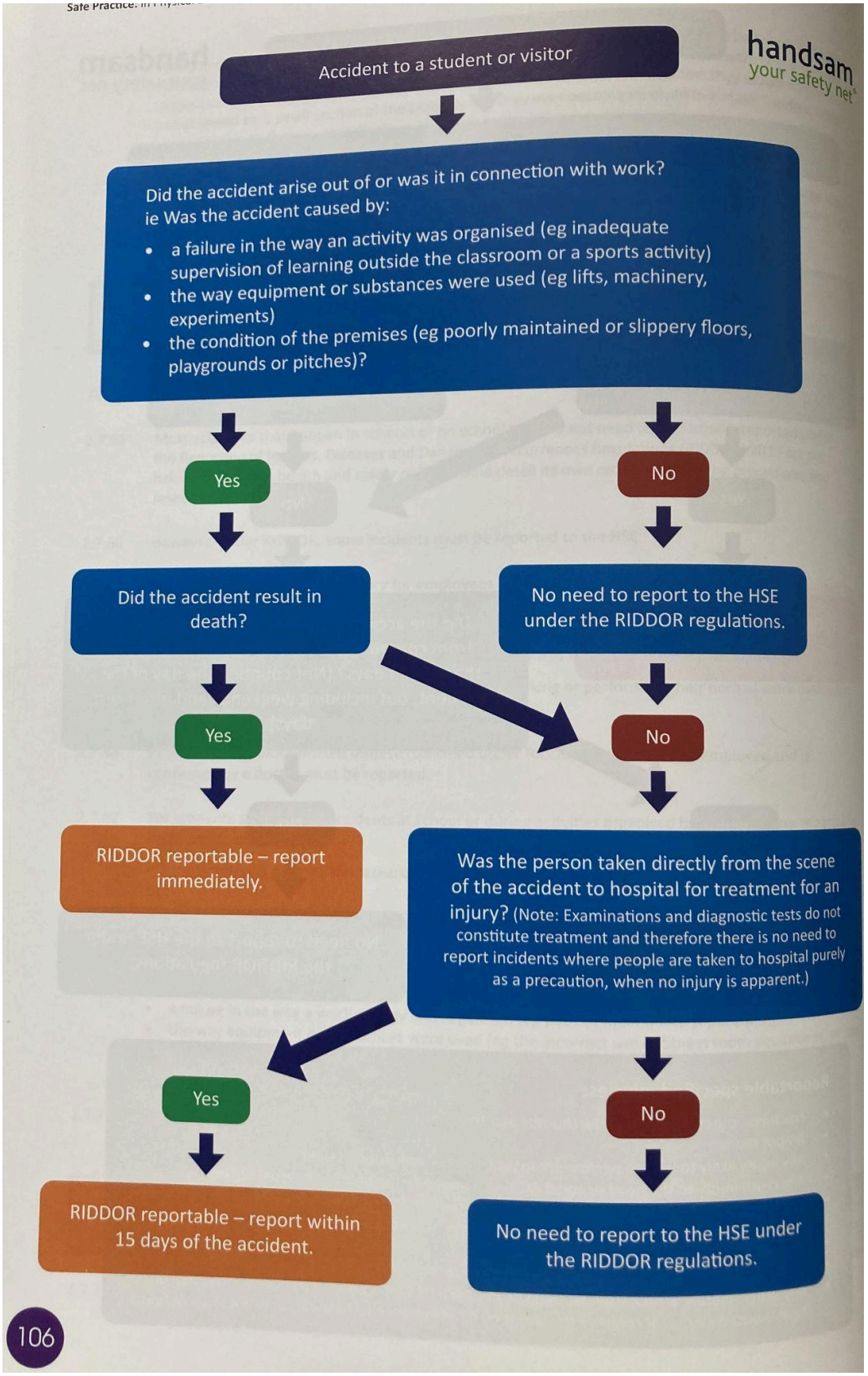
Annex D - The First Aid Coordinator is responsible for:

- Providing day to day medical, nursing, first aid, emergency and pastoral care to all children
- Maintaining accurate and confidential medical records
- Recording administration of non-prescription and prescribed medication, time and dosage
- Undertaking competency assessments for children who carry their own emergency inhalers or AAIs
- Ensuring that accident forms are completed by anyone giving first aid treatment to a pupil, member of staff or a visitor.
- Updating school medical / first aid policies and disseminating information to relevant members of staff on a need to know basis
- Liaising with staff and parents re medical issues relating to pupils
- Ensuring that any child who needs to see a doctor is taken to the local surgery (Boarding schools only)
- Organising vaccinations/immunisations in line with public health recommendations.
- Following procedures for the safe disposal of drugs and clinical waste.
- Checking First Aid Kits and other first aid equipment / emergency medication
- Maintaining treatment room stock, hygiene and tidiness
- Auditing treatment room stock and children's prescribed medication. Recording of expiry dates.
- Implementing relevant health promotion initiatives
- Encouraging children to eat a balanced diet and liaising with other staff members and the kitchens to facilitate this.
- Fulfilling revalidation requirements to maintain NMC registration (registered Nurses only)
- Maintaining in date First Aid qualification

Annex E

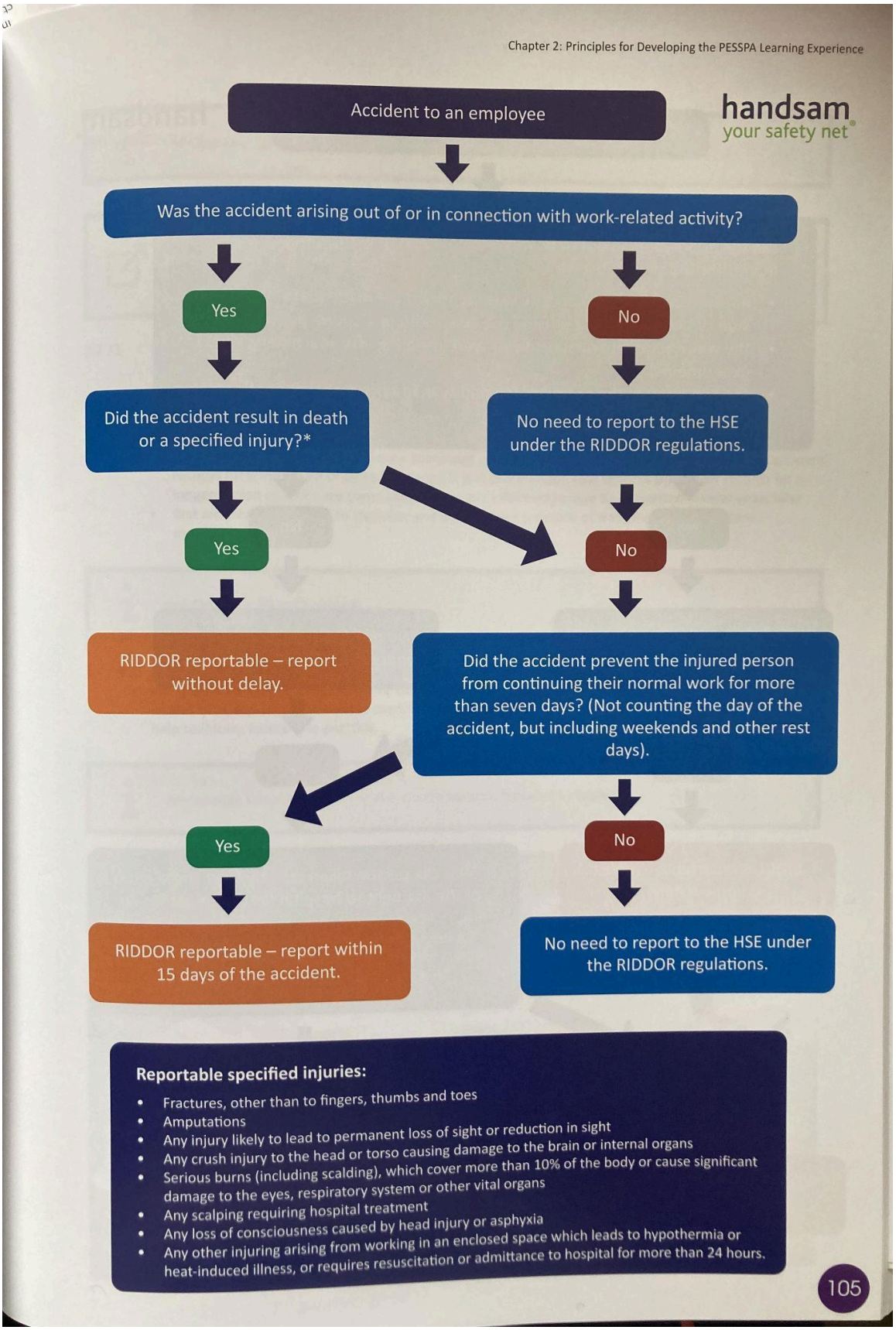
Which Pupil or Visitor Accidents Need to be Reported to the HSE? (RIDDOR)

(Source: Safe Practice in Physical Education, School Sport and Physical Activity - AfPE)



Which Staff Accidents Need to be Reported to the HSE? (RIDDOR)

(Source: Safe Practice in Physical Education, School Sport and Physical Activity - AfPE)



Annex F : Head Injury and Concussion Management with Meloria Medical (previously Return2Play)

Concussion / Traumatic Brain Injury Protocol

Traumatic Brain Injuries: Introduction

If a pupil suffers a direct blow to the head or body, they should be removed from play immediately for assessment. The pupil may show immediate signs or symptoms to suggest a TBI (traumatic brain injury). However, symptoms can occur during the next 24-48 hours and the pupil should refrain from sport until they have been cleared by a trained member of staff. The staff carrying out initial assessment immediately following a suspected injury should report this to the nursing team as soon as possible, with details of what happened, timings, signs and symptoms etc.

- Pupils who receive a blow to the head or body and show symptoms of concussion should not be left unattended.
- Pupils who receive a blow to the head or body and show symptoms of concussion must be assessed by a nurse or other healthcare professional.
- An ambulance will be summoned if necessary and details will be passed to the School doctor.

It is worth noting that a player does not need to be knocked out (or lose consciousness) to have a concussion.

Pupils may experience a number of problems after a blow to the head or body, and if you notice any of the signs below, ***you must get them checked out immediately.*** A pupil can be concussed ***without*** receiving a direct blow to the head - a blow to the body resulting in violent movement causing the brain to shake can also cause concussion.

Some signs and symptoms of concussion:

Loss of consciousness
Dizziness
Confused
Headache
'Don't feel right'
Glassy eyed
Disorientation
Feeling dazed or stunned
Difficulty in concentration
Pressure in head
Drowsiness
Not retaining information
Not behaving / playing as expected
Loss of memory
Emotionally labile
Feels slowed down
Feeling generally unwell
Blurred vision/visual disturbances
Sensitive to light
Poor coordination
Nausea and vomiting

Pupil must go to A & E immediately if they have any of the following symptoms (red flags):

Loss of consciousness, however brief
One pupil larger than the other or unusual eye movements
Cannot be awakened
Weakness, numbness or decreased coordination
Seizures
Increasing confusion, restlessness or agitation
Blood or clear fluid leaking from the nose or ear
Severe or worsening headache
Vomiting or slurred speech
Difficulty recognising people or places
Unusual breathing patterns

Current thinking is the majority (80-90%) of concussion symptoms resolve in around 7-10 days, with some estimates that around 1/3 the symptoms resolve within 1 - 2 days. Children can take longer to recover. There is now good evidence that during this recovery period the brain is more vulnerable to further injury, and if a player returns too early before they have fully recovered and have repeated concussions this may result in:

- Prolonged concussion symptoms
- Increased risk of developing Post-Concussion Syndrome (PCS) with symptoms lasting over 3 months
- Possible increased risk of long term health consequences
- Further concussive events before recovery in adolescents while very rare and poorly understood, can be fatal

Recovery
There is no specific treatment but there are things that can be done to avoid further injury and to aid recovery:

• Rest and moderating activity are key to making a full recovery from concussion. The RFU says that 'After a concussion the brain needs to rest, so initially the player should 24-48 hours of relative rest (sleep, reduced screen time), and a gradual return to activity to prevent worsening symptoms
• Sleep is good for recovery. There is however a balance needed and too much complete rest is thought to delay recovery, so returning to light activities of daily living as soon as the symptoms have started to reduce is advised. No more than 24hrs complete rest is all that is needed in most cases.
Once symptoms have resolved they can gradually re-introduce normal activities but during this time they should NOT return to sport or activities with a predictable risk of further head injury. *See details below.*

Prevention, Precautions & Control in Sport
Cothill aims to minimise the impact of concussions by minimising the risk factors involved in rugby and other organised sports in the following ways:

- Games staff are first aid trained
- Medical support is available at all home fixtures
- Ensure that fixtures and training is well matched to ensure safety
- Referring pupils to doctors, nurses or other health professionals as necessary
- Liaising with other schools over the strength and size of players to avoid mismatches where possible
- Pupils placed on 'off games' , 'active off games' , 'no contact' lists once assessed, and in consultation with parents if necessary

- Pupils who receive a blow to the head will not be allowed to continue playing if they show any symptoms of concussion. *See above.*
- The School does have a stretcher available, however, further medical attention should always be sought when serious injury is suspected, and the casualty should not be moved without professional assistance if spinal injury is suspected.
- Parents will always be informed if a child has been taken to hospital as the result of an injury or accident.
- *The 'Minibus, Travel and Matches' Policy has further guidance.*

Matches away from Cothill

If an accident happens at another school or away from Cothill, procedures similar to those outlined above must always be followed: an ambulance should, if necessary, be summoned, and full details of any accident should be reported to the school nurse, Head Matron and GHSM as soon as is practicable.

Return2Play

Cothill has a partnership with Return2Play who provide medical professionals specifically trained to the highest standard in traumatic brain injuries / concussion. Each pupil will have access to a doctor for assessments to diagnose a concussion. They will then have a number of appointments throughout their recovery period with a medical professional. This is done online and parents can also link in to the appointment. The nursing team will work with Return2Play to arrange appointments, record symptoms and rehabilitation progress and update the dashboard for sporting staff to see where players are in their recovery.

It must be stressed that two weeks is the minimum return to play times, and for pupils who do not recover fully within these timelines, it will be longer. Full contact return to play is a minimum of 23 days.

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