

## First Aid Policy

BETHANY SCHOOL  
CURTISDEN GREEN  
GOUDHURST  
KENT

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# First Aid Policy



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# First Aid Policy



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First Aid Policy

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R Eyre

Issue date: 15/2/22

Authorised by Robert Pilbeam – Governor Review date: September 2022

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# First Aid Policy



## Contents

1. Legislation
  2. Responsibilities
  3. Appointed person and Training
  4. Recording of Accidents/Incidents and Near Misses
  5. First Aid Kits
  6. Spillages
  7. Identification of Pupils with special Medical Needs
  8. After school hours
- Appendix 1: First Aid Kit Contents
- Appendix 2: Location of First Aid Kits
- Appendix 3: First Aid Training Log (Including all names of trained staff in EFAW and paediatric trained staff)
- Appendix 4: Protocol for accessing The Wellness Centre during school hours and out of hours
- Appendix 5: Automated External Defibrillators (AEDs)
- Appendix 6: Asthma Policy
- Appendix 7: Epilepsy Policy
- Appendix 8: Diabetes Policy
- Appendix 9: Anaphylaxis Policy
- Appendix 10: Head Injury and Concussion Policy
- Appendix B – Head Injury Advice

# First Aid Policy



## 1. LEGISLATION

- The Health and Safety (First-Aid) Regulations 1981 as amended in 2013, require employers to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to employees if they become injured or unwell at work.
- These regulations apply to all workplaces, no matter how small
- They do not place legal obligation on employer to make first aid provision for non-employees such as public or pupils in school
- It is strongly recommended by the Health and Safety Executive (HSE) strongly recommends that non-employees are included in a first aid needs assessment and in the school setting this is particularly pertinent

## 2. Responsibility

- The Department of Education (DfEE) states in its document 'Guidance on First Aid for Schools' that the employer is responsible for the health and safety for their employees and "anyone else on the premises"
- The employer at Bethany School are the governors of the school. The governor responsible for First Aid is Robert Pilbeam
- Where first aid is provided for staff and pupils, schools should ensure that:
  - provision for employees does not fall below the required standard;
  - provision for pupils and others complies with other relevant legislation and guidance.

First aiders should complete a Health and Safety Executive approved course every three years.

### 2.1 Responsibility of Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports/recording on the form

Page 4 of 43

File name:	First Aid Policy	Version:	9
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# First Aid Policy

- Informing the headteacher, Senior Sister Rhiannon Eyre or their manager of any specific health conditions or first aid needs

## The Wellness Centre

The Wellness Centre is manned 8am -530pm Monday- Friday during term-time and is an invaluable resource when dealing with accidents. The Wellness Centre does this in conjunction with its role of maintaining a service to pupils who have medical needs. It is expected that those member of staff who have a first aid qualification administer first aid in the first instance and seek medical help if required.

The Wellness Centre is staffed with Registered Nurses. Sister Sam Sweatman is a Paediatric Nurse specifically trained in the care of children and Senior Sister Rhiannon Eyre who is a previous Accident and Emergency Senior Sister also trained in the specific care and first aid in children.

## 3. APPOINTED PERSONS

Emergency first aid at work (EFAW) certificate training is held at Bethany School every three years. All staff at Bethany are expected to complete the EFAW certification.

A record of staff who have completed training and who are paediatric trained is available in appendix 3 of this policy.

## SUMMONING AN AMBULANCE

In the event of a life-threatening emergency, the first aider must summon an ambulance.

- Dial 999
- When asked which service is required, state clearly 'Ambulance'
- When put through to the ambulance control room, state clearly what the emergency is and whether or not the casualty is breathing.
- Listen to the operator and follow the instructions given. Do not hang up the telephone until you are told to do so.

# First Aid Policy



- Give the operator your *exact* location e.g. the slope pitch, Three Ponds or The Mount boarding house.
- Give your telephone number to the operator.
- Send a runner to the main school gate to wait for the ambulance and to direct the crew to the casualty. Inform the school office.
- If the casualty's condition worsens, it is acceptable to call the emergency services back.
- If a decision is made by the ambulance control to send an air ambulance, ensure that the school office informs the Estates Manager so that the Firs Pitch is vacated and prepared for a helicopter landing.

## 4. RECORDING OF ACCIDENTS/INCIDENTS AND NEAR MISSES

The Wellness Centre staff record details of every accident / incident that they deal with on a database. The records are confidential to Wellness Centre staff, and only disclosed if 'the permission for disclosure has been sought from the patient.

It is a statutory requirement to report serious accidents to the Health and Safety Executive, including those resulting in death or major injury and those which prevent the injured from doing their normal work for more than seven continuous days or over three must be recorded [RIDDOR]. All accidents should therefore be reported to the Wellness Centre so that the event can be recorded. An electronic accident reporting form is available on the intranet for staff to report accidents, incidents or near misses.

The Wellness Centre automatically receives the form and acts upon the information if indicated.

The Wellness Centre has a shared document with the Health and Safety officer.

Page 6 of 43

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# First Aid Policy



If there is an injury to a member of the public and they are taken directly to hospital for treatment of a visible injury, this too should be recorded.

The Health and Safety Officer reports all RIDDOR [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995] via an online form. This can be found [here](#)

The Wellness Centre staff will inform the pupil's parent or guardian in the event of a medical emergency or significant injury.

## 5. FIRST AID KITS

There are "resident" First Aid Kits across the entire site of Bethany School as well as 1 on each minibuss. There are also plenty of "transient" First Aid Kits that can be requested (with at least 24 hrs notice) and signed out of the Wellness Centre for trips.

All kits are supplied and maintained by the Wellness Centre. See Appendix 2 for the location of the first aid kits.

The head (or nominated person) of each department that holds a First Aid Kit is responsible for informing the Wellness Centre if any contents have been used and therefore require replenishing.

Except for the games department, all the First Aid kits at Bethany School are green and clearly labelled with the words 'First Aid' and a white cross. It is the duty of all staff to ensure that they know the location of the first aid kits [see appendix 1] and to familiarise themselves with the contents of the kits [see appendix 1].

Although schools are considered low risk establishments, special consideration has been given to practical departments, e.g. science and design/food technology and sporting activities.

## SPORTS

First aid kits are stored in the Games department. If items have been removed from kits, they must be returned to the Wellness Centre to be re-stocked. It is the responsibility of each sports coach to ensure this happens.

# First Aid Policy



First aid provision for sports and out of bounds activities needs special consideration and should be risk assessed. Team coaches or teaching staff responsible for such activities should have appropriate first aid qualifications and those responsible for outward bound activities or hazardous pursuits may require specialised training. There should be a means of communicating or summoning help quickly, e.g. mobile phones at distant sites. For staff who do not have their own mobile phones, school phones are available from the Bursary.

The nursing staff can be summoned by telephoning extension 241 on the internal school telephone. The casualty should be accompanied to the Wellness Centre by a responsible person. In the case of serious injury, the casualty should not be moved, and the nurse should be asked to attend the casualty. The nurse should be given a brief outline of the problem so that appropriate equipment can be brought to the casualty. If pupils are away from the Bethany School campus, first aid must be delivered by the nearest provider or Accident and Emergency department. Following this, the staff member in charge of the trip must inform the Wellness Centre as soon as able.

## 6. SPILLAGES

If spillages occur in the science department, the Science technicians and teaching staff will implement the first aid procedures outlined in the Science Health and Safety Policy [available from the science technicians].

In the event of a spillage of body fluids, a supply of Sanitaire is available in each department for use on all spillages except urine.

1. Inform the housekeeping manager
2. Vacate the room
3. Open doors and windows
4. Put on disposable gloves [from first aid kit]
5. Sprinkle Sanitaire onto spillage except on urine.
6. Leave spillage for at least two minutes so that viruses or bacteria are inactivated.
7. Remove the solidified spillage using paper towels
8. The housekeeper should clean the affected area with detergent and a final clean with a hypochlorite solution of 10 000 ppm.

9. If the spillage is urine, mop up with a detergent solution and then a final clean with a hypochlorite solution of 10 000ppm.
10. Remove gloves and dispose of all waste in a plastic bag.
11. Wash hands with detergent and hot water.

## 7. IDENTIFICATION OF PUPILS WITH SPECIAL MEDICAL NEEDS

We believe that pupils with medical needs should be assisted wherever possible and that they have a right to the full education available to other pupils. We believe that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support whilst at school. We believe that all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs.
- The school will liaise with the School Health Service for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
- Bethany School cannot be held responsible for side effects that occur when medication is taken correctly.
- Any medicines brought into school by the staff e.g. headache tablets; inhalers for personal use will be kept securely in appropriate storage and kept out of the reach of the pupils. Staff medicine is the responsibility of all staff concerned and not the school

Some pupils may have medical conditions that are potentially life threatening such as epilepsy, diabetes, and anaphylactic reactions. The medical forms for each new student clearly state the need to disclose to staff for the safety of the student. A red flag on the pupil's iSAMS record denotes a medical problem. Photographs of students with allergies or intolerances to food is available on a document which all staff have access to and is continuously updated.

# First Aid Policy



There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school. The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a pupil has SEND but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

A pupil who is identified as having a specialist medical need will have an Individual Healthcare plan held at the Wellness Centre. Key points are shared with key members of staff. This plan is agreed by the parent/guardian and the pupil. It is updated yearly unless otherwise specified.

## 8. AFTER SCHOOL HOURS

A registered nurse is on campus between 0800 hrs and 17:30 hrs Monday to Friday, and on call from 7pm until 11pm. After this time there is a designated nurse contactable for advice and treatment in an emergency.

After normal school hours, if first aid is required, this can be provided by appointed house or games staff in the first instance. The Wellness Centre must be informed by telephone if a pupil

Page 10 of 43

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# First Aid Policy



needs to be seen by the school nurse. An electronic copy of the duty rota and mobile telephone numbers of the nursing staff is circulated to all boarding staff each term.

Staff are reminded not to send pupils to the Wellness Centre after hours without prior arrangement with the school nurse. This is to ensure that injured pupils are not left unattended as the nurse may be off campus. Please see Appendix 4 for Protocol.

# First Aid Policy



## Appendix 1: Contents of a small First Aid Kit (as a minimum) Additional items added if Staff feel it is necessary

20 Assorted plasters
2 sterile eye pads
2 individually wrapped triangular bandages preferably sterile
2 safety pins
2 large sterile wound dressings
6 medium sized unmedicated wound dressings
10 sterile wet wipes
1 micropore tape
1 face shield
5 pairs gloves nitrile
1 foil blanket
2 conforming bandages
4 sterile eye wash (20mls)
5 adhesive dressings
1 pair scissors
2 crepe bandages
4 packets sterile gauze
4 ice packs – if kit big enough, if not just 2

# First Aid Policy



## Appendix 2: LOCATION OF FIRST AID KITS

Location	Description	Nominated staff member with responsibility
Agri Shed (Estates)	Green box	Dan Sears
Art Room	Small green box next to the telephone	Sarah Smart, Katie Hayward
CDT	Green box above the sink	Mick Levett
Food technology wall	Green box	Mick Levett
Hut (Estates)	Long green box	Dan Sears
Science Prep room	Green box	Science Staff
Kendon	Top of Medicine Cabinet	Karen Lane
Kitchen office	Square green box on shelf in kitchen office	Karen Holland
Minibus GU64MVM	Green box	TBC
Minibus GU64MVL	Green box	TBC
Minibus GY15NRE	Green box	TBC
Minibus GF56 LFA	Green box	TBC
Minibus GJ59 PYA	Green box	TBC

# First Aid Policy



Minibus YE 58 FXW	Green box	TBC
Minibus GX67 WGV	Green box	TBC
Orchard	Small green bag on the shelf in Matron's room	Karina Austen
Swimming Pool	Green box	Jamie Forde
Sports Hall	Orange wall mounted box	Jamie Forde
The Mount	Wall mounted green box in Housemaster's office	Mandy Hallett

If a kit is used, please return it to the Wellness Centre for checking and re-stocking.

All the school minibuses are equipped with first aid kits.

The kits vary in contents that should suffice for most little emergencies that might arise. Please ask for a replacement once you have used any item.

Please ensure that the kit is accessible to all house staff, housekeepers, matrons and prefects/monitors, and that they know of its existence.

# First Aid Policy



## Appendix 3

### First Aid Training Log

#### Paediatric Trained Staff

Senior Sister Rhiannon Eyre BSc (Hons) Accident and Emergency Nursing - First Aid at Work completed August 2021. Qualified Emergency Nurse Practitioner working with Adults and Children

Sister Sam Sweatman RN (Child). Qualified Paediatric Nurse

#### Training completed in December 2019 EFAW (Staff as Feb 2022)

Dan Sears (Site)	Alan Jones (Site)
Toni Carter (HR)	Karen Lane (Support Staff)
Sally Martorell (Registrar)	Jean Relf (Support Staff)
Ceri Mooney (Admin/Office)	Karina Austen (Support Staff)
Jamie Forde (Teaching Staff/Swimming Pool)	Jacky Austen (Support Staff)
Emily Hill (Teaching Staff)	Chris Thorncroft (Support Staff)
Frances Healy (Teaching Staff)	Lucy Jaramba (Support Staff)
Katja Thornton (Support Staff)	
Tom Henson (Teaching Staff)	
Phil Crafter (Support Staff)	
Andy Austen (Support Staff)	
Jonathan Bourne (Site)	
Andrea Discombe (Support Staff)	
Shirley Goldsmith (Support Staff/Kitchen)	
Jacob Slecza (Site)	
Mandy Hallett (Support Staff)	
Francie Healy (Headmaster)	

#### Training completed in January 2020 EFAW (Staff as Feb 2022)

Nicola Clough (Teaching Staff)	Alan Sturrock (Teaching Staff)
Leah Bullock (Teaching Staff)	Chesh Sturrock (Teaching Staff)
Richard Clough (Teaching Staff)	Jules Wareham (Teaching Staff)

# First Aid Policy



Tanya Downes (Support Staff)  
Sarah Fuller (Support Staff)  
Rachael Payne (Teaching Staff)  
Nicola Rendall-Jones (Teaching Staff)  
Carly Shapland (Teaching Staff)  
Simon Davies (Teaching Staff/Housemaster)  
Simon Duff (Teaching Staff)  
Sherrick Hamilton (Teaching Staff)  
Ann Hurst (Teaching Staff)  
Anthony Khan (Teaching Staff/Housemaster)  
Samantha King (Teaching Staff)  
Adam Manktelow (Teaching Staff)  
Marcus Norman (Teaching Staff)  
Rob Philbin (Teaching Staff)  
Claire Rendell (Support Staff)  
Sarah Smart (Teaching Staff)  
James Vickerman (Teaching Staff)

Jada Woolf (Teaching Staff)  
Alex Bolton (Teaching Staff)  
Sara Cooper (Teaching Staff)  
Simon Cuthbert (Teaching Staff)

Alex Garcia (Teaching Staff)  
Katie Harper (Teaching Staff)

Michael Levett (Support Staff)  
Claire Mills (Teaching Staff)  
Matt Payne (Teaching Staff)  
Devin Reilly (Teaching Staff)  
Fleur Shaw (Teaching Staff)  
Mike Thomas (Teaching Staff)

## APPENDIX 4

### Protocol for accessing the Wellness Centre during the day 0800hrs-1730hrs

#### The function of the Wellness Centre is as follows;

- Assess and provide medical and acute injury care to day and boarder pupils and arrange collection of pupil by parent/guardian or escort to hospital if necessary
  - Assess and provide emergency treatment for acute medical emergencies
  - Provide first Aid supplies to all departments
  - Ensure that boarder pupils have access to GP services, dental, opticians and any other services they require
  - Co ordinate with Kent Vaccination teams in providing vaccinations to pupils
  - Support the well-being of the pupils
  - Identify any potential or actual safeguarding issues and act within the policy
  - Liaise with parents, GPs and any other healthcare professional regarding the medical/mental healthcare of pupils
  - Provide a 'safe space' for pupils who are mentally struggling
  - Create, deliver and monitor individual healthcare plans or safety/support plans for any individual who has been identified as having a physical or mental health need
  - Provide contraceptive advice and prophylactics alongside sanitary products
  - Adhere to all school, Government and Department of Education policies and procedures and work within scope of professional practice and code of conduct
  - Keep records of all first aid administered on ISAMs and medication administered on an administration for as per the Administration of medication policy.
  - Liaise the school counsellor and provide accommodation for any outside counsellor to use at the Wellness Centre
- 
- The Wellness centre is open 0800hrs-1730hrs. Boarders are expected to get their morning medication from 0800-0830hrs. Pupils can attend the Wellness Centre during school times if they feel unwell or have an acute injury.
  - Pupils are encouraged to attend the Wellness Centre during break at lunch times. These are as follows;
    - Morning break 1040hrs-1100hrs
    - Lunch 1240hrs-1345hrs
    - Afternoon break 1540hrs -1600hrs

# First Aid Policy



- Any attendance in between this time needs to be authorised by teacher, Head of Year or School Office
- The Wellness Centre is staffed with a Registered Nurse.
- Any pupil who is required to miss lessons due to 'resting' at the Wellness Centre or due to being unwell will have their parents informed
- A 'live' document is available on Staff Team giving details of which pupils are currently present at the Wellness Centre. This document only details pupils who are required a period of stay.

## Protocol for accessing the Wellness Centre out of hours

- The Wellness Centre closes at 17:30hrs and reopens at 08:00 the next term time working day. Outside of these hours (including weekends) a named nurse (as per the rota emailed out each term) is on call for medical advice / intervention if deemed necessary. It is the **nurse's discretion** as to whether a student requires accommodation in the Wellness Centre as opposed to the usual boarding house arrangements.
- If basic medication such as Paracetamol, Ibuprofen or night time cough medicine is required then house staff may administer (assuming they have read and signed the administration of medicines policy). The Wellness Centre should be notified of this by email.
- If out of hours medical attention is required for a boarder then the House staff should **telephone** the nurse on call. If there is no answer on the first attempt to call the nurse a clear answerphone message should be left stating the staff member's name and contact number as well as a brief description of the nature of the call.
- All out of hours medical issues that require a response before the next working day should be made by **telephone** and **not email** as this is not continuously monitored and a prompt response cannot be guaranteed.
- The on-call nurse is not required to be on site for the assigned on call period and therefore a reasonable response time may be expected before review. If the medical problem is

# First Aid Policy



serious enough to require urgent review i.e. heavy bleeding / seizure / loss of consciousness / inability to breathe then please call 999 first and try and get someone else to call the on-call nurse.

- If a student is too unwell to remain in the boarding house because their acute condition requires; regular medical assessment; or they are symptomatic of a contagious virus that poses a significant threat to the health of those within the boarding house the nurse will keep them in the Wellness Centre. If symptoms persist or worsen, the nurse may need to send in to A&E or if not deemed necessary the decision may be to send the student home / to guardians.
- The situation may arise whereby the nurse does not deem an issue to have clinical indication for the need to accommodate in the Wellness Centre but the House staff are unable to cope with the demands of a particular student. In these rare scenarios an agreement between the two parties will result in the student being sent home or to their guardian.

## Appendix 5:

### Automatic External Defibrillator

Sudden cardiac arrest is the leading cause of premature death. When the heart stops beating suddenly the normal steady organised rhythm is replaced by a disorganised chaotic one. This is often ventricular fibrillation (VF). The sooner VF is treated with an electrical shock (defibrillation) the higher the chances of the heart restoring its rhythm and the person's life being saved.

Anyone can use an automated external defibrillator (AED). You merely switch it on and follow the instructions given by the machine.

AEDs do not require routine maintenance and are likely to need a battery change every 2-5 years depending on the machine. The pads associated with the AEDS also should be checked regularly for expiry dates and pads replaced before expiry date.

There are 3 AEDs on Bethany's site:

1. Located opposite the ground floor fire exit in the Admin building.
2. Located in the Wellness Centre
3. Located in the main entrance corridor of the swimming pool

The AEDs are checked weekly by both the Wellness Centre staff and the pool manager.

For mor information regarding AEDS please go to this document produced by the resuscitation council

[AED Guide 2019-12-04.pdf \(resus.org.uk\)](https://www.resus.org.uk/AED_Guide_2019-12-04.pdf)

## Appendix 6

### ASTHMA POLICY

Bethany recognises that Asthma is a widespread, serious but controllable condition that affects many of its pupils.

Asthma is the most chronic condition. It is estimated to affect 1 in 11 children. There are over 25,000 emergency hospital admissions a year in the UK. Most children with asthma have been without an inhaler at some point either they have lost it, forgotten it, broken it or it has run out.

This policy is intended to be read in conjunction with the following documents;

[Guidance on use of emergency salbutamol inhalers in schools, DfE March 2015](#)

[The Human Medicines \(Amendment\) \(No 2\) Regulations 2014 allowing schools to voluntarily keep a salbutamol inhaler for emergencies](#)

[Supporting Pupils at School with Medical conditions \(Dec 2015\) Statutory guidance](#)

#### General

Parents/Guardians should notify the Wellness Centre through the Medical Form if their child has asthma and complete an asthma plan available on their my school portal forms site.

Consent for emergency inhaler use is done on the Medical Form which the Wellness Centre receive a copy of. If anything changes with their child's asthma management protocol the parent/guardian must inform the Wellness Centre.

Any full boarder who is asthmatic MUST be registered with Marden Medical Centre and receive asthma check-ups with the doctor if necessary. The nurses at the Wellness Centre can do an assessment if it is necessary.

Pupils should always carry their reliever inhaler with them. It should be clearly labelled with their name on it and should not be given to anyone other than the named individual. If another pupil requires an inhaler and they do not have one then they MUST report to the Wellness Centre.

# First Aid Policy



Asthma is a very long term lung condition. It affects the airways which carry air in and out of the lungs.

The most common signs of an asthma attack are;

- Coughing
- Wheezing
- Breathlessness
- Chest Tightness

This Information will be entered on the pupil's individual file on ISAMS, by the Wellness Centre staff, and is then accessible to school staff on a need to know basis. Health information recorded on ISAMs is updated by the Wellness Centre staff as the information becomes known to them.

There is an asthma kit available at the Wellness Centre. The Wellness Centre hold an asthma register which details which pupils have an asthma diagnosis and consent to an emergency inhaler.

All pupils who have emergency inhalers administered MUST have their parent/guardian informed by the Wellness Centre with details of the circumstances.

Instructions for a pupil who is having an asthma attack

1. Sit up straight - try to keep calm.
2. Take one puff of your reliever inhaler (usually blue) every 30-60 seconds up to 10 puffs.
3. If you feel worse at any point OR you don't feel better after 10 puffs call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

Signs of a severe asthma attack include;

# First Aid Policy



- wheezing, coughing and chest tightness becoming severe and constant.
- being too breathless to eat, speak or sleep.
- breathing faster.
- a fast heartbeat.
- drowsiness, confusion, exhaustion or dizziness.
- blue lips or fingers.
- fainting.

In life-threatening asthma an ambulance must be called

All school staff should be encouraged to familiarize themselves with the relevant health information for the pupils that they have responsibility for.

## Boarding pupils:

All boarding pupils are registered with the School Doctor. The pupil's current Asthma treatments are documented and reviewed by the Doctor at the pupil's 'new patient' medical consultation. This consultation takes place during the pupil's first term.

Repeat prescriptions of any prescribed Asthma medication can thereafter be requested by the pupil from the Wellness Centre.

Pupils are allowed to hold their own Asthma inhaler medication even if under 16 years of age by referring to the Self Medication policy.

Pupils are individually invited to the Wellness Centre by the Nurses for a review of their Asthma condition.

## Asthma Review

Pupils attending for a review of their Asthma will have standard measurements of lung capacity recorded i.e. peak expiratory flow rate (PEFR) and the pupil's height and age. A prediction of expected PEFR can be calculated from these measurements. The pupil's

# First Aid Policy



standard PEFR can be used to measure any deterioration or improvement following treatment.

The pupil will receive individual education on the technique in using their inhaler device to maximize the effect of their prescribed medication.

The Nurse will educate the pupil to ensure that they use their inhaler at the most appropriate times, and that the pupil is using the least amount of medication to control their symptoms following the British Thoracic Society (BTS) guidelines.

The Nurse will also educate the pupil to ensure that they can recognize a worsening of his/her Asthma condition and be able to take the appropriate action to manage their symptoms. The pupil will be encouraged to seek advice from the Wellness Centre if unsure, or if their Asthma symptoms are not improving. The pupil would in this instance, be referred to the doctor.

General Asthma reviews will be on an annual basis but monitoring will be increased if a pupil is experiencing an increase in their Asthma symptoms or requires additional educational support.

An emergency treatment plan will be discussed with the pupil at the review. The pupil's Asthma action plan which outlines current treatment will be scanned onto the pupil's individual file on ISAMS where it is accessible to staff on a need-to-know basis.

An asthma plan can be found on the asthma UK website.

[Asthma resources | Asthma UK](#)

## Day Pupils

Page 24 of 43

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Day pupils do not come under the routine Asthma management of the School Doctor but are able to access the Wellness Centre nursing staff for advice and support at any time of the school day.

## General instructions

All pupils with an Asthma diagnosis at Bethany, are encouraged to always carry their blue 'reliever' medication inhalers on their person. Reliever inhalers help relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again.

It is essential that all staff who have responsibility for pupils should know what to do in the event of an Emergency Asthma attack

All games / teaching staff should be aware of potential triggers for pupils with Asthma while exercising and to take steps to minimize these triggers. This should include reminding pupils with exercise related Asthma to take their inhaler and to do a proper warm up before commencing exercise.

If a pupil has Asthma symptoms while exercising the pupil should be allowed to rest, and they should be encouraged to take their reliever (blue) inhaler. Once treatment has been effective the pupil may then recommence exercise.

All sports / teaching staff should be aware of the possible stigma's surrounding Asthma as pupils could be singled out by their condition which may lead to bullying.

In science, art or design technology lessons the teaching staff should be aware of any pupils in the classroom who have Asthma or a history of Asthma and the possible 'Asthma trigger' effect from chemicals, paint, or glue fumes. Staff should be vigilant and remove any pupils that become symptomatic when exposed to these triggers and then ensure any necessary treatment is given under supervision.

# First Aid Policy



Minor Asthma attacks should not unduly interrupt the pupils schooling. When the pupil has received treatment, providing that they feel better they can return to their school activities.

## Important things to remember in an asthma attack

- Never leave a pupil unattended when they are having an asthma attack. They will require constant reassurance.
- If the pupil does not have their inhaler and spacer with them, send another teacher or pupil to get the nearest emergency inhaler and spacer.
- In an emergency school staff are required under common law, to act like any prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher or adult if an ambulance needs to be called.
- Contact the pupil's parents or guardians immediately after calling the ambulance to update them (Either through the HsMs or the Wellness Centre).
- A member of staff should always accompany a pupil taken to hospital by ambulance and should stay with them until relieved by a parent, guardian, or matron.
- Staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action. If this is the case a second adult should accompany the driver taking the pupil to the hospital.

For more information about asthma attacks visit

[Asthma attacks | Asthma UK](#)

## APPENDIX 7

### Management of Epilepsy Policy

Page 26 of 43

File name:	First Aid Policy	Version:	9
Author	R Eyre	Issue date:	15/2/22
Authorised by	Robert Pilbeam – Governor	Review date:	September 2022

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## What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the pupil and school staff are given adequate support. Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). Examples of some types of generalised seizures are:

### Tonic Clonic Seizures

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery times can vary – some require a few seconds, where others need to sleep for several hours.

### Absence Seizures

These are short periods of staring or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the pupil may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.

### Partial Seizures

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain. Simple Partial Seizures In this type of seizure the person is conscious aware of what is happening to them. This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring. Reassurance and comfort should be given.

# First Aid Policy



## Complex Partial Seizures

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused, wandering and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object. During these seizures, do not restrain the person and guide them away from dangerous situations. Speak gently and calmly to the person to help familiarize them to their surroundings. Give the person space for a while.

## What to do during a Convulsive Seizure

- Stay calm
- Note the time/ check how long the seizure lasts
- Prevent others from crowding round
- Put something soft under the head
- Only move them if in a dangerous place
- Do not restrict or restrain the convulsive movements
- Do not put anything in the person's mouth

## What to do when the Seizure has stopped

- If possible put them in the recovery position
- Wipe away any saliva and if breathing is difficult check that nothing is blocking the throat such as food or dentures
- Minimise embarrassment, if incontinent deal with this privately
- Stay with them, give reassurance until fully recovered

## Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although **tiredness and/or stress** can sometimes affect a pupil's susceptibility. **Flashing or flickering lights, video games and computer graphics and certain geometric shapes or patterns can be a trigger for seizures in some pupils.** Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents should be encouraged to tell school staff of the likely triggers. Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning,

# First Aid Policy



particularly overnight stays. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, seeking additional advice from the GP, paediatrician or school nurse/doctor.

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage.

When completing medical questionnaires, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place. Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff.

**The sister on duty should be contacted immediately** in the event of anyone found to be having a seizure. The sister may call for an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

Any pupil that is known to suffer with epilepsy has their photograph on the notice board in the Lower Common Room.

## APPENDIX 8

### Management of Diabetes Policy

#### What is Diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes traditionally needed to have several insulin injections daily. Treatment of diabetes can now be controlled by a small computer-controlled insulin pump, the size of a mobile phone, which is connected to the patient's skin. Blood sugar levels need to be monitored though out the day and a healthy diet taken. Medication and Control.

Most students can manage their daily insulin needs from a very early age and may simply need supervision if very young, and also a suitable, private place to perform certain tasks. Diabetics need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this at any during the school day and more regularly if their insulin needs adjusting. Students with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, particularly in extremes of weather, the student may experience a hypoglycaemic episode (a hypo) during which her blood sugar level falls to a critically low level. Staff in charge of physical education classes or other physical activity sessions should be aware of the need for students with diabetes to have glucose tablets or a sugary drink to hand.

#### Hypoglycaemic Reactions

Staff should be aware that the following symptoms, either individually or combined, which may be indicators of a "hypo":

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

# First Aid Policy



If a student has a hypo, it is important that a fast-acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. The sister on duty has immediate access to Glucogel and must be contacted. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk should be given once the pupil has recovered, some 10-15 minutes later. If the student's recovery takes longer, or in cases of uncertainty, call an ambulance.

An increased need to go to the toilet, persistent thirst, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw any such signs to the parents' attention.

## APPENDIX 4

### Management of Anaphylaxis Policy

#### What is Anaphylaxis?

Anaphylaxis is an extreme and immediate hypersensitivity reaction usually to food, drugs or insect stings. It is important to respond quickly to a patient who may be suffering an attack of Anaphylaxis. If a student presents with one or more symptoms of Anaphylaxis following a sting from a bee or wasp or after a meal, Anaphylaxis is likely to be the diagnosis. When such severe allergies are diagnosed, the student concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases; they go through the whole of their school lives without incident.

The most common cause is food, in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection – EpiPen, depending on the severity of the reaction.

Where students are known to be susceptible to an anaphylactic reaction they will be prescribed an EpiPen to take on all trips and the trip leader will be provided with an explanatory leaflet.

#### Signs and Symptoms of Anaphylaxis

Signs and symptoms will normally appear within seconds or minutes after exposure to the allergen. These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- skin may appear flushed or pale
- nausea and vomiting
- abdominal cramps
- diarrhoea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

# First Aid Policy



## Medication and control

In the most severe cases of anaphylaxis, people are normally prescribed a device called an AAI (Adrenaline Auto Injector). The device looks like a pen, it is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back.

Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional. For some people, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency.

Each student's and member of staff's symptoms and allergies will vary and will need to be discussed on admission to school. It is vital that each person at the school known to suffer anaphylactic reactions carries an in date AAI on their person at all times (and those closest to them are aware of this). The Wellness Centre will also need to be provided with a spare (in date) AAI for use in emergencies.

If a student or member of staff is likely to suffer a severe allergic reaction their photograph and protocol is on an electronic document and all staff are made aware of the condition.

AAIs can be administered through clothing, if no improvement after five minutes of the first dose use a second AAI in the opposite limb or separate injection site. Do not give an AAI in the same injection site. Call 999 for an ambulance immediately, particularly if there is any doubt about the severity of the reaction or if the student does not respond to the medication. If the allergic reaction is severe enough to warrant use of AAI, then transfer to hospital is essential as further treatment may be necessary.

**Any student or member of staff identified as having anaphylactic response is expected to carry an AAI pen on their person at all times and have a spare located in the Wellness Centre.**

# First Aid Policy



There are two sites on the School premises where emergency Auto Injector Pens are stored:

1. The Dining Hall – near the Emergency Eyewash Station
2. The Swimming Pool building– on the wall

Each box contains 2 AAI pens 300micrograms for **children over 30kg**

All staff have received training on how to deliver and there is prompting wall signage next to each emergency kit.

There is a shared document available to all staff on Teams, The kitchen have a copy which is sent whenever the document is updated.

Page 34 of 43

File name: First Aid Policy  
Author: R Eyre

Version: 9  
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## APPENDIX 6

### Head Injuries Policy

It is important to distinguish between the terms 'head injury' and 'concussion'.

- Head injury is a trauma to the head, face, jaw or nose that may or may not include injury to the brain.
- Concussion is a traumatic brain injury resulting in a disturbance of the normal working of the brain. It is usually the result of one of the following:
  - A direct blow to the head (e.g. a clash of heads or the head hitting the ground).
  - The head being shaken when the body is struck, e.g. a high impact tackle

Concussions can occur in many situations in the school environment, such as falling in the playground, on the sports field, impact injury to head from contact with a hard object such as the floor, a desk or another student's body, upper body injury without knock to head / whiplash.

The potential for concussion is greatest during activities where collisions can occur such as in the playground, during sport and PE.

Students may sustain a concussion out of school and arrive in school with symptoms or develop symptoms during the school day.

The recovery process from a concussion is personal to everyone.

Students and staff should not make comparisons.

#### Head injuries in the school day

Any student sustaining a head injury should be immediately removed from that activity and referred to the School Nurse. In the absence of a School Nurse the student should be assessed by a qualified First Aider and referred for a medical opinion according to the referral guidelines in of this policy.

During home sports matches and training, the student must be removed from play and assessed at pitch side and transferred to available nursing/first aid resources or treated pitch side, depending on severity of injury.

In school during usual school hours (i.e. 08:00 – 17:30hrs), the student should

# First Aid Policy



either be accompanied to the Wellness Centre. for assessment, or a member of the nursing team called to assess the student.

During 'out of hours' (i.e. evening events), where the school nurse is not available or if the student is on a trip/at an away sports fixture, the student should be assessed by a First Aider. At such times, if the assessor is concerned for the health and well-being of the student, further advice should be sought (by telephoning NHS 111 or 999, if the head injury is assessed to be more severe).

If the pupil is a boarder the access to the Wellness Centre out of hours procedure should be followed in appendix 4 of this policy.

Parents/carers will be contacted, as soon as is reasonably practicable, informing them that their child has sustained a head injury. Head Injury advice sheets should be given to the pupil and emailed to the parent/guardian

Nursing and sports staff should be aware of the pocket concussion recognition tool in this policy and carry one if they wish.

The nursing staff will refer to NICE guidelines (pre – hospital management for patients with head injury) and Headcase RFU guidelines in the assessment and referral for head injuries (see section on Guidelines/Resources). The Glasgow Coma Scale (GCS) will be used to assess the level of consciousness. A GCS chart can be found in this policy

## Referral to Hospital

The School Nurse or, in the absence of the School Nurse, the qualified First Aider should refer any student who has sustained a head injury to a hospital emergency department, using the ambulance service if deemed necessary, if any of the following are present:

- GCS score of less than 15 on initial assessment
- Any loss of consciousness as a result of the injury
- Any focal neurological deficit - problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking since the injury.
- Any suspicion of a skull fracture or penetrating head injury - signs include clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, bruising behind one or both ears,

penetrating injury signs, visible trauma to the scalp or skull of concern to the professional since the injury.

- Amnesia for events before or after the injury (assessment of amnesia will not be possible in preverbal children and is unlikely to be possible in children aged under 5 years).
  - Persistent headache since the injury.
  - Any vomiting episodes since the injury.
  - Any seizure since the injury.
  - Any previous brain surgery.
  - A high-energy head injury. For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 meter or more than 5 stairs, diving accident, high speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism.
  - Any history of bleeding or clotting disorders.
  - Current anticoagulant therapy such as warfarin.
  - Current drug or alcohol intoxication.
  - There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected).
  - Continuing concern by the professional about the diagnosis.
- (NICE Head Injury Guidelines 2019 relating to referral to hospital)

**In the absence of any of the risk factors above, consider referral to an emergency department if any of the following factors are present, depending on judgement of severity:**

- Irritability or altered behaviour
- Visible trauma to the head not covered above but still of concern to the healthcare professional.
- No one is able to observe the injured person at home.
- Continuing concern by the injured person or their family or carer about the diagnosis. (NICE Head Injury Guidelines 2019 relating to referral to hospital).

**Where the student has been assessed as not meeting any of the criteria above, they should be discharged into the care of their parents/carers/boarding parents together with a head injury advice letter from the nursing team (see appendix A), and following a discussion with the nurse caring for the student at that time. The discussion should include:**

- providing a detailed account of how the injury was sustained
- Head Injury and Concussion Policy 2019 Page 4 of 17
- what treatment has been provided thus far (including analgesia given, if any)

# First Aid Policy



- ‘safety’ net’ advice – warning signs to look out for, when to seek further help/medical advice
- Advice around ongoing management (i.e. rest, Graduated return to play).

## Emergency Management

Where a student exhibits the following situations/symptoms, this indicates a medical emergency and requires emergency medical assistance, by telephoning 999 and requesting an ambulance.

- Rapid deterioration of neurological function
- Decreasing level of consciousness
- Decrease or irregularity of breathing
- Any signs or symptoms of neck, spine or skull fracture or bleeding
- Seizure activity
- Any student with a witnessed prolonged loss of consciousness and who is not stable (i.e. condition is worsening).

**An accident form reporting the injury/incident should be completed as soon as possible after the event and submitted to the Nurses department as per the accident policy above.**

## Concussion Management

If a student is diagnosed with concussion the School follows a strict protocol on their recovery process. Our protocol is based on the RFU’s concussion management guidelines and is reliant on the Sports Staff and parents working together to enable return to play.

[G RTP FEB 2021 \(englandrugby.com\)](https://www.englandrugby.com/g RTP%20FEB%202021)

The Wellness Centre staff are only able to oversee the rehabilitation process back to competitive play if they have the full support of both parents and sports staff. RFU guidelines state that the player must receive a final assessment **by their GP** if indicated before their return to full contact practice. Parents and Sports staff are informed immediately if a student has been diagnosed and are required to co-operate with the concussion guidelines below

# First Aid Policy

		<b>GRADUATED RETURN TO PLAY PROGRAMME</b>								
		STAGE 1	STAGE 2A	STAGE 2B	STAGE 3	STAGE 4	STAGE 5	STAGE 6		
		Initial Rest (Body & Brain)	Relative Rest (Symptom limited activities)	Light Aerobic Exercise	Sport-Specific Exercise	Non-contact Training	Full Contact Practice	Return to Play		
STAGE	OBJECTIVE	Recovery	Return to normal activities (as symptoms permit) No symptoms at the end of the 14 days	Increase heart rate	Add movement	Exercise, coordination and cognitive load. A return to learning/work must be achieved before returning to sport	Restores confidence and assesses functional skills	Exercise, coordination and cognitive load		
EXERCISE/ACTIVITY ALLOWED	No driving or exercise Minimise screen time Consider time off or adaption of study/work.	Initially daily activities that do not provoke symptoms Consider time off or adaption of study/work	For example: Light jogging or stationary cycling at low to moderate intensity No resistance training	For example: Running drills, No head impact activities	For example: Passing drills, May start progressive resistance training	Following medical review. Return to normal training activities	Normal game play			
DURATION (MINS)	No Training	No Training	Less than 20 mins	Less than 45 mins	Less than 60 mins					
% MAX HEART RATE	No Training	No Training	Less than 70%	Less than 80%	Less than 90%					
ADULT	24-48 Hours RECOMMENDED REVIEW BY HCP	14 days (incl. Stage 1) Must be symptom free before progressing to Stage 2B	Minimum 24 hours	Minimum 24 hours	Minimum 24 hours	Minimum 24 hours	Minimum 24 hours	Minimum 24 hours	EARLIEST RETURN TO PLAY: 19 DAYS	
U19 & BELOW	24-48 Hours RECOMMENDED REVIEW BY HCP	14 days (incl. Stage 1) Must be symptom free before progressing to Stage 2B	Minimum 48 hours	Minimum 48 hours	Minimum 48 hours	Minimum 48 hours	Minimum 48 hours	Minimum 48 hours	EARLIEST RETURN TO PLAY: 23 DAYS	
<p><b>SYMP TOM FREE</b></p> <p>If any symptoms occur while progressing through the GRTP programme, the player should rest a minimum 24 hours and until symptom free and then may return to the previous stage.</p> <p><b>REVIEW BY HCP</b></p> <p>If any symptoms occur while progressing through the GRTP programme, the player should rest a minimum 48 hours and until symptom free and then may return to the previous stage.</p>										

## Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



### RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

#### 1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness  
Lying motionless on ground / Slow to get up  
Unsteady on feet / Balance problems or falling over / Incoordination  
Grabbing / Clutching of head  
Dazed, blank or vacant look  
Confused / Not aware of plays or events

#### 2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- |                          |                            |
|--------------------------|----------------------------|
| - Loss of consciousness  | - Headache                 |
| - Seizure or convulsion  | - Dizziness                |
| - Balance problems       | - Confusion                |
| - Nausea or vomiting     | - Feeling slowed down      |
| - Drowsiness             | - "Pressure in head"       |
| - More emotional         | - Blurred vision           |
| - Irritability           | - Sensitivity to light     |
| - Sadness                | - Amnesia                  |
| - Fatigue or low energy  | - Feeling like "in a fog"  |
| - Nervous or anxious     | - Neck pain                |
| - "Don't feel right"     | - Sensitivity to noise     |
| - Difficulty remembering | - Difficulty concentrating |

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### 3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"  
"Which half is it now?"  
"Who scored last in this game?"  
"What team did you play last week / game?"  
"Did your team win the last game?"

**Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.**

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

#### RED FLAGS

**If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:**

- |  |                                 |
|--|---------------------------------|
| - Athlete complains of neck pain                 | - Deteriorating conscious state |
| - Increasing confusion or irritability           | - Severe or increasing headache |
| - Repeated vomiting                              | - Unusual behaviour change      |
| - Seizure or convulsion                          | - Double vision                 |
| - Weakness or tingling / burning in arms or legs |                                 |

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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# First Aid Policy



## Glasgow Coma Score

<b>Best Motor Response</b>	
<b>6</b>	<b>Obey Commands</b>
<b>5</b>	<b>Movement localised to stimulus</b>
<b>4</b>	<b>Withdraws</b>
<b>3</b>	<b>Abnormal muscle bending and flexing</b>
<b>2</b>	<b>Involuntary muscle strengthening and extending</b>
<b>1</b>	<b>None</b>
<b>Verbal Responses</b>	
<b>5</b>	<b>Orientated Response</b>
<b>4</b>	<b>Confused conversation</b>
<b>3</b>	<b>Inappropriate words</b>
<b>2</b>	<b>Incomprehensible sounds</b>
<b>1</b>	<b>None</b>
<b>Eye Opening</b>	
<b>4</b>	<b>Spontaneous</b>
<b>3</b>	<b>To speech</b>
<b>2</b>	<b>To pain</b>
<b>1</b>	<b>None</b>

# First Aid Policy



## Appendix A

### Head injury Advice Sheet

**Most head injuries are not serious, but you should get medical help if you or your child have any symptoms after a head injury. You might have concussion (temporary brain injury) that can last a few weeks.**

**Urgent advice: Go to A&E if:**

You or your child have had a head injury and have:

- been knocked out but have now woken up
- vomited (been sick) since the injury
- a headache that does not go away with painkillers
- a change in behaviour, like being more irritable or losing interest in things around you (especially in children under 5)
- been crying more than usual (especially in babies and young children)
- problems with memory
- been drinking alcohol or taking drugs just before the injury
- a blood clotting disorder (like haemophilia) or you take medicine to thin your blood
- had brain surgery in the past

You or your child could have concussion. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks.

You should also go to A&E if you think someone has been injured intentionally.

**Immediate action required: Call 999 if:**

Someone has hit their head and has:

- been knocked out and has not woken up
- difficulty staying awake or keeping their eyes open
- a fit (seizure)
- fallen from a height more than 1 metre or 5 stairs
- problems with their vision or hearing
- a black eye without direct injury to the eye
- clear fluid coming from their ears or nose
- bleeding from their ears or bruising behind their ears

# First Aid Policy



- numbness or weakness in part of their body
- problems with walking, balance, understanding, speaking or writing
- hit their head at speed, such as in a car crash, being hit by a car or bike or a diving accident
- a head wound with something inside it or a dent to the head

Also call 999 if you cannot get someone to A&E safely.

## Help from NHS 111

If you're not sure what to do, call 111

NHS 111 can tell you the right place to get help.

## How to care for a minor head injury

If you have been sent home from hospital with a minor head injury, or you do not need to go to hospital, you can usually look after yourself or your child at home.

You might have symptoms of concussion, such as a slight headache or feeling sick or dazed, for up to 2 weeks.

## Do

- hold an ice pack (or a bag of frozen peas in a tea towel) to the area regularly for short periods in the first few days to bring down any swelling
- rest and avoid stress – you or your child do not need to stay awake if you're tired
- take paracetamol or ibuprofen to relieve pain or a headache
- make sure an adult stays with you or your child for at least the first 24 hours

## Don't

- do not go back to work or school until you're feeling better
- do not drive until you feel you have fully recovered
- do not play contact sports for at least 3 weeks - children should avoid rough play for a few days
- do not take drugs or drink alcohol until you're feeling better
- do not take sleeping pills while you're recovering unless a doctor advises you to

## Non-urgent advice: See a GP if:

- your or your child's symptoms last more than 2 weeks
- you're not sure if it's safe for you to drive or return to work, school or sports