PUTNEY
HIGH SCHOOL
GDST
GIRLS' DAY SCHOOL TRUST

First Aid Policy

Putney High School Policy

First Aid Policy

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First Aid Policy

Policy Statement

This policy is designed to promote the health, safety and welfare of pupils, staff and visitors at Putney High School through the provision of first-aid equipment and trained personnel in accordance with the requirements of the Health and Safety (First Aid) Regulations and relevant DFE guidance.

'First-aid' means:

(a) in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and

(b) treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

H&S (First Aid) Regulations 1981

School Provision

Putney High School employs a school nurse. There are times where they may be absent. The expression 'school nurse' in this policy refers to therefore includes trained first aiders or other people with a similar job title.

The aim of first aid is to save lives and to ensure that minor injuries and illnesses do not escalate into major ones. Therefore, in accordance with good practice, ISI and DfE requirements, all GDST schools will ensure that:

- A **first aid needs risk assessment** is carried out to ascertain how many first aiders and what types of first aid equipment / facilities are required on each site. It will take into account factors such as:
    - The number of staff / pupils on the site,
    - The location of the school and higher risk parts of the school site
    - The full range of activities undertaken by staff and pupils on the school premises during the normal school day, and as appropriate off-site and outside normal school hours, e.g., before / after the school day, at weekends and during the school holidays.
- **As a minimum**, at least one adult with a current **'First Aid at Work'** qualification (3-day training) who has also been trained in the CPR requirements for children and young people, is present on each identifiably separate school site during the normal school day. If EYFS children are present at least one person with a current full (2 day) **Paediatric First Aid** certificate will also be present. It may be sufficient for an 'Emergency First Aider in the Workplace' (1-day training) to be present at other times, e.g. at the end of the school day or weekends and holidays when **low risk** after-school

clubs and activities are running, or early mornings, evenings, weekends and holidays, when only employees are on the site undertaking **low risk** activities, however this must be determined by risk assessment. If there is any doubt about the level of risk of the activity, someone with a current FAW or PFA qualification should be present on site.

- **As a minimum,** at least one adult with a **Mental Health First Aid** qualification suitable for assisting adults and pupils is present on each identifiably separate school site during the normal school day.
- Appropriately qualified and equipped first aiders will accompany / be present at all off-site **sporting activities**, fixtures, matches and events, and **educational visits / school trips** (e.g. Sports First Aid for PE staff, Activity First Aid / Outdoor First Aid / Rescue & Emergency training for staff accompanying pupils on higher risk educational visits). All school trips/outings undertaken by Early Years Foundation Stage pupils must be accompanied by at least one person with a current full Paediatric First Aid certificate.
- A member of staff with a valid paediatric first aid certificate will always be in the room with **EYFS children** when they are eating.
- The necessary **first aid equipment** and facilities are provided at appropriate locations throughout the school, as well as an adequate number of appropriately qualified First Aiders[1];
- Adequate training and guidance are provided for First Aiders, including refresher training every 3 years and, where appropriate, specialist first aid training, for example:
    - Paediatric First Aid
    - First Aid for Lifeguards
    - Sports First Aid training for PE staff
    - Schools First Aid / First Aid for staff accompanying pupils on lower risk educational visits
    - Activity First Aid / Outdoor First Aid / Rescue & Emergency training for staff accompanying pupils on higher risk educational visits or visits to remote.
- **Lists of First Aiders / Mental Health First Aid** names, qualifications, locations and contact details are prominently displayed around the school where staff and pupils can see them.
- New staff are **made aware of first aid arrangements,** and such information is included in the induction process at the start of each academic year.
- **Parents are made aware of the school's first aid arrangements** and the procedures for informing them if their child has had an accident, sustained an injury or received first aid treatment / medication at school or on an off-site school activity. NB wherever

[1] The expression 'First Aiders' in this policy includes all staff with current first aid qualifications such as First Aid at Work, Emergency First Aid in the Workplace, First Aid for Teachers, Schools First Aid, Sports First Aid, Paediatric First Aid, Activity First Aid, and Outdoor First Aid / Rescue and Emergency courses.

possible the parents of EYFS pupils must be informed on the same day as the accident/treatment.

- A **record** is kept of all **first aid treatment** administered by the school nurse/ first aiders and all medication administered by school staff.
- 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. Detailed guidance on how and where to do this is given in the 'Accident Recording and Reporting' section on the H&S section of the Hub. (NB Photographs should not be taken of a child's injury or bruising[2], although it is acceptable to make a record / drawing on a body map). Records will be kept in accordance with the Trust's policy on the retention of documents. In practice this means that records relating to pupils should be kept until pupils attain the age of 25, and records for all other categories of people should be kept for a minimum of 6 years.
- The **HSE is informed of injuries that are reportable under RIDDOR** without delay. Detailed guidance on how and when to do this is given in the Accident Recording and Reporting section on the H&S section of the Hub.
- **'Dangerous occurrences'** and **significant 'near misses'** (events that, while not causing harm to a person, have the potential to cause injury or ill health or significant property damage) are recorded. Detailed guidance on how and where to do this is given in the Accident Recording and Reporting section on the H&S section of the Hub.
- First-aid and accident reporting **arrangements are regularly reviewed.**

For more detailed information see the 'First Aid' and 'Accident Recording and Reporting' sections on the H&S section of the Hub.

School Practice

All school staff are expected to use their best endeavours at all times, particularly in emergencies, to ensure the safety and welfare of pupils.

Once schools have completed a risk assessment to determine the number of First Aiders they need, they should invite staff to volunteer to become appropriately qualified and provide the necessary training to enable them to administer first aid, or to organise an injured person's transfer to hospital in the case of an emergency.

Please contact the school nurse in case of emergency. Minor accidents/ illness assistance is always available from First Aid trained staff. If unable to locate the school nurse, please contact main reception who will be able to contact the nurse via a two-way radio. If the school nurse is not available, First Aiders are available via Reception. The school nurse/ appointed First Aider will organise transfer to hospital in case of an emergency.

[2] Section 24 - Guidance for Safer Working Practice for those Working with Children and Young People in Education Settings – May 2019 – Safer Recruitment Consortium

Extension: 27958 School Mobile: 07880 358324

The School Nurse[3] or qualified First Aiders, as part of their responsibilities, will administer first aid in a timely and competent manner, and organise an injured person's transfer to hospital in the case of an emergency.

There are a wide range of first aid qualifications. Which courses staff should attend will be determined by the minimum requirements set down by the DfE, Trust policy and the Trust's insurers, and the school's first aid needs risk assessment. Detailed guidance is given in the 'First Aid' section on the Hub.

A register of First Aiders must be maintained to ensure that staff undertake refresher training at appropriate intervals, and new First Aiders are appointed as necessary. Copies of training certificates must be kept.

All First Aiders are covered by the Trust's insurance against claims for negligence provided that they are suitably trained and are carrying out their duties for the school/Trust.

The school nurse ensures staff are aware of any medical conditions which may require treatment whilst the pupil is in the care of school staff. Initially this information is collected on the Pupil Health Assessment Form which parents complete as part of the admissions process. Schools must have local systems to ensure that the information is regularly updated.

All schools must have documented systems and procedures in place to ensure that all medicines are stored and administered safely. All staff who are authorised to administer medicines will receive training on the procedures, essential precautions, possible side-effects of the medicine and the importance of making appropriate records and informing parents.

Parents will be notified of any administration of medication after 12pm via a text message, phone call or email.

No child under 16 should be given any medicine without their parent's written consent. Prescribed medicines should only be administered to an Early Years Foundation Stage pupil if it has been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and the parents have given specific written permission for each individual medicine and the reason why it is needed. The pupil's parents must be informed, wherever possible on the same day, if any medicines are administered during the school day.

More guidance is given in the 'Administration of Medicines' protocol available in the Pupil Health and Wellbeing section on the H&S section of the Hub.

[3] Some GDST Schools do not have a qualified School Nurse in post, or the School Nurse may be absent on some days. The expression 'School Nurse' in this Policy therefore includes Senior First Aiders, School Welfare or Pupil Health Officers as appropriate.

Administering Medicine

A parent who wishes their daughter to have medication in school (e.g., antibiotics) should discuss with the school nurse - The parent will provide the school with documented evidence of prescription and any instructions. Parents must also complete and Administration of Medication form online or via this link Administration of medication

Pupils with specific allergies carry two of their own AAIs (when prescribed). There are also generic AAIs located around the school in case of an emergency.

Every pupil with any type of medical condition has an Individual Healthcare Plan (for a pupil with medical needs) which contains the necessary information. The school nurse keeps all these forms. Individual Healthcare Plans are shared with staff via Teams in the medical section.

Self-administering of Medicine by Students

Students are not allowed to self-administer medicines if they require medication unless it is for a medical emergency, for example an inhaler. It will be administered by the school nurse or other first aider. Any medication that students are prescribed is kept within the medical room.

Procedures for Pupils who are Unwell

All schools will have systems and procedures in place to respond to pupils who are ill and / or infectious in order to prevent the spread of infection. They will ensure that parents and pupils are aware of the procedures to follow if a pupil is not well enough to attend school, or if they become ill at school and need to be taken home. Schools should also discuss the procedures for caring for unwell or infectious Early Years Foundation Stage pupils with their parents.

Parents and pupils should be made aware of the times when they can seek help or advice from the School Nurse for non-emergency situations, e.g., headaches, or to discuss any concerns: this is during break or lunchtime.

Further information on infection control can be found in section 7 of the 'Pupil Health and Wellbeing' section of the Policy & Procedures section of the Hub and in the GDST Common Childhood Ailments Protocol.

Guidelines for Staff, Parents and Pupils

Generally healthy pupils attending school should be able to manage their day around these times, without the need to leave lessons:

- Headaches and period pains should normally wait until break, lunchtime or until the pupil returns home. Exceptions would be a headache coming on suddenly causing a pupil to become distressed, or a migraine, and then help should be sought.

- If it is noted that a pupil 'regularly' attends the Medical Room for a variety of non-specific problems/illness, and the nurse is unable to ascertain the reason for this, the Head of Year should be notified.
- If a pupil becomes unwell and requires collection the School Nurse/First Aider would immediately notify the parents.
- The nurse is available to talk/discuss problems/worries with pupils. An appointment can be arranged within the recognised 'Medical Room' times or may be arranged at another mutually convenient time.
- In addition to the normal First Aid cover available in school, the nurse will be available in the Medical Room (Senior School) for general consultation at the following times:

Start of school day before lessons	08:00 - 08:40
Morning break	10:45 - 11:10
Lunchtimes	12:50 - 14:00

These arrangements are designed to allow a greater degree of privacy to pupils wishing to see the nurse and should also help pupils to benefit from full attendance at lessons. It also allows the nurse to spend time in the Junior School during their break times.

Procedures for Non-Emergency Situations

Minor Illness/Injuries

It is assumed that all pupils attending school are healthy and fit enough to cope with the school day without leaving lessons for medical attention.

If a pupil is too unwell to remain in School, then the nurse or main reception will contact their parents to be collected from school.

Pupils must not contact parents directly or arrange collection if they wish to go home.

Procedures in the Event of an Emergency

Examples of emergencies which require immediate first-aid assistance include:

- Asthma attacks
- Bleeding
- Breaks or sprains
- Concussion
- Difficulty in breathing
- Epileptic fits
- Fainting
- Hypo/hyperglycaemia in pupils with diabetes
- Severe allergic reactions

Staff and pupils should proceed as follows:

- If you witness an incident and the injured person can walk, take them to the medical room. If the school nurse is not there either send a message to Reception to ask them to contact the nurse or a First Aider, or if you are a qualified First Aider, please administer first aid as appropriate. **Do not leave the person unattended.**
- If you witness an incident and the injured person does not seem able to move, do not try to help them move; stay with them and send a message to Reception to ask them to contact the school nurse or a First Aider. If a First Aider is not available, or the situation requires Urgent medical assistance, **do not hesitate to call an ambulance '999'.** Any pupil who has had an accident requiring urgent medical treatment will be taken to the nearest Accident and Emergency department of the accompanied by the school nurse/First Aider.
- Parents will be informed by phone as soon as possible if a pupil suffers an accident or injury or visits the medical centre and is deemed too unwell to stay in school and therefore needs to be collected to go home.

Clinical Waste Procedures

For dealing with accidental splashing of potentially contaminated body fluids (Blood, faeces, vomit) on to a surface in school.

Surfaces which have been contaminated by body fluids should be disinfected as soon as possible by means of using: Our cleaning contractors Zing who are on site will clean up any contaminated body fluids and use the correct procedure for decontamination.

- Absorba Gel which is poured on to the fluid and turns it into a solid. The solid is then picked up and disposed of; or
- A disinfectant is sprayed on to the contaminated area. Trigene will kill HIV, Hepatitis A & B, and all bacteria.

Protective gloves (only low-level powder free non-latex gloves or similar) must be used when dealing with spillages of blood, vomit, or any other body fluids.

Vomit may be placed in a WC, but blood and other fluids must be placed inside a biological disposal bag and collected by our cleaning contractor Zing who is on site.

Zing also provides sharps bill for the disposal of any sharp medical equipment that may be used in the medical room, they also dispose of the bins as per local protocol.

If contaminated body fluids are splashed into the mouth or eyes

- School nurse or Health & Safety Coordinator must be informed, and the exact details of the incident recorded.
- Parents should be informed and advised that the child should be seen by their GP/A&E for advice treatment.
- Staff should seek advice from their own GP.
- Prevention in this respect is recommended. Hepatitis B can be prevented by means of immunisation and many schools recommend this for their teaching staff.
- All cuts and scratches must be covered with waterproof dressing. Disposable gloves and aprons must be used.

Asthma

Pupils that suffer with asthma should always carry one reliever inhaler with them. The school is aware that it is not always possible to have a spare Salbutamol inhaler for the school to store so there are generic ones located around the school in case of emergency (see Appendix B). Each known asthmatic student must consent for the generic school Salbutamol inhalers.

Each pupil is responsible for taking their own inhaler to all PE sessions and on all school trips/visits. On all PE sessions off-site, each pupil is responsible for bringing their AAIs, Inhaler or other medication. PE also keeps their own supply of generic Salbutamol inhalers for pupils who do not keep a spare in school.

As a first aider, your aims during an asthma attack are to ease the breathing and if necessary, get medical help.

Allergic Reaction/Anaphylaxis

Pupils with specific allergies should always carry two AAIs with them as prescribed. There are generic AAIs located around the school in case of emergency (See Appendix B).

See allergy/ anaphylaxis policy.

Epilepsy

Do...

- Protect the person from injury - (remove harmful objects from nearby)
- Cushion their head (if there is no risk to yourself of the person having the seizure)
- Look for an epilepsy identity card or identity jewellery
- Aid breathing by gently placing them in the recovery position once the seizure has finished
- Be calmly reassuring
- Stay with the person until recovery is complete

Don't...

- Restrain the person
- Put anything in the person's mouth
- Try to move the person unless they are in danger
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round

Diabetes

- All pupils with diabetes have named boxes kept in the medical room with spare equipment and glucose therapy. There is a 'Diabetic' box in the nurse's office in Senior School where pupils can access glucose tablets and Glucogel if needed. Pupils may appear pale; complain of a headache, tingling lips, hunger or blurred vision if they are experiencing hypoglycaemia.
- Diabetic pupils are not to waste their energy seeking a first aider; Staff must send another pupil whilst the pupil with diabetes takes their glucose tablets/juice in class.
- If pupils are hyperglycaemic, they are to be allowed to go to the toilet during lessons and get a drink if this is necessary. They may state that they are thirsty, appear flushed, ask to go to the toilet frequently and may have a noticeable odour of acetone (pear drops) about them.

Signs and symptoms of diabetes:

Hypoglycaemia (low blood sugar levels):

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

Hyperglycaemia (high blood sugar levels):

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

First aid aims with diabetes:

Hypoglycaemia:

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

Hyperglycaemia:

- Get casualty to hospital as soon as possible
- If possible, check ketone levels

Actions with diabetes:

Hypoglycaemia:

- Sit casualty down
- Offer casualty food or a sweet drink
- If there's an improvement, offer more to eat or drink
- Keep casualty resting
- Call 999 immediately if child becomes unresponsive.

Hyperglycaemia:

- Call 999 immediately if child becomes unresponsive.

Further actions with diabetes:

If the casualty loses consciousness

- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation

(Please see The Hub for further guidance on first aid.)

Further Information and Guidance

- H&S Hub - Health & Safety - 'First Aid'
- H&S Hub - Health & Safety - 'Accident Recording and Reporting'
- H&S Hub - Health & Safety – 'Pupil Health and Wellbeing'
- First Aid in Schools, Early Years and Further Education – DfE - 2022
- Approved Code of Practice and Guidance to the H&S (First Aid) Regulations – L74 – HSE - 3rd edition 2013 + 2018 + 2024 amendments

APPENDIX A

First Aiders

- Senior School First Aiders
- Junior School First Aiders

Wellbeing

- Staff Wellbeing Policy

APPENDIX B

First Aid Equipment and Materials

Detailed information regarding first aid equipment and materials can be found in the 'First Aid' section of the H&S section of the Hub.

A list of the location of emergency medicines (e.g., automatic adrenaline injectors / inhalers), defibrillators (AEDs) and first aid equipment, stored in containers marked with a white cross on a green background, should be maintained, and notices alerting people of their locations should be prominently displayed in appropriate areas **(Map is below).** NB ensure travel first aid kits, kits in minibuses or school vehicles, mobile first aid kits carried by specific personnel, and first aid kits in outlying buildings, e.g., pavilions are included.

The member of staff responsible for the first aid kits in their department should notify the School Nurse when supplies have been used in order that they can be restocked without delay.

The School Nurse will make arrangements for the regular checking and re-stocking of all the first aid kits and making appropriate records. Additional supplies are available from her if necessary.

All First Aiders should be aware of and implement the guidance on infection control which can be found in the 'Pupil Health and Wellbeing' section on the H&S section of the Hub.

The HSE recommends that, where there is no specific risk identified, a minimum provision of first aid items would be:

- Leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 4 individually wrapped triangular bandages
- 6 safety pins
- 6 medium sized individually wrapped sterile un-medicated wound dressings
- 2 large sterile individually wrapped un-medicated wound dressings
- Three pair of disposable gloves
- 1 Resuscitation aid
- A risk assessment will determine the level of first aid provision. The HSE recommends, where there is no specific risk identified, a travelling first aid kit should contain:
- Leaflet giving general advice on first aid
- 6 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 individually wrapped triangular bandages
- 2 safety pins
- 1 large sterile individually wrapped un-medicated wound dressings
- Two pair of disposable gloves
- Individually wrapped moist cleansing wipes
- 1 Resuscitation Aid

Please note: First Aid trained staff are responsible for stocking and checking the boxes on a regular basis and additional supplies are available from the Medical Room.

The school nurse must be informed if stocks are low or require anything specific for a trip TWO WEEKS PRIOR to the trip.

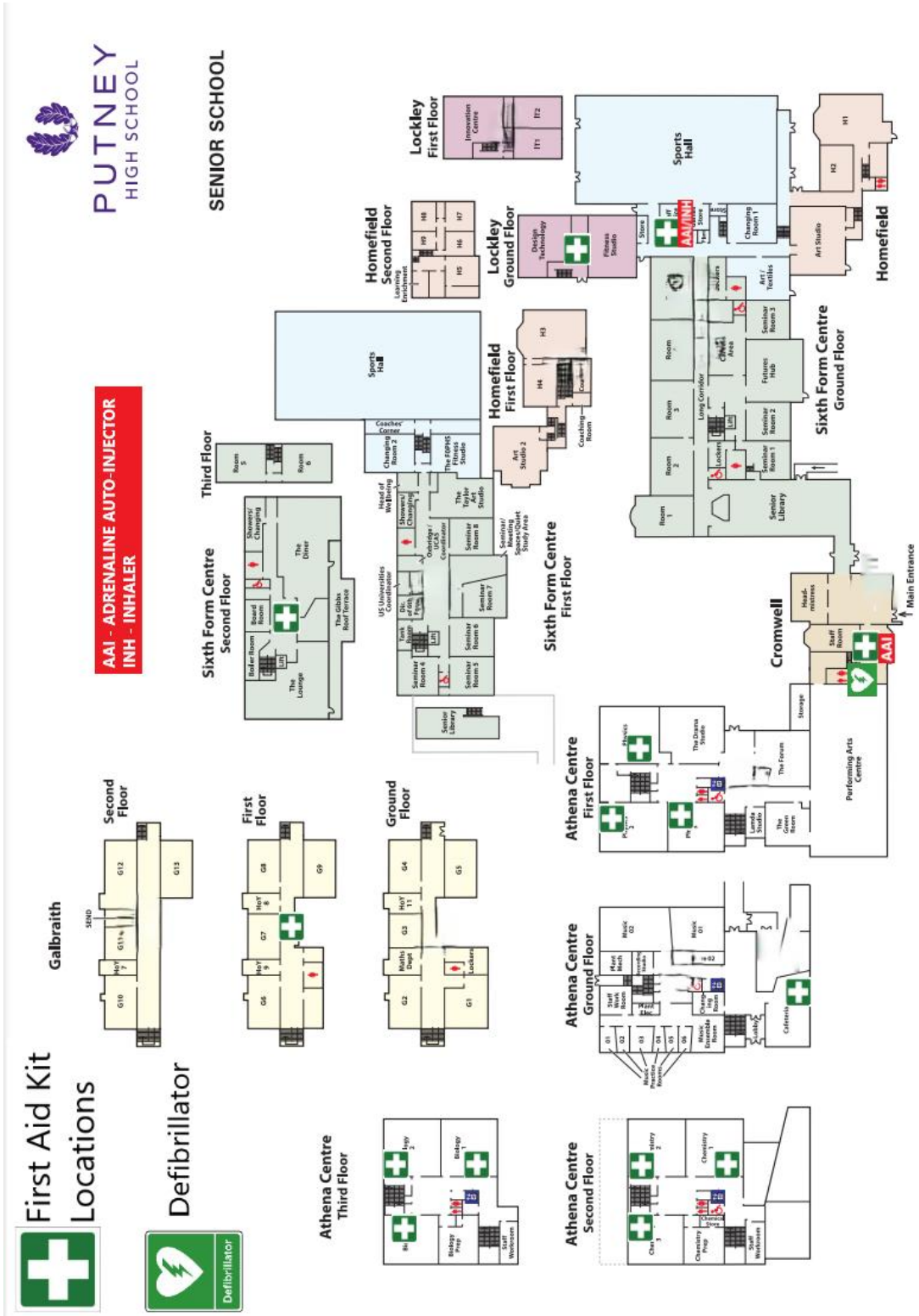
There are 4 defibrillators in school and one off-site in the Boat House

- Boat House (off-site)
- Junior School entrance (by tennis courts)
- Main Reception (Senior School)
- Performing Arts Centre (PAC)
- Sixth form centre (ground floor)

There are 6 emergency anaphylaxis kits in school and one off-site in the Boat House

- Boat House (off-site)
- Canteen
- Main Reception (Junior School)
- Main Reception (Senior School)
- Medical room
- Sports Hall entrance

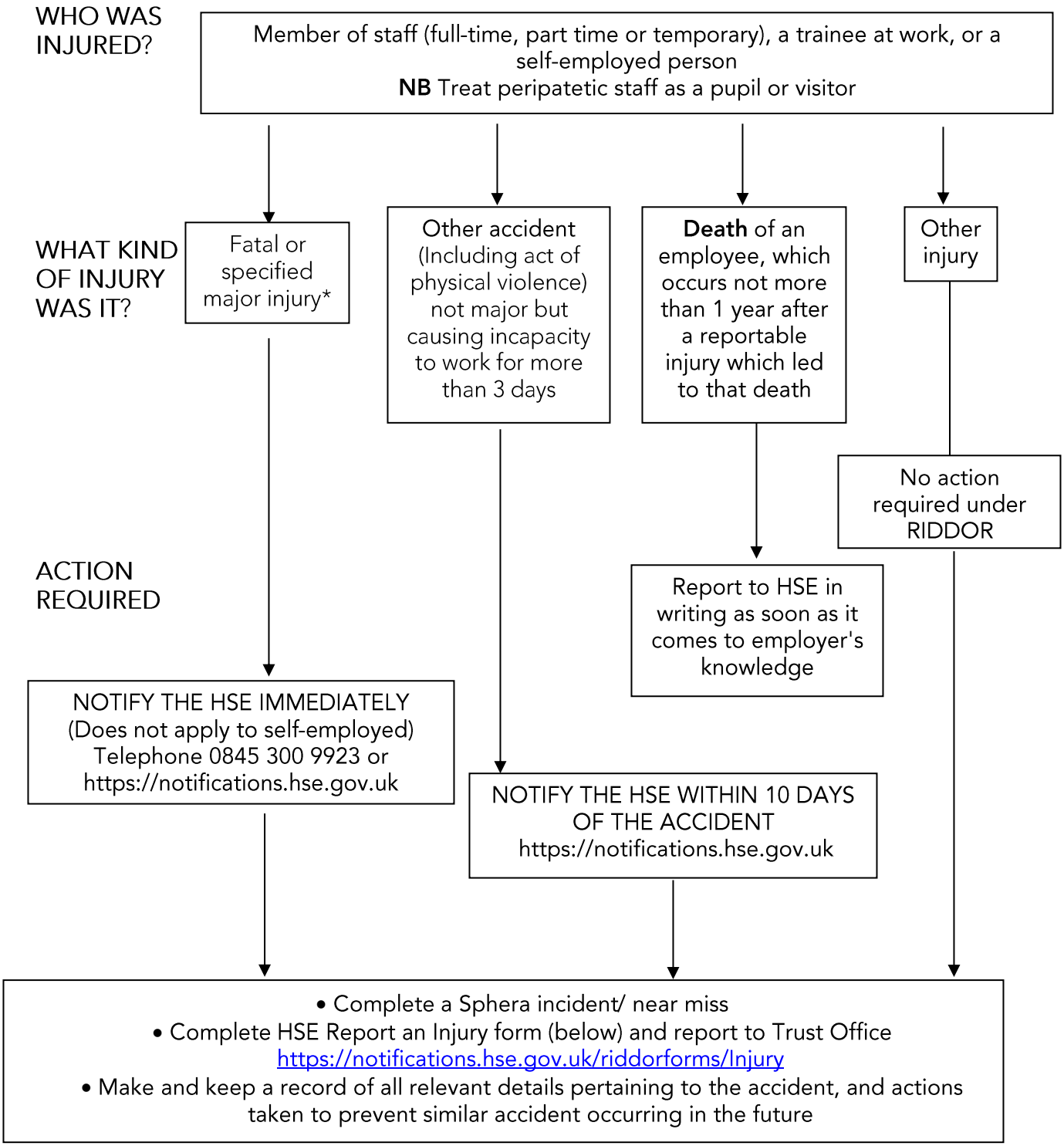
APPENDIX C


PUTNEY
HIGH SCHOOL
SENIOR SCHOOL
AAI - ADRENALINE AUTO-INJECTOR
INH - INHALER
First Aid Kit Locations
Defibrillator
Defibrillator
Galbraith
Second Floor
First Floor
Ground Floor
Third Floor
Sixth Form Centre Second Floor
Sixth Form Centre First Floor
Homefield First Floor
Homefield Second Floor
Lockley First Floor
Lockley Ground Floor
Sixth Form Centre Ground Floor
Homefield
Sports Hall
Cromwell
Athena Centre First Floor
Athena Centre Ground Floor
Athena Centre Second Floor
Athena Centre Third Floor
Performing Arts Centre
Main Entrance
AAI

PUTNEY
HIGH SCHOOL
First Aid Kit Locations
Second Floor
Board Room
Junior Deputies Room
WC
KS2
First Floor
Cloak Room
Staff Room
AAI - ADRENALINE AUTO-INJECTOR
INH - INHALER
Defibrillator
Learning Enrichment
KS1
First Floor
Head of Junior School
AAI/INH
Medical Room
Reception
Art Room
Music Room
Library
Science Room
Outer Theatre
EYFS
ICT
Hall
EYFS Outdoor Learning Area
Ground Floor
Key:
EYFS - Early Years Foundation Stage
KS1 - Key Stage 1
KS2 - Key Stage 2

APPENDIX D

RISING OUT OF OR IN CONNECTION WITH YOUR WORK ACTIVITY
THE REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATIONS 1995 (RIDDOR)



Reportable RIDDOR categories:

- Any fracture, other than to the fingers, thumbs, or toes
- Any amputation
- Dislocation of the shoulder, hip, knee, or spine
- Loss of sight (whether temporary or permanent)
- A chemical or hot metal burn to the eye or any penetrating injury to the eye
- Any injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours

Any other injury:

- leading to hypothermia, heat-induced illness, or
- to unconsciousness, or
- requiring resuscitation, or
- Requiring admittance to hospital for more than 24 hours.
- Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.

Examples of 'Specified Major Injuries' reportable under RIDDOR – for full list see The Hub.

The H&S and Educational Visit Officer is responsible for reporting any RIDDOR.

APPENDIX E

Mobility around the School

The senior and junior school both have wheelchairs to use should a pupil/visitor or staff member become unwell or unable to mobilise. Both wheelchairs are kept within the medical rooms in each school and a risk assessment for the use of must be completed on each occasion. The wheelchairs are solely used to transport the party back to receive medical care and not used for staff/pupils to remain in for any length of time.

There is a lift in the sixth form centre for anyone who has a disability or mobility issue, to access the First and second floor within the 6th form centre. In the PAC (Performing Arts centre) there is a lift on the outside to access entry into the PAC, and another lift inside to give access from the ground floor to the first floor. There is also lift access in the Athena building.

If pupils or school require walking aids such as crutches a risk assessment is completed to ensure that it is safe for them to mobilise around the school premises. The risk assessment will identify any extra safety measures that may need to be put in place, such as moving pupil classes to a lower floor which are more accessible. If a pupil requires walking aids, then it is agreed that all classrooms are moved to the ground floor and/or to a lift-accessible classroom. A Personal Emergency Evacuation Plan (PEEP) is put in place for any pupil or member of staff who may have difficulty with evacuating a building safely in an emergency. These are kept in the Medical Folder in Teams for staff to always have access to. Parents and pupils are also sent a copy of the PEEP.

APPENDIX F

Head Injuries Protocol

Introduction

The National Institute for Clinical Excellence (NICE) defines a head injury as any trauma to the head other than superficial injuries on the surface of the face. Minor head injuries and knocks to the head are common, particularly in children and many of these happen at school.

The aim of this protocol is to provide a safe environment for all staff and students and to ensure all staff have a clear understanding of how to manage someone who has sustained a head injury.

Remember: IF IN DOUBT, SIT IT OUT

Head Injury Assessment and Management

The majority of head injuries are minor and can be assessed and treated by a qualified first aider.

In the event of a head injury sustained by either student or staff, the school nurse or qualified first aider should be notified immediately so that an assessment can be made. The Head Injury Assessment Form can be used to aid this assessment (Appendix Ca).

The injury should also be documented on an accident report Accident Report **and** CPOMS. If you have any concerns about a head injury, you should liaise with the school nurse immediately. If the school nurse is unavailable, or it is an evening or weekend sports fixture further medical advice should be sought by consulting NHS 111, or by calling 999 as per guidance below.

Serious Head Injury

In rare cases there may be a serious head injury and staff should look out for the following signs:

- Unconsciousness or reduced consciousness (e.g., can't keep eyes open)
- Any clear fluid from either or both ears or nose
- Bleeding from either or both ears
- Bruising behind either or both ears
- Any signs of skull damage or a penetrating injury
- The person has had previous brain surgery
- A forceful blow to head at speed (e.g., fall down the stairs, fall from a height of 1m or more)
- The person has had a previous problem with uncontrollable bleeding or a blood clotting disorder, or is taking a drug that may cause bleeding problems (e.g., anticoagulant)

- The person is intoxicated by drugs and/or alcohol
- There are any safeguarding concerns (e.g., non-accidental injury)

If any of the above apply an ambulance should be called and the person taken to A&E immediately

Staff should also look out for the following

- Problems with understanding, speaking, reading or writing
- New deafness in one or both ears
- Loss of feeling in part of their body
- Problems with balance or general weakness
- General weakness
- Change in eyesight
- Any convulsions/seizures
- Any problems with memory of events before or after injury
- A headache that will not go away
- Any vomiting
- Irritability or altered behaviour

If any of the above apply the person should also seek medical attention at a hospital.

In either case parents should be informed at the earliest opportunity.

Details of the head injury should be recorded on CPOMS (and Sphera if appropriate), including any head injury symptoms.

If further medical assessment is not required at the time, parents should be informed, and the NHS head injury advice guidance (see appendix D) should be sent home with the student or emailed to the parent.

If the student remains in school the following communications should take place:

Junior School - a 'head bump' wristband or similar should be given to the student with the date and time of the head injury noted on it, and the class teacher informed. Parents should be informed following usual school procedure, and the NHS guidance sent home for parental reference.

Senior School – a 'head bump' wristband or similar should be given to the student with the date and time of the head injury noted on it, to show teachers in the remaining lessons of the day. Parents should be informed following usual school procedure, and the NHS guidance sent home for parental reference.

Return to School and Sport Following a Diagnosed Concussion

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*

The medical letter and /or return to school care plan should be recorded on CPOMS and all necessary staff alerted.

It is the responsibility of the parents to inform the school if their child has had a head injury outside of school. If a concussion has been suspected or diagnosed a letter should be obtained from the injured person's GP to confirm it is safe for them to return to sport. If a GP's letter is not possible, confirmation must be given by the parents in writing that they have sought medical advice and have had confirmation that it is safe for their child to return to sport.

References

- Headway – Brain injury advice
- NICE – Head Injury: Assessment and early management
- Sport and Recreation Alliance - Concussion guidance

APPENDIX G

Head Injury Assessment Form

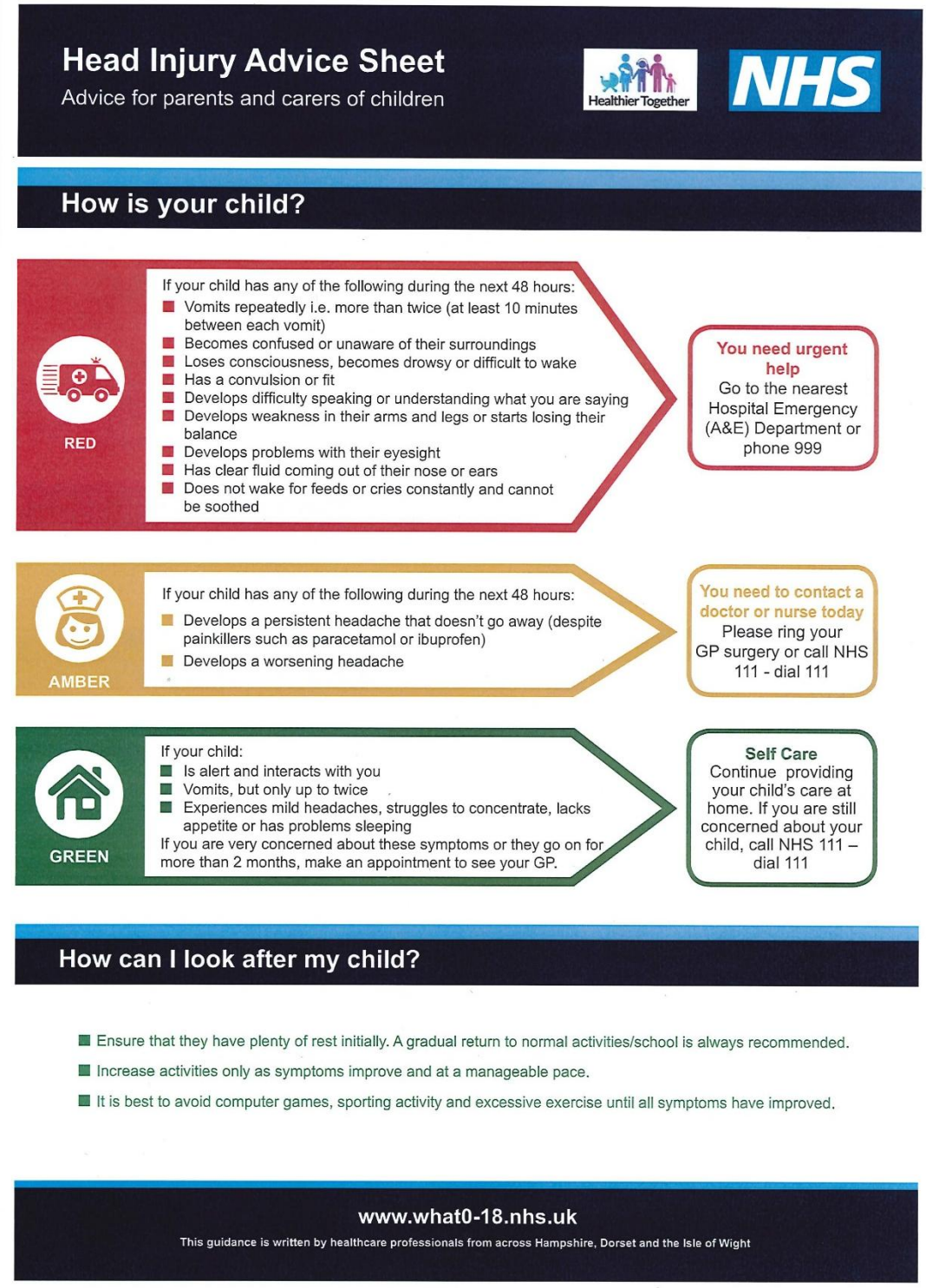
Senior School, Junior School, and Early Years Foundation Stage
To be completed by School Nurse or First Aider attending the Incident

Name of Injured Person		
Date and Time of Injury		
Description of Incident (What, where, how, witnesses, equipment)		
Injury and Findings		
CONSCIOUS LEVEL (Please circle one)	**Alert** – eyes open **Verbal** – eyes open to verbal stimuli **Pain** – eyes open to painful stimuli **Unresponsive** – eyes remain closed at stimuli	
Observations Please record if the person has any of these symptoms	Nausea? Headache? Blurred vision?	
If the injury is serious then please check eye-pupil dilation. School nurse or trained staff to do this	Are the pupils equal and reacting to light?	
Name of School Nurse or first aider assessor		
Name of School Nurse or first aid assessor		

This form should be completed and handed to the school nurse who will complete a report on Sphera. This form should also be scanned onto CPOMS.

APPENDIX H

Click here to access the NHS advice sheet it can be emailed to staff and parents.



Head Injury Advice Sheet

Advice for parents and carers of children

Healthier Together

NHS

How is your child?

RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help
Go to the nearest Hospital Emergency (A&E) Department or phone 999

AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today
Please ring your GP surgery or call NHS 111 - dial 111

GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

Self Care
Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

Head Injury Advice Sheet

Advice for parents and carers of children

Healthier Together

NHS

Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz

Football: goo.gl/zAgbMx

For further support and advice about head injuries, contact:

Child Brain Injury Trust – Hope for tomorrow - today

- Visit the Brain Injury Trust website.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

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