KINGSWOOD HOUSE SCHOOL

FIRST AID AND ADMINISTRATION OF MEDICINES POLICY

This Policy relates to the whole school including the Early Years Foundation Stage, and is reviewed annually to ensure compliance with current regulations and law and must be read in conjunction with other relevant Kingswood House School policies.

Related Policies:

- Child Protection and Safeguarding Policy
- Low Level Concern Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Positive Mental Health Policy
- Head injury and Concussion Policy (Appendix 7)

This list is not exhaustive.

Policy reviewed by: Sally Witts **Dated: Updated 25th July 2022 and Nov 2022**

Policy next review: July 2023

Policy statement

In accordance with Health and Safety legislation (Health and Safety (First Aid) Regulations 1981), it is the responsibility of the Governing Body to ensure adequate and appropriate first aid provision at all times when there are people on the school premises and during off-site visits and activities.

In order to ensure adequate first aid provision, it is the School policy that:

- There are sufficient numbers of trained personnel together with appropriate equipment to ensure someone competent in basic first aid techniques can rapidly attend an incident at all times during normal school hours to ensure first aid is administrated in a timely manner.

- Appropriate first aid arrangements are made whenever staff and pupils are engaged in off-site activities and visits.

Responsibilities under the policy

The Health and Safety Inspection Committee of the School, on behalf of the Governing Body, is responsible for:

- Inspecting the School's first aid provision each term.
- Advising the Bursar of issues arising.
- Reporting to the Governing Body their recommendations.

The Health and Safety Committee of the School, on behalf of the Governing Body, is responsible for ensuring:

- First aid needs are assessed and addressed.
- Sufficient numbers of suitably qualified first aiders are available.
- The adequate provision of first aid services during school hours and for activities held on site after normal school hours.
- Appropriate first aid cover is available for off-site school organised activities.

The Bursar, on behalf of the Health and Safety Committee, is responsible for:

- Assessing the first aid needs throughout the school.
- Advising on appropriate levels of first aid provision.
- Ensuring first aid cover is available during normal school hours and for activities held on site after normal school hours.
- Identifying first aid training needs.
- Arranging training and maintaining records thereof.
- Organising provision and replenishment of first aid equipment.
- Reviewing accident forms.
- Induction of staff in first aid issues.
- Liaising with the Health and Safety Inspection/Committee on first aid issues.

Qualified First Aiders are responsible for:

- Responding promptly to calls for assistance.
- Providing first aid support within their level of competence.
- Summoning medical help as necessary.
- Recording details of treatment given.
- Maintaining accurate records of first aid treatments given.

Appointed Persons are responsible for:

- Giving assistance to the qualified first aiders.
- Taking charge when someone becomes ill.
- Ensuring that an ambulance or other professional medical help is summoned as appropriate.

Early Years First Aiders are responsible for:

- Providing first aid support within the Early Years Foundation Stage.
- Ensuring that an ambulance or other professional medical help is summoned as appropriate.

Deputy Head and Head of Sport are responsible for:

- Ensuring appropriate first aid cover is available at all out of hours sports activities.

- Ensuring appropriate first aid cover and equipment for all practice sessions and matches.
- Ensuring appropriate first aid cover and equipment for all outings and residential trips.

Parent/Guardian is responsible for:

- Completion of the medical form(s) issued by the school annually and on joining (Appendix 1). Any changes to any new or existing medical condition must be notified to the school as soon as possible.
- Providing a signed consent form for administration of medication (Appendix 2).
- Completing the Allergy and Anaphylaxis Plan if required (Appendix 3).
- Ensuring that a member of the family or other nominated person is easily contactable at all times in the event of an emergency or a child requiring to be sent home from school due to illness or injury.

First Aid risks

An assessment of first aid needs is carried out on an annual basis by the Bursar on behalf of the Health and Safety Committee. The assessment takes into account:

- Numbers of pupils, staff and visitors on site.
- Layout and location of buildings and grounds.
- Specific hazards.
- Special needs.
- Hours of work.
- Out of hours and off-site activities.

The assessment will identify:

- How many first aiders are needed during the school day.
- Out of hours and off-site arrangements.
- Back-up arrangements to cover absence of first aiders.
- Which departments require a qualified first aider.
- What equipment is needed.
- Where equipment is to be located.
- Where notices and signs are displayed.
- Good practice in record keeping.

Numbers of pupils, staff and visitors on site

During the majority of school days there are approximately 335 people, 250 pupils and 85 staff, on site. Occasionally, for school plays and concerts, this number may increase to 450 people.

Layout and location of buildings and grounds

The school site is quite compact with 6 different teaching areas. However, accidents can happen anywhere at anytime and therefore all staff should know how and when to obtain help in an emergency.

Specific hazards/lunch and breaks

Accident statistics can indicate the most common times, locations and activities involved when accidents occur at school, highlighting areas where pupils and staff may be at greater risk of injury.

Injuries and accidents are most likely to occur during Games/PE lessons and matches, at break times, in the DT and Science departments, in the kitchen and maintenance departments. The Head of Science, Head of DT and Head of Catering have all completed first aid courses. Out of hours and off-site activities may present particular risks depending on the location and nature of the activity and the numbers of pupils and staff involved.

Pupils all go to the dining room for lunch with their year group, which is supervised by staff. Pupils may use the field, astro, playground and adventure trail for break and supervised by two or more staff in different areas. All staff are aware of procedures when a child is injured.

Hours of work

The Medical Room is open from 1030 to 1430 when the School Nurse will be in attendance. At all other times first aid will be provided from the School Office which is manned from 0730 to 1700 Monday to Friday during term time and a first aider is always on site from 0730 to 1800.

Out of hours and off-site activities

Some school activities take place outside of normal school hours and/or off-site. First aid provision is available at all times while people are on the school premises and when on school trips or visits. The medical file, kept in the School Office, must be taken on all off-site trips/activities together with inhalers, epi pens and medication, when necessary.

Please see the Education Visits Policy for guidance on first aid and medication on school trips.

Contractors

All contractors will be advised of our procedures for first aid. Major building projects under a JCB contract will be covered by their own health and safety regulations.

First Aid kits

First Aid kits are clearly labelled with a white cross on a green background in accordance with Health and Safety regulations. The contents of the first aid kits may vary depending on the particular needs in each location but are in accordance with guidance given in HSE doc “Basic advice on first aid at work”. The Bursar will supply first aid kits as appropriate. First aid kits are currently situated in:

- Medical room (Board room)
- School office
- PE Office (including travel bags which must be taken on school trips and other off-site activities).
- Kitchen
- DT
- Science Lab
- Reception Classroom (EYFS)
- Grounds shed
- Minibuses

The School Nurse is responsible for the checking and restocking of first aid kits. This is usually carried out at the beginning of each term and as required. The School Nurse should be notified when items have been used so they can be replaced without delay.

A first Aid bag or box must be taken on all trips when pupils leave the school, including sporting events.

Information

This First Aid and Administration of Medicines Policy is located on the school website and is available to parents and staff on request.

Parents are informed of our procedures for responding to children who are ill or infectious on admission to the School and these procedures are also written up in our Parents' Handbook.

New staff are briefed on the First Aid and Administration of Medicines policy and procedures as part of the induction process and new pupils are briefed by their teacher when they start school.

The briefing should include:

- Location of the School Office (first aid station)
- What to do in an emergency
- Names of first aiders and appointed persons
- Location of First Aid kits
- Administration of medicines

First aid notices are posted in most rooms around the School, including the Staff Room, School Office, Kitchen, Study Centre, upper corridor of Langlands, changing rooms, Katy Walton building, Lower Prep, Humanities, DT and Peter Brooks building. Notices give the names of First Aiders and location of first aid boxes.

There is a locked **medicine cupboard** in the Medical room and School Office where all medicines are to be stored. Keys are kept by the Nurse and office staff.

Training

A **qualified first aider** is someone who holds a valid certificate of competence in First Aid at Work. The certificate must be issued by an organisation approved by the Health and Safety Executive, such as St John's Ambulance, and must be renewed every three years. The Bursar will arrange for staff to attend the **First Aid at Work** course as required. In the school six people hold this qualification:

- Mrs Emma Darbishire, School Nurse
- Mrs Karen Harding, School Secretary
- Mrs Ann Miller, Office and Admissions Administrator
- Mr L Clarke, Head of Upper Prep and DSL
- Mr Ian Mitchell, Deputy Head
- Mrs Tessa Curnin, EHCP Coordinator and LSA

An **appointed person** is someone who has attended a minimum of 4 hours first aid training (renewable every three years) and is competent to give emergency aid until further help arrives. We have 15 qualified appointed persons.

There are five people qualified in **Early Years** / **Paediatric First Aid** who are competent to give first aid assistance to the Early Years Foundation Stage:

- Mrs Emma Darbishire, School Nurse
- Mr Liam Clarke, Assistant Head Upper Prep and DSL
- Mr Robert Hendry, Head of Sport
- Miss Zoe Smith, Assistant Head of Lower Prep
- Mr Joe Brown, Gap Assistant

There will always be an EYFS First Aid/Paediatric trained member of staff on all site at all times whilst EYFS children are present.

Staff have inset training annually on the use of epipens, epilepsy and the management of seizures and diabetes. This training is carried out by the School Nurse. Training will also be provided to staff if further medical or technical knowledge is required

First Aid and appointed person training will be refreshed every three years.

There are two trained **Mental Health aider**s in School:

- Mrs Jane Chandler – Catering Manager
- Katey Timothy – Emotional Literacy Support Assistant (ELSA)

Please refer to the School's Positive Mental Health Policy for more details.

PROCEDURES

Minor Incidents/Illness

Any child sustaining an injury or suffering illness whilst at school will be treated by the school staff who will inform the parent/carer of any treatment given either by telephone, or a note sent home with the child.

All minor incidents should be treated in the Medical Room or School Office (cuts and grazes) by a qualified first aider. The wound should be cleaned with sterile water and covered with a dressing. Staff should send the casualty with an escort to the School Office or accompany them themselves if the casualty is in distress.

If a child needs to be sent home from school, he/she will remain in the School Office with a member of staff until collected by a parent/carer. The parent/carer is to collect the child as promptly as possible. A bed is kept in the Medical Room and may be used for any person requiring it. The School Nurse or School Secretary will remain with the casualty at all times until they can be collected.

Major Incidents

In the case of a severe accident, severe bleeding, serious injury to legs or back, head injury, eye injuries, severe nose bleeds and seizures, the casualty must not be moved and a qualified first aider called to the scene as soon as possible.

Resuscitation Action Plan
A copy of the plan can be found in Appendix 6 attached. The school Automated External Defibrillator (AED) is located on the wall of the School Office behind the reception desk. The AED is designed for treatment of sudden cardiac arrest and should only be used to treat someone who is either unresponsive or non-breathing. The Action plan must be followed and a copy can also be found with the AED.

Head injury
The pupil will be assessed in accordance with our Head Injury policy. For incidents without side effects, a form will be given to the parent via the pupil advising them of the incident and if first aid was administered. If side effects such as outlined in the policy occur then either parent/carer will be contacted or an ambulance will be requested and parent/carer advised.

CALLING AN AMBULANCE
The School Office, School Nurse, Bursar or a qualified first aider are normally responsible for summoning an ambulance (dial 999 or 112), and for escorting the pupil to hospital; but all staff are advised in their induction training that, if the above staff are unavailable, they should summon an ambulance themselves. A member of staff will always escort the child, together with a driver, and stay with them in hospital until their parents/carers have arrived.

If the emergency services are called to the school to attend to a casualty, that person must obey the advice of the attending paramedics.

Staff should ensure that other pupils are cared for during and after an incident. Extra staff may be required to help with duties and reassure the children and keep them at a respectful distance to the casualty. After the incident the children may need time to talk it through, perhaps with their form teacher, and all other staff should be informed.

Emergency Medical Treatment
In accepting a place at the school, we require parents to authorise the Headmaster, or an authorised deputy acting on his behalf, to consent on the advice of an appropriately qualified medical specialist to your child receiving emergency medical treatment, including general anesthetic and surgical procedure under the NHS, if we are unable to contact you in time.

Asthma Inhalers / Epipens
Inhalers and epipens (or any other treatment) must be kept in the filing cabinet in the School Office, suitably labelled. Parents/carers should ensure that they are not out of date and replace when necessary. When used, an epipen should be safely put into a box with a lid and handed to the ambulance service.

Medication
Prescribed medication may be administered by the staff. If a child needs to take medication whilst at school, the parent/carer should hand it in to the school office. Medication should be clearly labelled with details of the name of the medication and when and how much should be given. A medication consent form should be completed and signed giving clear instructions. Regular medications are recorded in the medication file. All medication will be stored in the locked medical cabinet in the Medical Room or School Office except for those medicines that need to be kept in the fridge in which case the fridge in the staff room should be used.

No non-prescription medication will be administered by school staff unless the parent/carer has provided written, signed consent which is sought from parents at the time of acceptance to the school

and thereafter annually by completion of the medical consent form. Any medication given will be recorded on CPOMS and a note completed for parents.

No child will be given any treatment or medication against his/her will.

Staff Medication and special health needs or disabilities
Staff must seek medical advice if they are taking medication which may affect their ability to care for children and the Headmaster should be informed. Any staff medication must be securely stored at all times and must never be left in handbags in the classroom. Staff may use the locked medical cupboard located in the school office. If a member of staff has a life threatening condition such as diabetes, epilepsy, asthma or allergies which could give rise to anaphylactic shock, then they must ensure staff are aware and provide details on the display board in the staff room.

Medical history/Allergies of pupils/ Special health needs
Staff must ensure that they are aware of the medical history of the children they teach. The Headmaster must ensure that such information is available to members of staff. It is also essential that staff are aware of any children suffering from potentially life-threatening conditions such as diabetes, epilepsy, asthma or allergies which could give rise to anaphylactic shock, and the action necessary to take in the event of such an attack (see Appendix 3 and 4).

An up-to-date list of medical conditions of all children by class is kept in the school office. A list of pupils with allergies is also kept in the kitchen and appropriate food arrangements made. These are updated by the school secretary each term.

Staff are informed by the Headmaster if children with serious medical problems join the school and a notice is kept on the staff room board. Parents complete a care plan if their child has a serious medical condition or allergy and these are kept in their medical files in the School Office and displayed in the staff room.

All pupil medical records are kept in locked files in the main School Office.

Children with Medical Needs or Special Education Needs or Disabilities who require special adjustments
If a child has medical needs, special education needs or requires any special adjustments, the parents will be invited to a meeting with Headmaster, form tutor and Special Education Needs Coordinator and any outside Specialist who has been involved with the care of your child, to discuss thoroughly the regime that is most appropriate for his or her individual care.

Immunisations
When advised by the community school nurses, we will arrange for parents to be informed about required immunisations for their child. These are usually HPV in Year 8 and 9 and nasal flu vaccination.

Swimming
Children with open wounds must not swim.

Matches and off-site activities
A first aid bag must be taken on all trips. Grab bags are kept in boxes in the School Office/Sports Office and must be taken on all coach trips and to matches. When travelling by car it is the responsibility of the member of staff to carry a grab bag in their vehicle.

The class list of pupils' medical conditions should also be taken on all trips together with medication/inhalers, etc.

Exclusion Illnesses
In all cases of infections the exclusions in Appendix 5 will be followed. Kingswood House School will keep up-to-date with any health alerts and respond accordingly following the recommended government and health agencies protocols. The school takes a proactive and preventive approach to the prevention and control of infections which are summarized in Appendix 5.

Body fluids
Gloves should be worn at all times if in contact with body fluids and any spillages cleaned up immediately. Vomit should be covered with absorbent deodorizing powder (kept in the School Office and Lower Prep) and then swept up using the supplied dustpan and brush. The Bursar must be informed who will contact our cleaning company to ensure that the area is cleaned properly in the evening.

If vomit is located outside, the area should be cordoned off and covered with sand. Please ensure the Bursar is informed so that the sand can be safely disposed of.

All items that come into contact with body fluids, including medi-wipes, cleaning cloths, tissues, gloves, etc. are to be disposed of in a plastic bag and tied up and placed in the pedal bin in the office which is emptied each evening.

REPORTING AND RECORD KEEPING

Accidents
All accidents should be reported immediately and recorded on CPOMS. Details to be recorded should include:

- Date and time of incident
- Name of casualty
- Details of injury/illness
- Treatment and/or advice given
- Signature or person dealing with the accident
- Whether parents have been informed
- Parents of EYFS children will be informed on the same day or as soon is reasonably practical

Accident records are reviewed by the Health & Safety Inspection Committee each term. Accident records must be kept for a minimum of three years.

Any member of staff or visitor to the school who has an accident must also complete an accident form (in the School Office) which should be passed to the Bursar for filing. Any visitor to the school who has an accident will receive a follow up call as to their welfare.

EYFS
The School will notify the local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and will act on any advice from those agencies.

RIDDOR
The School will report to the Health & Safely Executive (Tel: 0845 300 9923), under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, any deaths, major injuries, over-three-day injuries, accidents causing injury to pupils, members of the public or other people not at work, specified dangerous occurrences, where something happened which did not result in an injury but could have done.

Medication
Any treatment or medication administered should be recorded on CPOMS and should include:

- Date and time of administration
- Name and amount of medication or treatment given
- Name of person receiving medication
- Signature of administrator

Records are kept for a minimum of five years.

Controlled Medication
- The supply and possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as a medicine for use by children who have ADHD, such as methylphenidate.
- Any authorized or trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.
- The controlled drugs are stored in a locked medical cabinet in the office.
- All controlled drugs must be in their original packaging with a pharmacy label including name and dose.
- A Paper Controlled Drug register is kept in the locked medical cabinet in the office and keeps a record of the controlled medication received and given at Kingswood House School.

In accordance with Health and Safety law, some accidents and illnesses must be reported to the Health and Safety Executive. This is the responsibility of the Bursar.

Please note that all parents of children in the EYFS are to be informed by written note or telephone call if their child has had an accident or been administered medicine on the same day, or as soon as reasonably practicable.

Accident Investigation
All serious accidents and an injury/accident that frequently occurs should be investigated. Accident Investigation Forms are kept in the School Office and once completed should be filed with the Bursar for review by the Health and Safety Committee.

MONITORING AND REVIEW OF POLICY

First aid arrangements are reviewed annually to ensure the provision is adequate and effective. Additional reviews will take place following any significant changes in structure, such as new buildings, relocation or changes in staffing and/or pupils numbers.

Appendix 1

Pupil Health Consent Form

Last Name	
First Name	
Middle Name	

Date of Birth	
Year / Form	

Family Doctor (Name, Address & Phone)	

Child adopted / not adopted (Please circle as appropriate)	Parents living together / separated / divorced (Please circle as appropriate)
Any past events (e.g. recent deaths, traumas, etc.) which may have had an effect on your child	

Does your child have: (please tick as appropriate)		Yes	No
1. a)	Asthma		
b)	Difficulties with breathing		
c)	Diabetes		
d)	Difficulty with his eyes		
e)	Trouble with his ears / hearing		
f)	Speech difficulty		
g)	Frequent sore throats		
h)	Skin rashes		
2. Does your child suffer from any chest trouble?			
3. Do you think your child has any weight trouble?			
4. Has your child ever had any convulsions or fits?			
5. Has your child had frequent headaches in the last 12 months?			
6. Does your child have fainting attacks, blackouts or dizzy spells?			

7. Does your child have difficulty getting to sleep or sleeping?		
8. Does your child suffer from rheumatism?		
9. Does your child require an Asthma Inhaler? If yes, do your require it to be kept in the School Office?		
10. Does your child need an Epipen? Is it kept at school?		

ADDITIONAL MEDICAL CONDITION, MEDICATION OR INSTRUCTIONS

Is there any other medical condition not already detailed, additional medication to be taken or special instructions for the school?

GENERAL

Are there any other concerns / difficulties of which you would like us to be aware, which may affect your child's performance at school?

PHYSICAL

Has your child difficulties, which may affect his ability to participate in games lessons?

HOSPITAL

If your child attends hospital at present, or has attended in the last year or two, please give details.

Name of Hospital and consultant, physician or surgeon

Date(s) attended

Was he/she an in-patient, and if so, for how long?

Reason for attendance

VACCINATIONS

Has your child been vaccinated against tetanus? Yes / No (please circle)

Date of last injection …….

MEDICATION

Does your child receive regular medication? Yes/No

If **yes**, please advise:

Name of medication:…… Dosage: ……..

Would you like the school to administer this medication? Yes/No

If so, please advise timings:…….…….

ALLERGIES

Please state if your child has any allergies:

Hayfever	Yes/No
Bites/stings	Yes/No
Plasters	Yes/No
Drugs	Yes/No
Food	Yes/No

If yes, please give the name of the food and treatment required if any:
Any other allergies not listed?

Are any of the above life threatening? Yes/No
If **yes**, please give details…

DIETARY REQUIREMENTS

Does your child require a special diet? Yes/No
If yes, please provide details:

CONSENT 1

I do / do not consent to my child being given the medication listed below, as deemed appropriate, whilst he is on school premises

Paracetamol/Calpol	Yes/No
Antihistimine/Piriton	Yes/No

Ibuprofen / Nurofen Yes/No

Signature of Parent/Guardian …….

Date ……..

CONSENT 2

In the event of the school being unable to contact myself or the emergency contact/s
I do / do not consent to an appropriate member of staff acting in the best interests of my child.

Signature of Parent/Guardian ……

Date: …….

PARENTAL CONSENT

I hereby give my consent to the attendance of my child on school visits on the understanding that the person in charge of the party of children will be a member of the teaching staff of Kingswood House. That member of staff will remain in loco parentis although, on certain visits, they may hand over the duty of care to a specialist instructor.

We further authorise the Headmaster, or an authorised deputy acting on his behalf, to consent on the advice of an appropriately qualified medical specialist to our child receiving emergency medical treatment, including general anaesthetic and surgical procedure under the NHS, if you are unable to contact us in time.

Signature of Parent/Guardian …….

Date …….

If any of the information you have provided changes e.g. address, telephone, GP, medical conditions, you must let the school know immediately

Appendix 2

ADMINISTRATION OF MEDICINES IN SCHOOL

Child's Name: …….. Form: ……

MEDICATION

Name of medication: …….

Dosage: …….

Time of last dose: ……. Amount given: ……..

Condition of illness: …….

When/ How to administer medication:

……

……

Special Instructions: ……..

……

Does medication need to be put in fridge?: ……

Please administer the above medicine for …….. days or until further notice.

Signed: ……. Date:……..

Print Name: …….

Appendix 3

Anaphylaxis and Allergy Plan

Name…….

Date of Birth……

The above named pupil may suffer from an anaphylaxis reaction if they are exposed to:

……
……

Their usual allergic symptoms are:

……
……

Procedure in the event of an acute allergic reaction:

Symptoms: Wheezing
Swelling of face and throat
Difficulty in breathing and swallowing
Feeling faint

Action: ***Contact ambulance service 999***

- Place child in safe, comfortable position
- Give Epipen injection (kept in bottom drawer of medical filing cupboard in office)
- Monitor closely. If no improvement, or if symptoms of floppiness or pallor develop or worsen within 10 minutes repeat if further Epipen available.
- Inform the following contact numbers in order of priority.

Contact No. 1 Name……..…
Tel. No……..….
Relationship…….

Contact No. 2 Name……..
Tel. No……
Relationship……..

In case of: Itchiness
Tingling of face and lips
Tummy cramps
Vomiting
Blotchiness of skin

Give……. (Oral antihistamine) …….. ml immediately

Inform the contact numbers as above

- It is the parents' responsibility to ensure that all medication supplied to the school is in date and clearly marked.
- It is the parents' responsibility to ensure the pupil is fully aware of the signs and symptoms of an allergic reaction.
- It is the parents' responsibility to ensure the pupil has been instructed on the administration of the necessary medication and the importance of carrying it at all times.
- All medication will be returned to the pupil/parent at the end of each half term and term.
- It is the parents' responsibility to replace any medication used.

The school will inform all relevant staff with regard to the pupil's condition and the arrangements set out in this document.

The school office, form tutor and sport's office will hold a copy of this plan.

Agreed and signed

Parent Name …… Sign …… Date ……..

Parent Name …… Sign …… Date ……..

School Bursar…… Sign …… Date ……..

Guidance on how to administer an epipen:

Sit the casualty down
Take the epipen in your dominant hand
Remove the grey cap
Plunge into the outer thigh through clothing (except heavy jeans)
Count to 10
Remove and place in a box and give to the ambulance service
Rub the area in the thigh gently

JEXT epipen (has a yellow cap):
Remove the yellow cap
Put against the leg and push hard until you hear a click.

Repeat after 10 minutes if there is no change and you have another epipen.

Appendix 4

Asthma, Seizures, Diabetes

Guidance for staff on the recognition and first aid treatment of:

Asthma Attack

In an asthma attack the muscles of the air passages in the lungs go into spasm and the linings of the airways swell. As a result, the airways become narrowed and breathing becomes difficult.

Sometimes there is a specific tripper for an attack such as:

- An allergy
- A cold
- Cigarette smoke
- Extremes of temperature
- Exercise

Recognition features

- Difficulty in breathing, with a very prolonged breathing-out phase.

There may also be:

- Wheezing as the casualty breathes out
- Difficulty speaking and whispering
- Distress and anxiety
- Coughing
- Features of hypoxia, such as a grey-blue tinge to the lips, earlobes and nailbeds

ACTION
Your aim is to ease the breathing and if necessary get medical help.

- Keep the casualty calm and reassure them
- Encourage them to use their blue inhaler if they have one. Children may have a spacer device. It should relieve the attack within a few minutes.
- Encourage the casualty to breathe slowly and deeply.
- Encourage the casualty to sit in a position that they find most comfortable, often leaning forward with arms resting on a table or the back of a chair. Do not lie the casualty down.

A mild attack should ease within three minutes but if it doesn't ask the casualty to use their inhaler again.

Caution
If this is the first attack, or if the attack is severe and any one of the following occurs:

- The inhaler has no effect after 5 minutes
- The casualty is becoming worse
- Breathlessness makes talking difficult
- The casualty becomes exhausted

Call for an ambulance.

- Encourage the casualty to use their inhaler every 5 to 10 minutes
- Monitor and record the breathing and pulse rate every 10 minutes

Seizure

A seizure or convulsion can occur at any age and is due to abnormal electrical activity in the brain resulting in uncontrollable muscular activity and loss of consciousness. There are many types of seizure, with some being relatively mild and others severe and prolonged.

The patient goes still, loses consciousness, falls to the floor and begins to jerk or convulse. They may look a little blue around their mouth from irregular breathing. Seizures can last for a few minutes.

ACTION:
Assess the situation – are they in danger of injuring themselves?
Remove any nearby objects that could cause injury.
Cushion their head to protect them from head injury.
Check the time.
Look for a medical bracelet or ID card – it may give you information about the person's seizures and what to do.
Once the seizure is over, put them on their side (in the recovery position).
Stay with them and reassure them as they come round.
Never restrain the person, put something in their mouth or try to give them food or drink.

Call for an ambulance if the casualty does not wake up within 10 minutes, is not breathing well, or it is their first seizure.

Diabetes - Hypoglycaemia and Hyperglycaemia

Hypoglycaemia is when the blood sugar level falls below normal and brain function is affected.

Recognition features:

- History of diabetes, the casualty may recognize the onset of an attack
- Weakness, faintness or hunger
- Palpitations and muscle tremors
- Strange actions or behavior
- Sweating and cold, clammy skin
- Rapid and strong pulse
- Deteriorating level of response
- Diabetic warning card, insulin, glucose get or tablets in their possession

ACTION
Aim is to raise the blood sugar as quickly as possible and obtain medical help if necessary.

- Help the casualty to sit or lie down
- Give them a sugary drink, sugar lumps or sweet food.
- Alternatively, they may take their own glucose gel

If they respond quickly

- Give them more food and drink and let them rest until feeling better
- Advise them to see their doctor

If the condition does not improve

- Monitor the level of response and consciousness
- Call for an ambulance

Hyperglycaemia

High blood sugar levels over a long period can result in unconsciousness. Usually the casualty will drift into this state over a few days. It requires urgent treatment in hospital.

Recognition features:

- Warm, dry skin
- Rapid pulse and breathing
- Fruity/sweet breath
- Excessive thirst

- If untreated, drowsiness then unconsciousness

ACTION
Aim is to arrange urgent removal to hospital. Call for an ambulance.
Monitor level of response.

Appendix 5

CONDITIONS REQUIRING EXCLUSION FROM SCHOOL

Exclusion is a necessary control measure to enforce when an individual poses a risk of infection to others and, whilst it is not always applicable in all cases of communicable disease, it is advisable that children are kept away from school when unwell, e.g. feverish, irritable, loss of concentration or are nauseous. Details of specific exclusions are listed below:

DISEASE	EXCLUSION PERIOD
Chickenpox	For 5 days from onset of rash
Cold sores	Whilst sore and discharging
Conjunctivitis	Until better or antibiotics commenced
Persistent Diarrhoea and Vomiting	Until symptoms have stopped for 24 hours
Head Lice	Until treated
Hepatitis A	Young children and those requiring supervised hand washing until 5 days from onset of jaundice or pale stools
Hepatitis B and C	No exclusion, but strict hygiene should be adhered to when handling blood or body substances
HIV / AIDS	Same as Hepatitis B and C
Impetigo	Until antibiotics commenced **and** lesions healed (crusted over)
Measles	For 5 days after onset of rash
Mumps	For 5 days after onset of swelling
Ringworm	None once treatment commenced by GP
Rubella (German Measles)	For 5 days from onset of rash
Scabies	Until treated
Scarlet Fever	For 5 days from starting antibiotics
Sore throat (Bacterial)	For 5 days from start of treatment
Tuberculosis	Until 2 weeks after start of treatment
Whooping Cough	For 5 days from commencing antibiotics

The school reserves the right to ask the parent for a doctor's letter stating that the child is fit to return to school.

INFECTION PREVENTION AND CONTROL

Hand Hygiene

Hand hygiene is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or vomiting and respiratory infections.

To enable this Kingswood House school will:

Ensure all individuals have access to liquid soap, warm water, and paper towels. Bar soap should not be used. Alcohol hand gel can be used if hands are not visibly dirty. Alcohol hand gel is not effective against organisms that cause gastroenteritis, such as norovirus.

Advise all individuals to clean their hands after using the toilet, before eating or handling food, after playtime and after touching animals.

All cuts and abrasions should be covered with a waterproof dressing.

Educate children and young people on why hand hygiene is so important. Free resources to support this have been developed by the UK Health Security Agency (UKHSA) with teachers for ages 3 to 16 and are available at e-bug.eu.

Respiratory and Cough Hygiene

Coughs and sneezes spread diseases. Covering the nose and mouth when sneezing and coughing can reduce the spread of infections.

Therefore, Kingswood House School:

Discourages spitting.

Encourage all individuals, particularly those with signs and symptoms of a respiratory infection to follow the recommended respiratory and cough etiquette specifically, to:

*cover nose and mouth with a tissue when coughing and sneezing, dispose of used tissue in a waste bin, and clean hands *cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand *keep contaminated hands away from their eyes, mouth and nose *clean hands after contact with respiratory secretions and contaminated objects and materials

Educate children and young people on why respiratory hygiene is so important. Free resources to support this have been developed by UKHSA with teachers for ages 3 to 16 and are available at e-bug.eu.

Cleaning

Keeping settings clean, including equipment, reduces the risk of transmission. Effective cleaning and disinfection are critical in any setting, particularly when food preparation is taking place.

Cleaning with detergent and water is normally all that is needed as it removes most germs that can cause diseases.

Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules. Further information on cleaning services is available.

In the event of an outbreak of infection at Kingswood House, UKHSA health protection team (HPT) may recommend enhanced or more frequent cleaning, to help reduce transmission. This is covered in the Managing outbreaks and incidents.

Advice may also be given to increase cleaning of areas with particular attention to hand touch surfaces that can be easily contaminated such as door handles, toilet flushes, taps and communal touch areas.

To prevent and control infections Kingswood House School ensures that

Surfaces are cleaned that people touch a lot. Regularly clean and disinfect all areas or surfaces in contact with food, dirt, or bodily fluids.

In cleaning schedules, clearly describe the activities required, the frequency of cleaning and who will carry them out.

Ensure plans for situations where additional cleaning will be required (for example in the event of an outbreak) and how the setting might carry this out.

Ensure cleaning staff are appropriately trained and have access to the appropriate personal protective equipment (PPE), such as household gloves and aprons.

Although there is no legislative requirement to use a colour-coding system, it is good practice. Use colour-coded equipment in different areas with separate equipment for kitchen, toilet, classroom, and office areas (for example, red for toilets and washrooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens).

Cleaning equipment used should be disposable or, if reusable, disinfected after each use.

Store cleaning solutions in accordance with Control of Substances of Hazardous to Health (COSHH), and change and decontaminate cleaning equipment regularly.

Nominate a member of staff to monitor cleaning standards, have a system in place for staff to report issues with cleaning standards and discuss any issues with cleaning staff, or contractors employed by the setting.

In areas where food is handles or prepared

The Food Standards Agency (FSA) strongly advises the use of either a dishwasher, a sterilising sink, or a steam cleaner to clean and disinfect equipment and utensils.

Operate and maintain equipment according to the manufacturer's instructions and include regular dishwasher interior cleaning cycles.

Follow food hygiene standards from the Food Standards Agency.

Educate children and young people on their role in improving food hygiene.

Free resources to support this have been developed by UKHSA with teachers for ages 3 to 16 and are available at e-bug.eu

Toileting and Sanitation

Good hygiene practices depend on adequate facilities and clear processes. Hand hygiene is extremely important to emphasise to individuals who are supporting children and young people with toileting.

For all individuals and staff:

Kingswood House School will ensure that

Hand wash basins are available, with warm running water along with a mild liquid soap, preferably wall-mounted with disposable cartridges.

Disposable paper towels next to basins in wall-mounted dispensers are available, together with a nearby foot-operated wastepaper bin.

Toilet paper is available in each cubicle (it is not acceptable for toilet paper to be given out on request). If settings experience problems with over-use, they could consider installing paper dispensers to manage this.

Suitable sanitary disposal facilities should be provided where there are children and young people aged 9 or over (junior and senior age groups).

Personal Protective Equipment

PPE can protect individuals and staff from contamination with blood or bodily fluids, which may contain germs that spread disease.

PPE should be used in line with risk assessments in all settings, proportionate to the risk identified.

Risk assessments look at both the risk of occurrence and the impact, and may need to be dynamic, based on the emerging situation. This ensures that all people, including those with complex or additional health needs, are supported to continue their care and education in the setting, where it is safe to do so.

One example of where this is required is an Aerosol Generating Procedure (AGP).

Kingswood House School will:

Conduct risk assessments that are dynamic and long-term.

If there is a risk of splashing or contamination with blood or bodily fluids during an activity, wear disposable gloves and plastic aprons. Gloves and aprons should be single-use disposable, non-powdered vinyl/nitrile or latex-free and CE marked.

Wear a fluid-repellent surgical facemask and eye protection if there is a risk of splashing with blood or body fluids to the face. If reusable, decontaminate prior to next use.

Safe management of the environment

Ventilation

Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help dilute air that contains viral particles and reduce the spread of COVID-19 and other respiratory infections.

Kingswood House School will ensure that:

All occupied spaces are well ventilated to help reduce the number of respiratory germs. Open windows and doors as much as possible to let fresh air in (unless it is unsafe to do so, for example, do not keep fire doors open).

Try and open higher-level windows to reduce draughts, where it is safe to do.

During the colder months, you may consider opening windows more when the room is unoccupied in between lessons.

Safe management of blood and bodily fluids

Blood and bodily fluids can contain germs that cause infection. It is not always evident whether a person has an infection, and so precautions should always be taken.

Cleaning blood and bodily fluid spills

Clean any spillages of blood, faeces, saliva, vomit, nasal discharges immediately, wearing PPE.

Use gloves and an apron if you anticipate splashing and risk assess the need for facial and eye protection.

Clean using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer's guidance should always be followed. Cleaning with detergent followed by the use of a disinfectant is also acceptable. It should be noted that some agents, such as NaDCC (Sodium Dichloroisocyanurate or Troclosene Sodium, a form of chlorine used for disinfection), cannot be used on urine.

Use disposable paper towels or cloths to clean up blood and bodily fluid spills. These should be disposed of immediately and safely after use.

A spillage kit should be available for bodily fluids like blood, vomit and urine.

Managing cuts, bites, nose bleeds and bodily fluid spills

Take standard precautions when dealing with any cuts or abrasions that involve a break in the skin or bodily fluid spills.

Be aware of the setting's health and safety policies and manage incidents such as cuts, bites, bleeds and spills accordingly.

These policies should include having nominated first aiders who are appropriately trained.

Use Standard Infection Prevention and Control (SIPC) precautions to reduce the risk of unknown (and known) disease transmission.

These include:

- wearing gloves when in contact with blood, bodily fluids, non-intact skin, eyes, mouth, or nose (washing grazes, dressing wounds, cleaning up blood after an incident) and wearing a disposable plastic apron
- carefully cleaning the wound under running water if possible or using a disposable container with water and wipes; carefully dab dry
- covering all exposed cuts and grazes with waterproof plasters
- keeping the dressing clean by changing it as often as is necessary
- managing all spillages of blood or body fluids

Safe management of waste (including sharps)

Under the waste management duty of care, Kingswood House School must ensure that all waste produced is dealt with by a licensed waste management company.

Place any used PPE in a refuse bag and dispose of as normal domestic waste. PPE should not be put in a recycling bin or dropped as litter.

Settings that generate clinical waste should continue to follow usual waste policies.

Managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)

An exposure is an injury from a used needle or a bite which breaks the skin, and/or exposure of blood and body fluids onto:

- broken skin
- the eyes, nose or mouth

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin Kingswood House School will:

- dispose of the needle safely in a sharps container to avoid the same thing happening to someone else – please contact your local authority or school nurse for help with safe disposal of discarded needles
- wash the wound thoroughly with soap and warm running water
- cover the wound with a waterproof dressing
- seek immediate medical attention or advice from your local accident and emergency department or occupational health provider
- record it in the accident book and complete the accident form

Appendix 6

RESUSCITATION ACTION PLAN

The School's Automatic External Defibrillator (AED) is located in the School Office and a copy of this plan is stored with it.

The AED is designed for the treatment of sudden cardiac arrest and should only be used to treat someone who is:

- Unresponsive
- Non-breathing

1. **Person is not responsive and no signs of life?**
   Address person and shake on shoulder.

2. **Call for help**
   - If one person is at the scene – call for help and call the emergency services then start CPR.
   - If two people are on the scene – one calls the emergency services while the other starts CPR.
   - The person administering CPR should not leave the casualty unless absolutely essential.
   - Where possible, bring the AED to the scene by someone already close to its usual location

3. **Open the airway**

4. **Check for breathing**

5. **Perform CPR (cardio pulmonary resuscitation)**
   30 compressions: 2 breaths
   Continue until an AED is available or arrival of emergency physician.

6. **Turn on AED and follow instructions:**
   Prior to using the AED please carry out the following:
   - Remove clothes to expose bare chest
   - Shave area where pads are to be applied if excessively hairy
   - Dry chest area if required
   - Paediatric pads to be used on children aged 1-8
   - Place pads in position shown on the AED
   - Do not perform chest compressions through electrodes
   - No one must be in contact with patient when a shock is delivered

   When the pads are attached correctly you will hear voice prompts:
   - "Analysing heart rhythm. Do not touch the patient."
   - "Shock advised. Charging. Do not touch the patient."
     Or
   - ""No shock advised."

7. **"Press the red flashing button now. "Deliver the shock now."**
   The AED will only administer a shock if it is needed. A voice prompt will tell you when to press the shock button.

   - √"It is safe to touch the patient."
   - "Begin CPR." (Beep), or "If needed, begin CPR." (Beep)
   - "Give two breaths."
   - "2, 3 or 5 times repeat."
   - "Stop CPR."

Appendix 7

Kingswood House School

HEAD INJURY AND CONCUSSION POLICY

Introduction

The aim of this policy is to:

- Ensure understanding of the key terms and the link between head injury and brain injury;
- Identify sport activities which carry a risk of head injury;
- Underscore the importance of creating suitable risk assessments for sport activities being under taken by the School; and
- Provide clear processes to follow when a student does sustain a head injury.

This policy applies to:

- School staff (including part time or occasional employees or visiting teachers);
- Pupils of the School
- Parents of pupils at the School; and
- Any other individual participating in any capacity in a School activity. For example, this would include a contractor providing sports coaching, or a volunteer on a School trip.

A head injury could happen in any area of School life. This policy focuses on sport activities (both contact sports and non-contact sports) where the risk of head injuries happening is higher but can be used for head injuries which occur in another context.

Definitions

The following terms are used in this policy:

- **Head injury**: means any trauma to the head other than superficial injuries to the face.
- **Traumatic Brain Injury (TBI**): is an injury to the brain caused by a trauma to the head (head injury).
- **Concussion**: is a type of traumatic brain injury (**TBI**) resulting in a disturbance of brain function. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.

- **Transient Loss of consciousness**: is the sudden onset, complete loss of consciousness of brief duration with relatively rapid and complete recovery. It can also be referred to as 'being knocked out' or a 'blackout'.

- **Persistent loss of consciousness**: is a **state of depressed consciousness where a person is unresponsive to the outside world.** It can also be referred to as a coma.

- **Chronic Traumatic Encephalopathy (CTE)** is one type of degenerative and progressive brain condition that's thought to be caused by TBIs and repeated episodes of concussion. CTE usually begins gradually several years after receiving TBIs or repeated concussions. The symptoms affect the functioning of the brain and eventually lead to dementia.

- **Contact sport**: is any sport where physical contact is an acceptable part of play for example rugby, football and hockey.

- **Non-contact sport**: is any sport where physical contact is not an acceptable part of play but where there are nonetheless potential collisions between players and between players and the ball, for example cricket and netball.

The risks

Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.

Collisions can cause a head injury, which can cause a traumatic brain injury such as a concussion.

It is very important to recognise that a pupil can have a concussion, even if they are not 'knocked out'. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.

Children and young adults are more susceptible to concussion than adults because their brains are not yet fully developed and thus more vulnerable to injury.

The current evidence suggests that repeated episodes of concussion, even where there is no transitory loss of consciousness, can cause significant changes to the structure and function of the brain in a condition known as Chronic Traumatic Encephalopathy (CTE).

Preventative steps to reduce the risks

Any person responsible for the undertaking of a sporting activity must ensure a suitable risk assessment for the specific sport activity is created.

This risk assessment should be tailored to the specific School environment and should:

- Identify the specific risks posed by the sport activity, including the risk of players sustaining head injuries;

- Identify the level of risk posed;

- State the measures and reasonable steps taken to reduce the risks and;

- Identify the level of risk posed with the measures applied.

The governing bodies of most sports played in Schools have each produced head injury guidelines that are specific to their sport. Those responsible for risk assessing sport activities in School should have regard to the relevant and latest guidelines when carrying out their risk assessment.

For example:

- The Sport and Recreation Alliance includes members from the major sports governing bodies, including the RFU, ECB, FE, RFL and England Hockey. Together they have produced 'Concussion Guidelines for the Education Sector', which can be viewed here: https://www.afpe.org.uk/physical-education/wp-content/uploads/Concussion_guidelines_for_the_education_sector_June2015.pdf

- Football:

  General FA concussion guidelines: https://www.thefa.com/get-involved/fa-concussion-guidelines-if-in-doubt-sit-them-outold

  FA Heading Guidance: https://www.thefa.com/news/2020/feb/24/updated-heading-guidance-announcement-240220

- Rugby:

  https://www.englandrugby.com/participation/playing/headcase/age-grade/schools-and-colleges

  RFU Graduated Return to Play guidelines: https://www.englandrugby.com/dxdam/04/0453acb5-5fe2-4608-91b0-a2bd191c3016/HEADCASE%20GRTP.pdf

- Hockey:

  GB & England Hockey Concussion Policy https://www.cuhc.org.uk/wp-content/uploads/2020/10/CUHC-Concussion-Policy-2020-21.pdf

  England Hockey 'Safe Hockey' guides https://www.englandhockey.co.uk/governance/duty-of-care-in-hockey/safe-hockey

Potential measures to reduce the risk of players sustaining head injuries while playing sports might include:

- Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above);

- Removing or reducing contact elements from contact sports, for example removing 'heading' from football;

- Removing or reducing removing the contact elements of contact sports during training sessions;

- Ensuring that there is an adequate ratio of coaches to players in training;

- Ensuring that students are taught safe playing techniques;

- Ensuring that students are taught to display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally;

- Using equipment and technology to reduce the level of impact from collision with physical objects (e.g. using padding around rugby posts, using soft balls, not overinflating footballs etc.);

- Using equipment and technology to reduce the level of impact from collision between players (e.g. gum shields, helmets etc.);

- Coaching good technique in high risk situations (such as rugby tackles);

- Ensuring that the playing and training area is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines);

- Ensuring that a medical professional is easily accessible during training and matches.

Head injuries sustained outside of school

As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child's brain.

It is therefore very important that Kingswood House School, our pupils and their parents take a holistic approach to the management of head injury causing concussions and cooperate with regards to sharing information.

Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the School, the parents of the pupil concerned should promptly provide ***Mrs Karen Harding, School Secretary*** with sufficient details of the incident, and keep the School updated of any developments thereafter. This would apply, for example, if a pupil suffers a concussion playing rugby for an external rugby club or if a student sustains a head injury while talking part in an informal game of sport, for example in the local park.

The School will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, considering whether a return to play plan should be established under this policy.

In turn the School will inform parents where a student has sustained a head injury causing a concussion at School.

Procedure to follow where a student sustains a head injury at School

The welfare of our pupils of central importance. Any person to whom this policy applies should adopt a cautious approach if they are in any doubt as to whether a head injury has occurred and/or whether the head injury has caused a concussion.

Where a pupil sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the pupil from play where it is safe to do and seek appropriate medical professional ***from a qualified first aider.***

Those individuals to whom this policy applies should be aware of the symptoms of a concussion. The British Medical Journal has published a one page 'Pocket Concussion Recognition Tool' to help identify concussion in children, youth and adults. All the PE first aid boxes contain a copy of this pocket concussion assessment tool. The tool is attached at Appendix B, and is also available for download (here: https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf) The tool identifies the following signs and symptoms of suspected concussion:

Loss of consciousness;

Seizure or convulsion;

Balance problems;

Nausea or vomiting;

Drowsiness;

More emotional;

Irritability;

Sadness;

Fatigue or low energy;

Nervous or anxious;

“don’t feel right”;

Difficulty remembering;

Headache;

Dizziness;

Confusion;

Feeling slowed down;

“Pressure in head”;

Blurred vision;

Sensitivity to light;

Amnesia;

Feeling like “in a fog”;

Neck pain;

Sensitivity to noise; and

Difficulty concentrating.

Where a pupil displays any of the symptoms above, they should not be permitted to return to play and should be assessed by the medical professional.

The medical professional should determine whether the student is displaying any “red flag” symptom in which case the ambulance services should be called on 999. The Pocket Concussion Recognition Tool at Appendix B identifies the following red flags:

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

The School will liaise with the medical professional to ensure that the pupil's parents are notified of the head injury as soon as reasonably possible, and in any case on the same day of the incident.

A pupil sustaining a head injury and showed symptoms of concussion will not be allowed to travel home unaccompanied by either school or public transport, and alternate arrangements should be made.

The School will liaise with the medical professional to ensure that the form at Appendix A is completed as soon as reasonably practicable whenever a pupil suffers a suspected head injury. Details of the incident and any First Aid given at School will be logged in the School's Incident file.

Managing a return to play following a head injury

Any pupil that has suffered a head injury and showed symptoms of concussion should be subject to a graduated return to play programme (**GRTP**).

The GRTP should be developed in consultation with a suitably qualified medical professional and be tailored to the specific circumstances of the individual (including the type of injury sustained and the relevant sport). For an example GRTP, see the GRTP developed by England Rugby here: https://www.englandrugby.com/dxdam/04/0453acb5-5fe2-4608-91b0-a2bd191c3016/HEADCASE%20GRTP.pdf

It is the responsibility of the parents to ensure that their child does not participate in any inappropriate physical activity outside of School whilst they are subject to a GRTP.

Breaches of this policy

The School takes its duty of care very seriously. The School will take appropriate action against any person found to have breached this policy. For example:

- if a pupil attempts to return to play in breach of their GRTP plan, the School would consider the matter under the School's Behaviour and Sanctions policy;
- if a member of staff fails to report a head injury, the School would consider the matter under the School's staff disciplinary policy; and
- if a parent fails to report to the School a head injury their child sustains outside of School, the School would consider the matter under the terms of the School parent contract.

Appendix A

Kingswood House School
Head Injury Form

This form is appendix A of the School's Head Injury and Concussion Policy which is available on request from the School Office.

Name of student	
Date of incident	
Time of incident	
Description of incident and head injury	
First Aid given	

Dear Parent/Carer

Whilst your child was a School today, they sustained a bump to their head. Initial first aid was given and they were placed under observation.

They did **not** develop any symptoms of concussion and all observations were satisfactory at the time.

Should they complain of any of the following symptoms over the next 48 hours, please seek medical advice immediately either by contacting your GP or taking them to the nearest hospital for a check-up:

1. Pupil complains of neck pain;
2. Increasing confusion or irritability;
3. Repeated vomiting;
4. Seizure or convulsion;
5. Weakness or tingling/burning in arms or legs;
6. Deteriorating conscious state;
7. Severe or increasing headache;
8. Unusual behaviour change; and
9. Double vision.

We would advise against giving your child any painkillers without first seeking medical advice, as this could mask symptoms.

Appendix B Concussion Recognition Tool

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.

Annexure 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

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

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
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- 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 so do
- 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