First Aid and Medical Welfare Policy

Including the Policy on the Administration of Medicine

Leehurst Swan School

Approved by:	Headteacher Chair of Governors	**Date:** 16/09/2024
Last reviewed on:	16/09/2024	
Next review due by:	16/09/2025	

Please note: 'School' refers to Leehurst Swan School; 'parents' refers to parents, guardians and carers.

This is a whole school policy, which also applies to the Early Years Foundation Stage.

It is published on the school website for access by parents and to all members of school staff via the Staff Handbook

Introduction

This policy has been prepared in accordance with DfE Guidance on First Aid in Schools. Its status is advisory only.

It is designed to comply with the common law and the Health and Safety at Work, etc. Act 1974 and subsequent regulations and guidance to include the Health and Safety (First Aid) Regulations 1981 in respect of an employer's duty to provide adequate and appropriate equipment, facilities and personnel to enable First Aid to be given to employees in the event of illness or accident. This policy is also designed to comply with the school's duties to pupils and visitors and Paragraph 13 of the Education (Independent School Standards) Regulations 2014. Nothing in this policy affects the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services at the site of the incident. The policy has regard to the guidance listed here. It is recommended that this guidance is also consulted:

- *'First Aid at work: Health and Safety (First Aid) Regulations 1981 approved code of practice and guidance', as amended in 2013 and 2018*.
- *First Aid in Schools (DfE 2000*; updated February 2014 and February 2022)
- *Early Years Foundation Stage Requirements (DfE September 2021)*

"First Aid" means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse, as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. First Aid does not generally include giving tablets or medicines to treat illness.

This policy outlines the school's responsibility to provide safe, appropriate, first aid (the initial assistance or treatment given to someone who is injured or suddenly taken ill), or medical care to day pupils, staff, parents and visitors to ensure best practice.

It includes arrangements for first aid within the school environment and for activities off site involving pupils and members of staff. Where more than basic first aid is required, the parent/guardian of the pupil will be notified as soon as possible. Consent to administer first aid is obtained from parents/guardians on admission to the school.

This policy also covers the arrangements for administering medicines, including systems for obtaining information about a child's needs for medicines and for keeping this information up to date.

Responsibilities

Leehurst Swan School, both as an employer, and in providing appropriate care for pupils and visitors, as monitored by its governors, has overall responsibility for ensuring that there is adequate and appropriate First Aid equipment and facilities. Also, that there are appropriately qualified First Aid personnel for ensuring that the correct First Aid procedures are followed. The school undertakes a first aid needs assessment in order to determine the appropriate number of first aid trained staff for its situation and circumstances.

The First Aid Coordinator, Karen Hamilton, is responsible for ensuring that:

- staff have the appropriate and necessary First Aid training, as required, including paediatric first aid training in relation to children in the EYFS, and that they have sufficient understanding, confidence and expertise in relation to First Aid.
- Maintain a record of those trained in First Aid and presenting the record periodically for discussion at the Health and Safety committee meeting.

- all staff and pupils are familiar with the school's first aid and medical procedures.
- all staff are familiar with measures to provide appropriate care for pupils with particular medical needs (eg. Diabetic needs, Epi-pens, inhalers).
- a file is maintained and available to staff, of all pupils with particular medical needs and appropriate measures needed to care for them. Also, a medical notice board with updated photos of pupils in the file and information pertinent to the individual.
- first aid supplies are restocked, and first aid kits are replenished.
- first aid and medical facilities are suitably maintained.
- correct provision is made for pupils with special medical requirements both in school and on off-site visits.
- on a monthly basis, First Aid records are reviewed to identify any trends or patterns, with a report submitted to the Health and Safety committee
- familiarity is maintained regarding RIDDOR reporting requirements, including the RIDDOR in Schools guidance.
- there is good communication with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- contact is made with emergency medical services as required.
- an up-to-date knowledge and understanding of guidance and advice from appropriate agencies is maintained

Trained first aiders are responsible for:

- providing appropriate care for pupils or staff who are ill or sustain and injury
- recording all accidents centrally on the Accident and Treatment Form (to be found in the medical room). They are then transferred via Schoolbase onto the individual pupil files (currently completed by Mrs. Nikolin).
- in the event of any injury to the head, however minor, ensuring that a note from the office is sent home to parents/guardians and a copy placed in the pupil's file.
- in the event of any accident or administration of first aid involving a pupil in EYFS, ensuring that written or electronic communication is sent home to parents/guardians and a copy placed in the pupil's file
- making arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day
- informing the First Aid Coordinator of all incidents where first aid has been administered.

The First Aiders are able to respond to first aid issues as they arise during the school day and on school trips. If staff members think that their role requires a first aid qualification, or they would like first aid training, then they should discuss this with their line manager or the Bursar.

*DfE requirements stipulate that only the 2-day/12-hour paediatric first aid qualification meets the requirements as stated in the EYFS Framework requirements.

A comprehensive list of First Aid qualified staff is included in this document.

During sports activities, on the school's playing fields, there must always be at least one member of staff with current First Aid training. Such staff are responsible for the first aid kits for these occasions.

The Bursar is responsible for ensuring that:

- Leehurst Swan School has adequate First Aid equipment and facilities

The Estates Manager is responsible for:

- a personal evacuation plan being drawn up and implemented, if required in relation to any pupil with ongoing or temporary limited mobility.
- liaising with the First Aid Coordinator when completing and submitting a RIDDOR report

PE Staff

During sports activities, on the school's playing fields or away fixtures, there must always be at least one member of staff with current First Aid training. Such staff are responsible for the first aid kits for these occasions, including any pupil specific medication (eg. Epi-pens, inhalers).

All staff are responsible for:

- an adequate number of appropriately qualified First Aid personnel are on each school site at all times when children are present, including staff with a full* paediatric first aid qualification when children in the EYFS are on site
- all off-site visits include an appropriate number of staff with a suitable first aid qualification, including staff with a full paediatric first aid qualification if the trip involves children in the EYFS.
- summoning a qualified first aider (or, if the pupil is capable, arranging for him/her to be taken to a first aider) in the event of a pupil having an accident, sustaining an injury or being taken ill.
- whilst awaiting the arrival of a first aider, act 'as a reasonable parent would act' in providing care and support to the pupil
- ensuring that, if medication is brought into school by staff for personal use, it is stored securely, beyond the reach of pupils, for example, in a locked cupboard, not in a jacket pocket or a handbag brought into the classroom.
- informing the head if they are taking any medication (both short term and on an ongoing basis) which may affect their ability to undertake aspects of their role. A typical example here is medication for hay fever which may cause drowsiness.

Medical Facilities

The school has nominated a room as its medical facility (situated on the ground floor of the Senior School). The facility allows children with minor injuries and illnesses and/or ongoing healthcare needs, to be cared for during the school day. The medical room is, in accordance with guidance, equipped as follows:

- 2 beds to allow pupils to lie down
- 2 sinks within the room and a toilet close by
- suitable privacy should a pupil require medical attention to an intimate part of the body
- clinical waste bin
- a lockable medical cabinet, in the room
- a lockable cupboard with confidential files

First Aid Training

First Aid training will be offered to all staff on taking up appointment. Staff working in EYFS, who qualified from 2017 onwards, may be required by the school to undertake Paediatric First Aid training, since this is obligatory in the EYFS requirements in order for such staff to be included in statutory ratio calculations.

All first aid training and requalification courses will be coordinated by the Bursar and First Aid Coordinator. First aid training for each first aider will be updated every 3 years. All staff are given information on the school's first aid procedures and facilities during their induction training.

Chronic Illness and Emergency Care Training

The First Aid Coordinator will organise Anaphylaxis and Asthma training to all staff at the beginning of the Autumn Term each year. In addition, training will be provided, when appropriate, in relation to diabetes and epilepsy and, if a child joins the school with other specific medical needs, then staff training will be organised as part of the Individual Health Care Planning process.

First Aid Training - EYFS Requirements

The Bursar and First Aid Coordinator will arrange Paediatric first aid courses and refreshers, ensuring they are EYFS compliant as described in EYFS Practice Guidance. Training for the Paediatric First Aid qualification will be consistent with the training set out in Annex A of the *DfE Statutory Framework for the Early Years Foundation Stage* (September 2021).

First Aid Boxes

The Head is responsible for ensuring that all First Aid Boxes meet statutory requirements and has appointed the First Aid Coordinator, to undertake the day-to-day management and replenishment of first aid boxes and supplies. All First Aid Boxes are checked fortnightly. If a first aid box is used, then the first aider must restock the items removed.

Break and Lunchtime

A waist bag containing basic, first aid equipment (baby wipes, antiseptic wipes plasters, ice pack), are to be collected every break and lunchtime by adult on duty.
Any administered first aid must be recorded.
A school phone is also in the bag to alert School Reception of any serious incidents.

First Aid Boxes - contents

First aid boxes and medicines are stocked appropriately for the age of the children they are to be used for. In some locations in the school (science labs, art, DT) there are eye wash stations and a further burns first aid box.

In line with HSE and other guidance, first aid kits contain, as a **minimum**;

In-school kits	**Kits for off-site trips and activities**	**Kits in school vehicles (eg minibuses)**
A first aid guidance card or leaflet giving general advice	A first aid guidance card or leaflet giving general advice	
At least 20 adhesive hypo allergenic plasters (including blue plasters as noted above)	6 individually wrapped sterile adhesive dressings	
4 triangular bandages (slings)	2 triangular bandages individually wrapped and preferably sterile	1conforming disposable bandage (not less than 7.5 cm wide) triangular bandages
6 Safety pins	2 Safety pins	12 assorted safety pins
Cleaning wipes	Individually wrapped moist cleansing wipes	10 antiseptic wipes, foil packed
Adhesive tape		
2 sterile eye pads		2 sterile eye pads, with attachments
6 medium sized unmedicated dressings		1 packet of 24 assorted adhesive dressings
2 large sized unmedicated dressings	1 large sterile unmedicated dressing	3 large sterile unmedicated ambulance dressings (not less than 15.0 cm × 20.0 cm)
3 pairs of disposable gloves	2 pairs of disposable gloves	
1 resuscitator		
Yellow clinical waste bag		
		1 pair of rustless blunt-ended scissors

Leehurst Swan 'in school kits' contain the following and exceed the HSE guidance

IN SCHOOL KITS	EXTRA EQUIPMENT
A first aid guidance card or leaflet giving general advice	Foil blanket
At least 20 adhesive hypo allergenic plasters (including blue plasters as noted above)	2 eye wash vials
4 triangular bandages (slings)	2 vomit bags
6 Safety pins	2 finger bandages
Cleaning wipes	6 individually wrapped antiseptic wipes
Adhesive tape	2 ice packs
2 sterile eye pads	2 hot pads
6 medium sized unmedicated dressings	Head Bump wrist bands
2 large sized unmedicated dressings	1 pair blunt ended scissors
3 pairs of disposable gloves	
1 resuscitator	
Yellow clinical waste bag	
	January 2024

First Aid Box Locations

First aid boxes are located in the following areas:

School Reception

Medical Room
Art Room
DT Room
Science Laboratories
Gym
History Classroom
Kitchen
Walker Hall
Ground Floor Centenary Building (EYFS)
First Floor Centenary Building

There is a fully automated 'Heartsine Samararitan' defibrillator situated in the Main School Corridor next to the stain glass window. It is designed to be used by anyone and doesn't require any specific training, as it provides automated verbal and visual commands during usage. However, in order to raise awareness in case of a cardiac arrest, the key staff have been briefed on how to use the AED by a fully qualified paramedic.

After-School Performances and Events

Staff organising after-school evening or weekend performances, are asked to ensure a first aider is present for the event. If such as event involves EYFS pupils, the first aider must be a trained Paediatric First Aider to provide first aid cover.

School Visits

When an activity is taking place off-site the designated leader of the party must follow the guidance in the School Visits and Trips Policy in respect of ensuring suitable first aid and medical provision, including for any pupils with medical conditions and any treatment they require. Educational Visit risk assessments must consider the needs of such pupils and any impact they have on the consideration of staff:pupil ratios. The trip leader is also responsible for liaising with the school First Aid Coordinator to ensure a good understanding of the medical needs of the pupils involved and for collecting a first aid kit and any pupils' medication needed during the trip. Individual medical needs for all pupils will be identified on the trip risk assessment. The trip leader is responsible for reporting any accidents and medical incidents that occur off-site to the first Aid Coordinator and the head.

While visit locations have a legal duty to provide first aid cover, the school has a duty of care to ensure pupils remain safe. There must be adequately qualified staff and procedures in place to ensure first aid care can be delivered quickly and safely, without risking further harm to the pupil or placing the rest of the group at risk from being left unsupervised.

Within the staffing ratio for visits, calculated according to the School Visit and Trips Policy, at least one member of staff is to be appointed the nominated first aider (NFA) by the trip

leader. The NFA(s) is/are responsible for carrying the first aid kit(s). If the off-site event includes EYFS pupils, the NFAs must include staff with a full paediatric first aid qualification.

Should a pupil become ill or injured during the visit, the supervising member of staff calls the NFA for assistance. The NFA will then move to the incident with his or her group and either pass the pupils in his or her group to the supervision of the group leader of the sick or injured pupil or, if more appropriate, distribute them between the various groups on the trip. The NFA can then attend to the child requiring treatment in the knowledge that the pupils are under supervision.

Duties of a First Aider when Dealing with a First Aid Event:

- respond promptly to calls for assistance
- give immediate assistance to casualties with injuries or illness
- ensure that an ambulance or professional medical help is summoned, as appropriate
- record details of the accident and treatment
- clear the scene safely
- replace any first aid supplies used
- ensure that the school's procedures are followed in relation to informing parents/guardians.

The rules of First Aid learned in training must be applied rigorously and professional help summoned if deemed necessary. An Emergency First Aid booklet is available for reference in each box or bag.

If in any doubt, the First Aider should summon help from:

- Another School First Aider from the list of First Aiders
- NHS 111
- Emergency services: 999

Bodily Fluid Spillage

Specific guidance can be found in the Bodily Fluid Spillage Policy Appendix 4

Contacting Parents / Guardians

For all but the most minor consultations, parents/guardians should be contacted as soon as possible after the event if their child has received the attention of a First Aider. If the consultation is with an EYFS pupil all incidents must be reported to parents/guardians, who will be informed on the same day or as soon as is reasonably practical. In the case of a head injury, the Head Injury Letter (Appendix 8c) must be completed and emailed or given to the parent or guardian. The school keeps a record confirming that parents have been informed.

Parents can be informed of smaller minor incidents at the end of the school day by the form teacher. However, parents should be informed by telephone as soon as possible after an emergency or following a **serious/significant** injury. Examples include, but are not limited to:

- Head injury
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis, and following the administration of an Epi-pen
- Epileptic seizure
- Severe hypoglycaemia for pupils, staff or visitors with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury
- Loss of consciousness

If the pupil is generally unwell

Accident Reporting

All accidents/incidents should be recorded on the appropriate accident book and the school's online reporting system. Accidents requiring remedial action or referral to hospital or GP must also be reported on the school Accident/ Incident Report Form. Appendix 2

External Reporting Requirements

The Site Controller and Lead First Aider will maintain an understanding of RIDDOR reportable incidents under the statutory regulations, as they apply both to employees and visitors, and to pupils, as set out on the RIDDOR website and the separate RIDDOR in Schools guidance. The Site Controller, liaising with the Lead First Aider, is responsible for completing a RIDDOR report, when necessary.

Registered EYFS providers must notify Ofsted of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event, within 10 days of the incident occurring.

Review of Accidents and Incidents

The Site Controller undertakes a periodic review of accidents, incidents and near misses, including an analysis over time for patterns and trends. If the issue occurs on an off-site event, the Educational Visits Co-ordinator will also be involved in its review. Reviews are

reported to the Health and Safety Committee and will include, where appropriate, a review of relevant risk assessments and consideration of how accidents, incidents and near misses can be reduced in future.

Guidance on When to Call an Ambulance

In a life-threatening emergency, if someone is seriously ill or injured, and their life is at risk, always call 999. A detailed procedure for calling an ambulance can be found at Appendix 2.

Examples of medical emergencies include (but are not limited to):

- chest pain
- difficulty in breathing such as a severe asthma attack (see Appendix 5)
- unconsciousness
- severe loss of blood
- severe burns or scalds
- choking
- concussion
- drowning or near-drowning incidents
- severe allergic reactions
- diabetic emergencies
- fitting

In an emergency, an ambulance will be called by the School Secretary, First Aider or another nominated person.

Guidance to Staff for management of Chronic Medical Conditions & Disabilities within School (including EYFS)

As part of the admissions process, parents are required to complete a Health Questionnaire, which highlights on-going medical conditions and any significant past or family medical history.

Thereafter, parents are required to update the school of any other changes that occur throughout the year. Medical information is made available to members of staff within the school if it is deemed important for the safety and wellbeing of the child.

For certain medical conditions, an Individual Health Care Plan is created, in conjunction with parents and the child's medical practitioners. This is put in place, shared with relevant staff, and is reviewed each term. For children, whose condition falls under SENDA, a 'reasonable adjustments checklist' is completed, and a care plan written that is tailored to the needs of the child.

Please refer to Appendices 5-8 for detailed procedures covering Asthma, Anaphylaxis, Diabetes & Epilepsy.

If a pupil has either temporary or ongoing limited mobility, the school will consider whether the pupil requires a *personal evacuation plan*, for implementation in fire drills and similar occasions. If this is the case, Site Controller will ensure that a plan is drawn up, taking advice from parents and healthcare professionals, as appropriate, and will ensure that relevant staff are trained in its implementation.

Management of Acute Illness

Absence

If a child is unwell and needs to be kept off school, it is essential that parents telephone or e-mail the School Office on the first morning of absence with brief details. If parents have not communicated with the School, the reception staff will contact parents of an absent child during the morning.

Infectious Illnesses

Examples are Chicken Pox, Parvovirus, Measles, Mumps, Rubella, Whooping Cough, Scarlet Fever, 'Flu, Vomiting and Diarrhoea. If an infectious illness is suspected, it is reported to the First Aid Coordinator, Site Controller and Head Teacher.
Following current guidelines from the UK Health Security Agency (UKHSA) (formerly Public Health England(PHE)), the Head Teacher will request that a message be sent to members of the school community, as appropriate, to advise them of the presence of the illness and any measures that need to be taken, liaising with parents as required. This will ensure that parents are aware of the illness, its treatment and the recommended period of time for children, who have been infected, need to be kept away from school to prevent the illness spreading.

UKHSA guidance on periods of exclusion due to an infectious illness and associated advice can be found in Appendix 10

Becoming Unwell at School

If a child becomes unwell at school, then he or she will go to the Medical Room where an assessment will be made by a qualified First Aider.

Many minor ailments can be treated with non-prescription medication, such as paracetamol for a headache. If it is decided the child needs to go home parents / guardians will be contacted and suitable arrangements made.

The School will follow guidelines set by UKHSA with regard to the recommended period of absence for a particular illness. See also Appendix 9 for further details. The aim is to

minimise the spread of the illness through the School and we appreciate parents' co-operation in following the guidelines.

Policy on the Administration of Medication to Pupils

The school aims to support as far as possible, and maintain the safety of, pupils who require medication during the school day.

However, it should be noted that:

- No child should be given any medication without their parent's written consent. This may be provided either by on-going consent, given when the parents register the child to join the school, or given on a case-by-case basis (see below)
- No products containing Aspirin are to be given to any pupil at school, unless prescribed by a doctor.

Parents must be given written confirmation of any medication administered at school, a copy of which will be kept on the pupil's file. Proformas for this are available from the school office, in addition parents can give blanket permission for the use of non-prescription, children's medicines when the child joins the school or at the start of each school year. Written permission is also required for the administration of anti-biotics during the school day. However, wherever possible the timing and dosage should be arranged so that the medication can be administered at home.

(i) Non-Prescription Medication

These are only to be administered by a First Aider if they have agreed to this extension of their role and have been appropriately trained. A teacher may administer non-prescription medication on a residential school trip provided that written consent* has been obtained in advance. This may include travel sickness pills or pain relief.

All medication administered must be documented, signed for and parents informed of the administration in writing.

* Parents are asked to complete a consent form at the start of the academic year to cover the administration of non-prescription medicines when deemed necessary by a school first aider. For medication such as Calpol, where there is a risk associated with too frequent dosages, the school will contact parents immediately before the administration of the medication to check whether a dosage was given prior to the child leaving home. Parents must be informed in writing or electronically on the same day or as soon as is reasonably practicable, that the administration of medication has taken place.

(ii) Prescription-Only Medication

Prescribed medicines may be given to a pupil by a First Aider or a designated person if they have agreed to this extension of their role and have been appropriately trained. Written consent must be obtained from the parent or guardian, clearly stating the name of the medication, dose, frequency and length of course. The school will accept medication from parents only if it is in its original container, with the original dosage instructions. Prescription medicines will not be administered unless they have been prescribed for the child by a doctor, dentist, nurse or pharmacist.

A form to be completed on the administration of medicines in school is available from the Lead First Aider, the school office and from the website.

iii) Administration of Medication

Any member of staff administering medication should be trained to an appropriate level, this includes specific training e.g. use of Epi-pens

- The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.
- In the absence of a school first aider, it is advisable that a second adult is present when administering medicine.

- Wash hands.
- Confirm that the pupil's name matches the name on the medication.
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document any refusal of a pupil to take medication and report this to parents.
- Document, date and sign for what has been administered.
- Complete the form which goes back to parents.
- Ensure that the medication is correctly stored in a locked room, drawer or cupboard, out of the reach of pupils.
- Antibiotics and any other medication which require refrigeration should be stored in a suitable refrigerator. All medication should be clearly labelled with the pupil's name and dosage.
- Parents should be asked to dispose of any out-of-date medication.
- At the end of the school year:
    - all medication should be returned to parents
    - any remaining medication belonging to children should be disposed of via a pharmacy or GP surgery.
- Used needles and syringes must be disposed of in the sharps box.
- For all children in our care where we have medication provided by the parent/carer such paracetamol, the child must be in our care for at least 4 hours before we administer any medication.

(iv) Emergency Medication

It is the parents' responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan may be required. Please refer to the section above on the Management of Chronic Medical Conditions.

(v) Emergency Asthma Inhalers and Emergency Adrenaline Auto-injectors (Epi-pens)

For a number of years, it has been possible for schools/nurseries to keep emergency asthma inhalers to cover the eventuality of a pupil's inhaler being lost or running out during school time

(vi) Needlestick Injuries

If there is any accidental injury to the person administering medicine via an injection by way of puncturing the skin with an exposed needle, then the following action must be taken:

- Bleed the puncture site
- Rinse the wound under running water for a few minutes
- Dry and cover the site with a plaster
- Seek medical advice immediately o You may be advised to attend Accident and Emergency for a blood test o Information on how the injury occurred will be required o Details of the third party involved will be required
    - If the third party is a pupil, then the parents must be made aware that their child's details will have to be given to the medical team who are caring for the injured party.

This all needs to be undertaken with the full permission of the Head

- An accident form must be completed.

Appendix 1

All Staff with First Aid Training

First Name	Surname	First Aid	Expires	Paediatric	Expires
Bru	Baker			Yes	Feb-26
Florence	Boxall	Yes	Sep - 27		
Sarah	Campbell	Yes	Sep-25	Yes	Feb-26

Ian	Chalk			Yes	Feb-26
Samantha	Collins	Yes	June-27		
Jo	Dale	Yes	Sep-25		
Caroline	Danquah	Yes	Sep- 27		
Victoria	Frazer	Yes	Sep-25		
David	Gamble	Yes		Yes	Sep-25
Eva	Gimenez	Yes			
Jennifer	Gross	Yes	Aug-26		
Karen	Hamilton	Yes	Sep - 27		
Gareth	Harris	Yes	Sep-25		
Kate	Lewis	Yes	Sep-27		
Tiggy	Martin	Yes	Sep-25		
George	Moody	Yes	Sep-25		
Natalia	Nikolin			Yes	Feb-26
Rosie	Orchard			Yes	Feb-26
Amy	Palmer			Yes	Feb-26
Fiona	Pierce	Yes	Sep-27		
Andy	Scrase	Yes	Sep-27		
Octavia	Serrano	Yes	Sep-27		
Rebecca	Thompson	Yes	Sep-27		
Jasmine	Veratau			Yes	June - 27
Trevor	Willan	Yes	Sep-27		

Appendix 2 - Accident/Incident Form

<table>
<tr><td>Name of pupil</td><td colspan="3">Location of accident (please circle)</td></tr>
<tr><td rowspan="4">Form

Date

Time seen by First aider

Time collected by parent (if applicable)</td><td>KS1 playground</td><td>KS2 playground</td><td>Classroom</td></tr>
<tr><td>Field</td><td>Courts</td><td>Changing rooms</td></tr>
<tr><td>Art/DT</td><td>Science lab</td><td>Stairs</td></tr>
<tr><td>Doors</td><td colspan="2">Other (please specify)</td></tr>
<tr><td rowspan="11">Reason

Treatment Administered</td><td colspan="3">Type of accident (please circle all that apply)</td></tr>
<tr><td>Collision</td><td>Trip</td><td>Slip</td></tr>
<tr><td>Deliberate</td><td colspan="2">Other (please specify)</td></tr>
<tr><td colspan="3">Part of body injured:</td></tr>
<tr><td colspan="3">Type of injury (please circle)</td></tr>
<tr><td>Graze</td><td>Cut</td><td>Sprain/strain</td></tr>
<tr><td>Fracture</td><td colspan="2">Other (please specify)</td></tr>
<tr><td colspan="3">Action taken (please circle all that apply)</td></tr>
<tr><td>Cleaned with water</td><td>Cleaned with antiseptic</td><td>Plaster applied</td></tr>
<tr><td>Ice pack applied</td><td>Heat pack applied</td><td>Bandage applied</td></tr>
<tr><td>Referred to another first aider</td><td>Contacted parents</td><td>Contacted emergency services</td></tr>
<tr><td colspan="3">Other (please specify)</td></tr>
<tr><td>Signed</td><td colspan="3" rowspan="2">Please continue on reverse if further information needs to be recorded</td></tr>
<tr><td>Print Name</td></tr>
</table>

Contacting Emergency Services

A qualified first aider or another nominated person will dial 999, ask for an ambulance and then speaking clearly and slowly and be ready with the following information:

1. The school telephone numbers:
   Leehurst Swan School - 01722333094

2. The location as follows:

19 Campbell Road, Salisbury, Wiltshire

The postcode of the building where the ambulance needs to come to:

SP1 3BQ or

Netheravon Road SP1 3BJ

Give exact location in the school of the person needing help.

3. The name of the person needing help
4. The approximate age of the person needing help
5. A brief description of the person's symptoms (and any known medical condition)
6. Inform ambulance control of the best entrance to the school and state that the crew will be met at this entrance and taken to the pupil.

Do not hang up until the information has been repeated back.

Please note that the person calling should be with the child, as the emergency services may give first aid instructions over the telephone.

Send a member of staff to wait at the entrance to guide the ambulance service to the person needing help.

Also, ensure that one or more of the following members of staff are informed that an ambulance has been called to the school/nursery: Head teacher, Deputy Head teacher and First aider.

Ensure that the child's parents/guardians have been contacted.

Never cancel an ambulance once it has been called.

Appendix 4

Bodily Fluid Spillage Policy

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is, therefore, vital to protect both yourself and others from the risk of cross infection. In order to minimise the risk of transmission of infection, both staff and pupils should practise good personal hygiene and be aware of the procedure for dealing with body spillages. This document is to be used in conjunction with Public Health Agency **:** ***Guidance on infection control in schools and other childcare settings*** **(**April 2017)

There are Bodily Fluid Disposal Kits available in the medical room.

Bodily Fluid Spillage Clean-Up Procedure

1. Cordon off the area until clean-up is completed.
2. Put on disposable gloves and a disposable plastic apron from the nearest First Aid kit.
3. Ensure that any cuts or abrasions are covered with a plaster.
4. Never use a mop or similar equipment to clean up bodily fluids – use only disposable items.
5. Place absorbent towels or sand/proprietary powders over the affected area and allow the spill to absorb.
6. Wipe up the spill immediately, using these and then place in a bin (which has a bin liner).
7. Put more absorbent towels over the affected area and then contact the Site Controller for further help.
8. If a Body Fluid Disposal Kit is available, then the instructions for use should be followed. All contaminated materials need to be placed in a yellow clinical waste bag, placed in the designated clinical waste bin in the medical room and later disposed of correctly.
9. Avoid getting any bodily fluids in your eyes, nose, mouth or on any open sores.
10. If a splash occurs onto the body, wash the area well with soap and water or irrigate with copious amounts of saline.
11. If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.
12. The area must be cleaned with disinfectant following the manufacturer's instructions.
13. An appropriate hazard sign needs to be put by the affected area.
14. The area should be ventilated and left to dry.
15. Anyone involved in cleaning up the spillage must wash their hands thoroughly afterwards with soap and water.

Please note that:

- The bin that has had the soiled paper towels put in needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.

Any article of clothing that has been contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.

- Any soiled wipes, tissues, plasters, dressings, etc. must ideally be disposed of in the clinical waste bin (yellow bag). If not available, then the gloves being used need to be taken off inside out, so that the soiled item is contained within them. This can be placed in a sanitary waste disposal bin, which is regularly emptied.

Further information and guidance can be found here

Appendix 5

Asthma Emergency Procedures

Asthma management

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school has a smoke free policy. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler. Senior pupils carry their own inhalers and their named, spare inhalers are kept in Reception (and are easily accessible). Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

Trigger factors

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

Common signs of an asthma attack:

- pupil unable to complete an activity
- increased anxiety
- coughing

- shortness of breath
- wheezing
- feeling tight in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest and a tummy ache.

Do

keep calm

- encourage the pupil to sit up and slightly forward – do not hug them or lie them down
- make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately and preferably through a spacer
- ensure tight clothing is loosened
- reassure the pupil.

If there is no immediate improvement, continue to make sure that the pupil takes two puffs of reliever inhaler every two minutes up to 10 puffs or until their symptoms improve.

999

Call an ambulance urgently for any of the following:

- the pupil's symptoms do not improve in 5–10 minutes
- the pupil is too breathless or exhausted to talk
- the pupil's lips are blue
- you are in any doubt.

Ensure the pupil takes two puffs of their reliever inhaler every two minutes until the ambulance arrives.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better he/she can return to school activities.
- The parents/guardians must always be told if their child has had an asthma attack.

Important things to remember when an asthma attack occurs:

- Never leave a pupil having an asthma attack.
- Younger pupils may require assistance to administer their inhaler and/or spacer.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to School Reception to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack, do not worry about a pupil overdosing.
- Send a pupil to get another teacher/adult if an ambulance needs to be called.

- Contact the pupil's parents/carers immediately after calling the ambulance.

A member of staff should always accompany a pupil taken to hospital by ambulance and stay with him/her until their parent arrives.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved

Appendix 6

Anaphylaxis Emergency Procedures

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

- generalised flushing of the skin anywhere on the body
- nettle rash
- (hives) anywhere on the body
- difficulty in swallowing or speaking
- swelling of throat and mouth
- possible blue colouring around the mouth returning to normal as breathing returns to normal
- alterations in heart rate
- severe asthma symptoms (see Appendix 5 for more details); breathing may be slow and noisy
- abdominal pain
- rigid muscle spasms
- twitching of one or more limbs or the face
- nausea, vomiting and possible incontinence
- sense of impending doom
- sudden feeling of weakness (due to a drop in blood pressure)
- pupil may feel confused may fall to the ground, collapse or become unconscious.

Do . . .

If a pupil with allergies shows any possible symptoms of a reaction:

- assess the situation
- follow the pupil's emergency procedure closely, these instructions will have been given by the hospital consultant
- administer appropriate medication in line with perceived symptoms

999

If you consider that the pupil's symptoms are cause for concern, call for an ambulance (see Appendix 2). State:

- that you believe them to be suffering from anaphylaxis
- the cause or trigger (if known)

While awaiting medical assistance, the designated trained staff should:

- continue to assess the pupil's condition
- position the pupil in the most suitable position according to their symptoms

Symptoms and the position of pupil

If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up

- If there are also signs of vomiting, lay them on their side to avoid choking
- If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up

Do . . .

- If symptoms are potentially life-threatening, give the pupil their adrenaline injector into the outer aspect of their thigh
- Make a note of the time the adrenaline is given in case a second dose is required and also notify the ambulance crew
- On the arrival of the paramedics or ambulance crew the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

After the emergency

- After the incident, carry out a debriefing session with all members of staff involved
- Complete an incident form
- Ensure that parents/guardians have replaced any medication used

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Appendix 7

Diabetes Emergency Procedures

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school.

Hyperglycaemia

This is when a person's blood glucose level is high (over 10mmol/l) and stays high. Hyperglycaemia develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal.

Common symptoms:

- Thirst
- Frequent urination
- Tiredness and weakness
- Dry skin
- Nausea and vomiting
- Breath smelling of acetone (eg nail polish remover/pear drops)
- Blurred vision
- Unconsciousness.

Do . . .

Call the pupil's parents who may request that extra insulin be given. The pupil may feel confident to give extra insulin. If a pump is used it should indicate how much insulin to give. The pupil may be equipped to self-test blood or urine.

Do Dial 999

If any of the following symptoms are present, then call the emergency services:

- deep and rapid breathing (over breathing)
- vomiting
- breath smelling of acetone (nail polish remover/pear drops).

Hypoglycaemia

This is when a person's blood glucose levels are too low (below 4 mmol/l). This happens very quickly. The pupil should test his or her blood glucose levels if blood testing equipment is available. Hypoglycaemia may be caused by:

- too much insulin
- warm weather
- stress
- a delayed or missed meal or snack
- not enough food, especially carbohydrate

- unplanned or strenuous exercise
- drinking large quantities of alcohol or alcohol without food
- sometimes there is no obvious cause

- **Common symptoms:**

- hunger
- trembling or shakiness
- sweating
- anxiety, agitation or irritability
- fast pulse or palpitations
- tingling, for example in the lips
- glazed eyes or blurred vision
- dizziness
- headache
- pallor
- mood change, especially angry or aggressive behaviour
- lack of concentration
- vagueness, incoherence or confusion
- drowsiness.

Do . . .

- Follow the guidance provided in the care plan agreed by parents
- Immediately give something sugary and fast-acting to eat or drink, to raise the blood sugar level quickly, such as one of the following: Lucozade, apple juice or non-diet drink such as cola, three or more glucose tablets. (The pupil should always carry glucose supplies and extra supplies are kept in emergency boxes.)

The exact amount needed will vary from person to person and will depend on individual needs and circumstances, be guided by the person. After 10 – 15 minutes check the blood sugar again. If it is below 4 give another sugary quick-acting carbohydrate. This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again, such as: roll/sandwich, a glass of milk, portion of fruit, cereal bar, two biscuits, a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should be given again. When the child has recovered, give them some starchy food, as above. Allow the pupil to have access to regular snacks and inform parents.

Don't . . .

- send the child out of your care for treatment alone

Do Dial 999

If the pupil becomes unconscious:

- Call for an ambulance
- Do not give them anything to eat or drink
- Place pupil in the recovery position and seek the help of the Lead First Aider or a first aider.
- Do not attempt to give glucose via mouth as pupil may choke.
- Inform parents.
- Accompany pupil to hospital and await the arrival of a parent.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Appendix 8

Epilepsy Emergency Procedures

First aid for seizures is quite simple and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures Symptoms:

- The person loses consciousness; the body stiffens, and then falls to the ground. This is followed by jerking, twitching movements or muscle spasms. A blue tinge around the mouth is likely, due to irregular breathing. Loss of bladder and/or bowel control may occur. After a minute or two the jerking movements should stop, and consciousness slowly returns.

Do …

- Protect the person from injury – (remove harmful objects from nearby).
- Cushion their head
- Look for an epilepsy identity card or identity jewellery. These may give more information about a pupil's condition, what to do in an emergency, or a phone number for advice on how to help.
- Once the seizure has finished, gently place them in the recovery position to aid breathing.
- Keep calm, reassure the person and allow him/her to rest when the seizure subsides.
- Stay with the person until recovery is complete.
- Move other pupils away and maintain the person's dignity
- Inform parents

Don't …

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

Dial 999

Call for an ambulance if…

- You believe it to be the pupil's first seizure
- The seizure continues for more than five minutes
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures
- The pupil is injured during the seizure

- You believe the pupil needs urgent medical attention.

Then . . .

- Describe the event and its duration to the paramedic team on arrival.
- Reassure other pupils and staff.
- Accompany the pupil to hospital and await the arrival of a parent

Seizures involving altered consciousness or behaviour

Simple partial seizures - Symptoms:

- Twitching
- Numbness
- Sweating
- dizziness or nausea
- disturbances to hearing, vision, smell or taste a strong sense of déjà vu

Complex partial seizures - Symptoms:

- plucking at clothes
- smacking lips, swallowing repeatedly or wandering around
- the person is not aware of their surroundings or of what they are doing
-

Atonic seizures - Symptoms:

- sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Myoclonic seizures - Symptoms:

- brief forceful jerks which can affect the whole body or just part of it. The jerking could be severe enough to make the person fall.

Absence seizures - Symptoms:

- the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Do . . .

- Guide the person away from danger

- Look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help
- Stay with the person until recovery is complete
- Keep calm and reassure the person
- Explain anything that they may have missed.
-

Don't . . .

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened • Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round.
-

Dial 999

Call for an ambulance if . . .

- One seizure follows another without the person regaining awareness between them
- The person is injured during the seizure
- You believe the person needs urgent medical attention.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Appendix 9a

Head Injury Policy and a Graduated Return to Play

1. Introduction

The schools Head Injury Policy has been written in accordance with NICE clinical guidelines, World Rugby Concussion Guidance and England Rugby Club Concussion - Headcase Resources. Since the majority of head injuries in the EYFS are minor, the staff will manage these incidences themselves and seek advice from the First Aid Coordinator if necessary, who will instigate the head injury policy if required.

2. Background

A head injury is defined as any trauma to the head excluding superficial injuries to the face. Fortunately, the majority of head injuries within school are minor and can be managed at school or at home. However, some can be more severe, and it is important that a child is assessed and treated accordingly. The risk of brain injury can depend on the force and speed of the impact and complications such as swelling, bruising or bleeding can occur within the brain itself or the skull.

Concussion is defined as a traumatic brain injury resulting in the disturbance of brain function. There are many symptoms, but the most common ones are dizziness, headache, memory disturbance or balance problems. Concussion is caused by either a direct blow to the head or blows to other parts of the body resulting in a rapid movement of the head, such as whiplash.

It is also important to note that a repeat injury to the head after a recent previous concussion can have serious implications.

3. Process for managing a suspected head injury

All head injuries that occur on the school site must be referred to the First Aid Coordinator, if on site, for immediate assessment. The exception for this is if the pupil needs urgent medical attention, at which point the Emergency Services should be called first prior to calling the First Aid Coordinator. The pupil must be assessed and monitored for at least one hour by a qualified First Aider and referred for medical review as per the guidelines in this document. If in doubt, the First Aider should call NHS 111 for advice or 999.

If after one hour the pupil is symptom free, he/she can return to lessons but must be kept under observation for the remainder of that day. This applies even if the pupil feels it is unnecessary. As concussion typically presents in the first 24-48 hours following a head injury, it is important that the pupil is monitored and assessed as above.

4. Recognising Concussion

One or more of the following signs clearly indicate a concussion:

- Seizures
- Loss of consciousness – suspected or confirmed
- Unsteady on feet or balance problems or falling over or poor co-ordination
- Confused
- Disorientated – not aware of where they are or who they are or the time of day
- Dazed, blank or vacant look
- Behavioural changes; for example, more emotional or more irritable
- Lying motionless on the ground
- Slow to get up off the ground
- Grabbing or clutching their head
- Injury event that could possibly cause concussion

IF A PUPIL IS PLAYING SPORTS AND HAS SUFFERED A HEAD INJURY AND/OR IS SHOWING SIGNS OF CONCUSSION, HE/SHE SHOULD IMMEDIATELY BE REMOVED FROM TRAINING/PLAY FOR THE REST OF THE LESSON.

5. Emergency Management

The following signs may indicate a medical emergency and an ambulance should be called immediately:

- Rapid deterioration of neurological function
- Decreasing level of consciousness
- Decrease or irregularity of breathing
- Any signs or symptoms of neck, spine or skull fracture or bleeding for example bleeding from one or both ears, clear fluid running from ears or nose, black eye with no obvious cause, new deafness in one or more ear, bruising behind one or more ear, visible trauma to skull or scalp, penetrating injury signs
- Seizure activity
- Any pupil with a witnessed prolonged loss of consciousness and who is not stable (i.e. condition is worsening)

6. Referral to Hospital

The First Aid Coordinator, or in their absence, a qualified First Aider, should refer any pupil who has sustained a head injury to a hospital emergency department, using the Ambulance Service if deemed necessary, if any of the following are present:

- Any loss of consciousness as a result of the injury.
- Any focal neurological deficit - problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking since the injury.
- Amnesia for events before or after the injury (assessment of amnesia will not be possible in preverbal children and unlikely to be possible in children aged under 5).
- Persistent headache since the injury.
- Any vomiting episodes since the injury.
- Any seizure since the injury.
- Any previous brain surgery.
- A high-energy head injury. For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 metre or more than 5 stairs, diving accident, highspeed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism.

- Any history of bleeding or clotting disorders (such as haemophilia) or if the injured person takes medicine to thin the blood.
- Current anticoagulant therapy such as warfarin.
- Current drug or alcohol intoxication or consumption of alcohol or drugs just before the injury.
- A change in behaviour, like being more irritable or losing interest in things around you (especially in children under 5)
- The child has been crying more than usual (especially in babies and young children)
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected).
- Continuing concern by the professional about the diagnosis.

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

- Irritability or altered behaviour, particularly in infants and children aged under 5 years.
- Visible trauma to the head not covered above but still of concern to the healthcare professional.
- No one is able to observe the injured person at home.
- Continuing concern by the injured person or their family/guardian about the diagnosis.

7. Questions to ask the pupil to determine issues with memory.

If they fail to answer correctly any of these questions, there is a strong suspicion of concussion

"Where are we now?"

"Is it before or after lunch?"

"What was your last lesson?"

"What is your Tutor's/Class Teacher's name?"

"What Class are you in?"

8. DO's and DON'Ts

- Subject to parental consent, the pupil's age and any allergies, the pupil may be given Paracetamol but must not be given Ibuprofen or Aspirin as these can cause the injury to bleed.
- If he/she is vomiting or at risk of vomiting DO NOT give him/her anything to eat or drink until completely recovered
- Unless there are injuries elsewhere, monitor the pupil in a semi upright position so that the head is at least at a 30-degree angle if lying down.
- DO apply a covered instant cold pack to the injured area for 15-20 minutes UNLESS the area has an open wound.

9. Head Injury Notifications

The person supervising the pupil at the time is responsible for contacting:

- Any qualified first Aider
- The pupil's parents/carers unless this responsibility is taken by the First Aid Controller
- The Pupil's Class teacher
- Main Reception and Facilities & Estates Manager if an ambulance is called
- Headteacher if pupil is taken to hospital

If the head injury is minor and the pupil stays at school the parent/carers should be informed by a first aider and a Head Injury Letter given to take home and the pupil monitored carefully for potential deterioration of symptoms.

10. Returning to school/nursery and sporting activities following a head injury and/or concussion

For minor head injuries, the pupil can return to school/nursery once he or she has recovered. If the pupil has a diagnosed concussion, the symptoms of concussion can persist for several days or weeks after the event. Therefore, returning to school/nursery should be agreed with the parents/carers, the School Nurse/Lead First Aider and the pupil's doctor.

For return to exercise and sporting activities within school/nursery for pupils with concussion, the school/nursery follows the Rugby Union's Graduated Return to Play Pathway (which can be accessed here: GRTP). This requires an initial minimum two weeks' rest (including 24 hours complete physical and cognitive rest) Pupils can then progress to Stage 2 only if they are symptom free for at least 48 hours, have returned to normal academic performance and have been cleared by the pupil's doctor or the School Nurse/Lead First Aider. This pathway must be adhered to regardless of the pupil's/parents'/carers' views. The reason for this is that a repeat head injury could have serious consequences to the pupil during this time.

The pupil can then progress through each stage as long as no symptoms or signs of concussion return. If any symptoms occur, they must be seen by a doctor before returning to the previous stage after a minimum 48hour period of rest with no symptoms.

On completion of stage 4, in order for a pupil to return to full contact practice, he/she must be cleared by his/her doctor or approved healthcare professional. This can be the a school first aider.

A School Graduated Return to Play Pupil Progress Sheet has been developed in order to monitor and communicate the pupil's progress and this outlines the 5 stages of the GRTP pathway to follow. It should be completed by the PE staff members or School Nurse/Lead First Aider in conjunction with the pupil's parents/guardian. For day pupils it is the parent/guardian's responsibility to inform the pupil's external sports clubs if the child has sustained a head injury and/or concussion.

For ease of reference, the following sporting activities will not be permitted until Stage 5 of the GRTP:

Rugby; Football; Cricket; Basketball; Netball; Rounders

Pupils may still attend Games lessons, but an alternative role will be found for them during the session.

11. Reporting

An accident form will be completed by the witness to the event, first aider or School Nurse. If the incident requires reporting to RIDDOR this will be actioned by the Site Controller.

References

Concussion – Headcase Resources England Rugby, available online at:

https://www.englandrugby.com/participation/playing/headcase

Head injury: assessment and early management National Institute for Health and Care Excellence (NICE Guidelines CG176 January 2014; last updated September 2019), available online at:

https://www.nice.org.uk/guidance/cg176

World Rugby Concussion Guidance World Rugby Player Welfare, available online at:

https://playerwelfare.worldrugby.org/concussion

NHS Head Injury and Concussion, available online at:

https://www.nhs.uk/conditions/minor-head-injury/

Appendix 9a: Sample Head Injury Letter

Date:

Dear Parent/Carer

We wish to inform you that _____banged his/her head at approximately _____am/pm today.

He/she was checked and treated and has been under supervision since.

If any of the following symptoms appear within the next few days, it is advised that you seek immediate medical advice.

- unconsciousness, or lack of full consciousness (for example, problems keeping eyes open) drowsiness (feeling sleepy) that goes on for longer than 1 hour when he/she would normally be wide awake
- difficulty waking your child up
- problems understanding or speaking
- a change in behaviour, like being more irritable or losing interest in things around them (especially in children under 5)
- crying more than usual (especially in babies and young children)
- problems with memory
- loss of balance or problems walking
- weakness in one or more arms or legs
- problems with their eyesight e.g. blurred vision/dilated pupils
- painful headache that won't go away with painkillers
- vomiting
- seizures (also known as convulsions or fits)
- clear fluid coming out of their ear or nose ● bleeding from one or both ears.

He/she may experience a mild headache and some nausea which should go away within the next few days. If it doesn't then please take your child to see your doctor. If he/she is feeling unwell, we suggest that he/she doesn't return to school until fully recovered.

If you have any queries, please do not hesitate to contact us

Yours Faithfully,

…….

First Aider

Appendix 9b
Minor Head Bump Form

Date: …… Time: ……

Pupil Name: ……

Form: ……..

How the accident happened:

……
……
……

Your child sustained a head bump at school today and received first aid treatment. If they should begin to feel drowsy, nauseous or dizzy please obtain medical advice immediately.

Signature of first aider: ……...

Appendix 10

Infectious Illnesses

UKHSA (formerly Public Health England) updated its guidelines in February 2023 for reducing the transmission of infectious diseases to other pupils and staff. These are set out below.

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
In this table, * denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) HPT of suspected cases of certain infectious diseases.		
Athlete's Foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife and inform them that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
Cold sores	None	Avoid kissing and contact with the sores
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better. If an outbreak or cluster occurs, consult your local health protection team (HPT).
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see Managing outbreaks

		and incidents.
Diptheria*	Exclusion is essential. Always consult with your UKHSA HPT.	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT. For more information, see Managing outbreaks and incidents.
Glandular Fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local HPT will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal Meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.

MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed
Rubella* (German Measles)	For 5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet Fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your UKHSA HPT.
Slapped cheek/ Fifth disease/ Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsilitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB) Exclusion not required for nonpulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers, and students.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

The NHS website has a useful resource to share with parents.

Appendix 11

SPLINTERS

If you can see the splinter and you think it can be removed without 'digging' then do so with tweezers.

If a splinter is embedded and not causing any pain or discomfort, cover with a plaster . Contact parent to let them know.

If a splinter is well embedded especially in a tender place e.g. down a finger nail, phone parent as this will be painful and need attention.