First Aid Policy

Any serious deficiencies in the School's first aid protocols which are shown to place pupils at risk will be remedied and updated without delay

Updated: **September 2025, School Nurse**
Review: **September 2026, School Nurse**

Introduction

In accordance with the *Health and Safety at Work Act 1974*, Davenies has produced this *First Aid Policy* to set out the policies, procedures and arrangements which are used in the School. This includes ensuring that the School has adequate and appropriate equipment and facilities, and staff suitably qualified in medical and first aid training.

This Policy applies to the whole school, including the EYFS.

Legislation, Compliance and Guidance

Davenies recognises its duty under the *Health and Safety (First Aid) Regulations 1981* to ensure that there is adequate first aid provision for employees who become ill, or who are injured, at work.

Davenies complies with the *Health and Safety (First Aid) Regulations 1981, Guidance on Regulations (2013)* in its provision of first aid trained staff and 'designated first aiders'/'appointed persons' for all our employees, and also provides more than adequate provision for pupils.

In addition, the *Children and Families Act 2014* places a specific legal requirement relating to first aid through the statutory framework for the Early Years Foundation Stage Framework from the DfE (December 2025). This publication specifies that:

> "At least one person who has a current paediatric first aid ("PFA") certificate must be on the premises and available at all times when children are present and must accompany children on outings."
>
> "All newly qualified entrants into early years must have a current PFA within 3 months of starting work."

These requirements apply to all pupils up to the age of five, and our medical and Pre-Prep Reception year staff are trained as appropriate.

As required by the *School Premises Regulations 2012*, Davenies has a dedicated Medical Room with adequate space for medical and dental examination and care. This area contains its own WC, washroom and shower area. Everyone in the School, including our EYFS children, have access to this Medical Room. The School also complies with DfE's *Supporting Pupils at School with Medical Conditions* (2015) by keeping detailed records of illnesses, accidents, and injuries, together with an account of any first aid treatment, non-prescription medication or treatment given to a pupil.

In addition, Davenies acknowledges the following guidance in bringing together this Policy and all its first aid procedures and arrangements:

- DfE Automated external defibrillators a guide for schools (2025)
- DfE Guidance: First Aid for Schools (2022)
- DfE Health & Safety: responsibilities and duties for schools (2022)

- DfE Mental health and behaviour in schools (2018)
- DfE Supporting pupils at school with medical conditions (2015)
- Misuse of Drugs Act 1971
- NMC Standards of Medicines Management (2015)
- NMC The Code: Standards of conduct, performance, and ethics for nurses and midwives (2015)
- PHE Health Protection in Schools and Other Childcare Facilities (2025)
- Promoting children and young people's mental health and wellbeing (2021)
- RCN Toolkit for School Nurses (August 2017)
- The Human Medicines Regulations (2012)

Our aim is to ensure all pupil's living with medical conditions, in terms of both physical and mental health are fully supported in school, so they can enjoy a full and active role in school life, remain healthy and achieve their full academic potential.

This *First Aid Policy* is available for all staff on the School's Intranet.

Responsibilities, Qualifications and Training

Internal Management

The internal management responsibility for first aid is delegated to the Headmaster, and in turn to the Bursar and to the School Nurse. At least one member of staff qualified in first aid is available onsite when children are present.

The Headmaster is responsible for ensuring that parents are aware of the School's Health and Safety and First Aid practices.

The Bursar, as the School's Safety Representative/Competent Person, is responsible for:

- Liaising with the School Nurse to carry out appropriate Risk Assessments
- Regularly keeping the Headmaster and the Governing Body informed of the implementation of this Policy
- Ensuring that the number of First Aiders/Appointed Persons meets the assessed need
- Ensuring that the equipment and facilities are fit for purpose

Medical Team

The School Nurse, who is the School's Health Representative, is responsible for:

- First Aid and the Administration of Medicines
- Reporting of Accidents/Injuries, Diseases and Dangerous Occurrences
- Carrying out appropriate Risk Assessments in liaison with the Bursar
- Ensuring that parents are aware of the School's *First Aid Policy*
- Ensuring that the first aid provision is adequate and appropriate
- Developing detailed procedures

- Monitoring of individual care plans
- Disseminating information to staff about individual medical and dietary considerations, medical procedures and policies
- Train staff in specific medical procedures related to individual care plans

The medical room is staffed Monday-Friday 08:30-16:30. The school Nurse is on duty during term-time Monday - Wednesday between 8:30am - 4:30pm. The Health Care Assistant is on duty Wednesday 12:30-16:30, Thursday and Friday 08:30-16:30. Between them, they are responsible for any medical care or first aid that may be required during the school day, and who will, if necessary, call an ambulance and accompany the injured person to hospital.

Occasionally other staff may be required to assist with minor injuries, provided they have completed a Basic First Aid at Work or Sports Injury Training Course.

Staff

The School endeavours to ensure that as many staff as possible have received training on a first aid course recognised by the Health and Safety Executive for workplaces.

The majority of EYFS staff have attended a 12-hour Paediatric training course. At least one member of EYFS staff is on school grounds at all times that EYFS pupils are present, and at least one member of EYFS staff will accompany any offsite activities/trips for EYFS pupils. This member of staff will administer first aid to a pupil who suffers an injury during an outing, and will, if necessary, call an ambulance.

All staff who lead the teaching/coaching of swimming hold a valid National Rescue Award for Swimming Teachers and Coaches (NASTC); this is renewable every two years.

The School Nurse and the HR Manager maintain a list of staff members who have received first aid training.

Teachers' conditions of employment do not include giving first aid. Staff may, however, volunteer to undertake first aid tasks. However, all staff in charge of pupils (including volunteer staff) must use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in the same way that parents would be expected to act towards children.

Trained staff may take action beyond the initial management stage. Other staff must provide aid only to the level of qualification or competence they possess.

School Holidays

During the School Holidays, any incidents are to be reported to the School Office. A First Aid trained member of staff (Bursar, Admin or Site Team) will attend to any first aid needs. It is important that when annual leave arrangements are being made that at least one qualified first aider is on site throughout the working day.

Contact with Pupils

Depending on the nature of the illness or injury, treatment may require touching or holding of a pupil or part of their body by the School Nurse or another trained member of staff.

Contacting Parents / Guardians

A pupil Medical and Consent Form (via wufoo) is completed by the parents / guardians of every pupil entering the School. This form asks for contact details for the parents / guardians, and "other points of contact (if parents / guardians are not available)". Contact details of the child's GP are also requested. Parents are thereafter reminded on an annual basis to complete an Annual Medical and Consent Form if any details have changed, to ensure that these details are kept up-to-date.

Parents / guardians will be contacted if medical assistance is thought necessary. However, should no parent be available, medical assistance will be sought by the School and the pupil will be accompanied to the doctor / hospital by an appropriate member of staff.

The School is aware of its duty to inform parents of any accident or injury sustained by their son on the same day, or as soon as reasonably practicable, and details of any first aid treatment given. A Medical Form is completed by the parent/guardian consenting to emergency treatment if required.

When EYFS pupils receive medical treatment during the day for ANY illness, accident or injury, however minor, parents / guardians are informed verbally by the pupil's form teacher, and this will be followed up by a note in the pupil's Home-School Record Book.

Where younger pupils receive medical treatment during the day, parents / guardians are informed either verbally by the pupil's form teacher, or in writing in the pupil's School Book. Older more capable pupils are asked to tell their parents of any minor medical treatment they receive.

Calling an Ambulance

If someone at the School has an accident, first aid trained staff and appointed persons have received guidance on when to summon medical help. The School Nurse is normally responsible for summoning an ambulance, and for escorting the pupil to hospital where the parents are not yet present, but all first aid trained and appointed person trained staff are aware that if the School Nurse is unavailable, they should summon an ambulance themselves. An appropriate member of staff will always stay with a pupil in hospital until their parents have been contacted.

Dial 999 or **112** for an ambulance

Please see the following Diabetes, Asthma, Anaphylaxis and Concussion Policies for when to call an ambulance.

Records

In accordance with HSE guidelines, the School retains records of all treatment and medicines that have been administered to adults for at least 3 years and for pupils up to their 25th birthday. All records are then destroyed appropriately. All visits to the Medical Room are recorded within the 'Medical Centre' module on iSAMs.

For further information, please see our *Data Protection Policy.*

First Aid Kits

The Medical Room houses comprehensive facilities and first aid equipment.

In addition, First Aid Kits are placed in all the practical academic departments as well as the services areas. The School Nurse is responsible for ensuring that the Kits are equipped as recommended in the current guidance with a 'sufficient quantity' of basic first aid material, and nothing else. Further contents as appropriate to the area/activity are also added. The contents of each Kit will be replenished as soon as possible after use in order to ensure an adequate supply of all materials. Anyone using supplies is therefore asked to notify the School Nurse immediately. Please see *Appendix A* for a list of the locations of First Aid Kits at Davenies and their basic contents.

Each School Minibus is equipped with a First Aid Kit; and at least one is taken on every Educational Visit/Offsite Activity. Games Staff are required to take an orange medical kit to St Mary's grounds.

Personal Protective Equipment (PPE)

The School maintains stocks of appropriate PPE and all relevant staff members are trained in its safe usage.

Risk Assessments

The School Nurse works with the Bursar and any other relevant staff to carry out detailed Risk Assessments of all first aid and medical procedures. The purpose of such risk assessments determines an extra provision required over and above the minimum provision, and cover the needs of individual pupils with particular medical conditions, and the risks to staff and any visitors who may come into School.

Recording and Reporting Accidents and RIDDOR

All schools are required to keep detailed records of illnesses, accidents, and injuries, together with an account of any first aid treatment, non-prescription medication or treatment given to a pupil or employee.

Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)

RIDDOR stands for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. RIDDOR requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences (near misses) arising out of or in connection with work to the HSE. This also applies to schools, whether an accident happens to a member of staff, student or visitor (Appendix D). Failure to report an incident is breaking the law. It could result in serious consequences for your school.

Most incidents that happen in schools or on school trips won't be RIDDOR reportable but it's important that all incidents are recorded and reported as required. Robust accident recording and reporting also enables schools to identify and correct any safety issue.

Guidance on its applicability to schools can be found in the HSE's *Education Information Sheet No 1 (Revision 3) (October 2013 - Incident-reporting in schools (accidents, diseases and dangerous occurrences)*. All fatal and specified major injuries and any injuries that result in an employee being incapacitated for over seven (7) consecutive days, and accidents to members of the public or others who are not at work must be reported if they result in an injury, and the person is taken directly from the scene of the accident to hospital for treatment to that injury.

What Must Schools Report Under RIDDOR?

Under RIDDOR only certain incidents are reportable under RIDDOR. A reportable incident must have happened in relation to the workplace and its related activities. For example, asthma that is triggered by a known irritant in the workplace is reportable. However, an asthma attack caused by a cold and unrelated to work isn't reportable.

Requirements surrounding reportable incidents differ between staff and students. RIDDOR defines what constitutes a reportable case in both instances.

Reportable Cases Involving Staff

- Result in death or a specified injury.
- Prevent the injured person from continuing their normal work for more than seven days (excluding the day of the incident).
- Lead to a reportable occupational disease, for which the employee has received a written diagnosis from a doctor

Specified injuries include:

- Fractures (excluding fingers, thumbs, and toes).
- Amputations.
- Loss or reduction of sight.

- Crush injuries that cause internal organ damage.
- Serious burns (those that cover more than 10% of the body or that damage the eyes, respiratory system, or other vital organs).
- Scalping (skin being separated from the head) that requires hospital treatment.
- Unconsciousness caused by head injury or asphyxia.
- Any injury that results from working in an enclosed space and leads to hypothermia or heat-induced illness, or resuscitation or hospital treatment for over 24 hours.
- Any injury resulting from acts of non-consensual violence in connection to work in a school. For example, if a student injures a teacher during a lesson.

Staff Reportable occupational diseases include:

- Severe cramp of the hand or forearm.
- Hand-arm vibration syndrome.
- Carpal tunnel syndrome.
- Tendonitis or tenosynovitis of the hand or forearm.
- Occupational dermatitis.
- Occupational asthma.
- Any occupational cancer.
- Any disease caused by occupational exposure to a biological agent.

Reportable Cases Involving Students or Visitors

- The incident occurred as a direct result of a work activity or lack of sufficient safety measures in the workplace.
- The person dies or is taken directly from the scene of the accident to hospital for treatment. Note that examinations and diagnostic tests are not considered treatment in this definition.

Students and visitors do not need to have specified injuries for these requirements to apply. Specified injuries apply to employees only.

The incident is reportable if it occurred in relation to:

- Any school activity, both on or off the school premises.
- Equipment, machinery, or substances in the school premises, e.g. equipment used in a woodworking class or chemicals used for a science lesson.
- Poor management or organisation of a school activity, e.g. a lack of supervision.
- Poor design or condition of the premises, e.g. badly maintained floors.

Incidents that are not reportable include:

- Those that happen due to an existing medical condition, e.g. a student with asthma who is taken to hospital following an asthma attack not triggered by something related to how the school operates.
- Those where the person goes to hospital purely as a precaution and has no apparent injury.
- Sports injuries that are not connected to how the school manages the risks from the activity, e.g. those caused by normal ‘rough and tumble’ of the game.

- Playground accidents due to collisions, slips, trips, and falls that are not related to the condition of the premises or the level of supervision.
- Violence between pupils.
- Injuries caused while travelling on a school bus, that result from a road traffic accident. These are classed as road traffic incidents and are investigated by the police. However, if pupils are getting on and off the bus and are injured and taken to hospital due to a vehicle striking the bus, this is reportable.
- Any incidents involving pupils on overseas trips.
- Incidents involving pupils who are elsewhere on a work placement. During work placements, students are considered an employee of the business at which they have a placement. This means that the criteria for reportable incidents involving staff apply and the business is responsible for reporting.

Reportable Dangerous Occurrences (Near Misses)

Certain dangerous occurrences (near misses) are reportable, regardless of whether they may have involved a student or staff member.

These include:

- Load-bearing parts of lifts and lifting equipment collapsing or failing.
- Accidentally releasing a biological agent that is likely to cause severe human illness.
- The accidental release or escape of a substance that may cause serious injury or damage to health.
- An electrical short circuit or overload that causes a fire or explosion.

Examples of Reportable Accidents at School

Maintenance Issue v Intended Use

A student is on one of the swings in the playground when a bolt comes loose and causes them to fall off. They land badly on their wrist, which requires them to go to hospital and receive treatment for a fracture. This was caused by poor maintenance of the swing set and is therefore a reportable incident. If, however, the child had jumped from the swing at height and fallen resulting in the same injury, the incident would not need to be reported under RIDDOR. This injury is a result of the child's decision to use the swings not for their intended use, so the accident was not caused by anything related to how the school operates.

A Sports Injury

If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable. Four students are using the gym to play tennis during their lunch break. During the match, one of the players falls when running for the ball and sprain their ankle. They need to go to hospital for an x-ray, but because the injury was not caused by something related to how the school operates it is not reportable under RIDDOR.

Slips and Trips

During a PE lesson, one of the students slips on a wet patch on the gym floor, fracturing their ankle. The gym was being cleaned just before the PE lesson, so was not given enough time to dry properly. This is an example of poor management of a school activity and so is reportable under RIDDOR.

Poor Hazard Management

A computer wire in the IT room is fraying and faulty. The class's teacher unplugged it and intended to remove it from use but forgot to do so. One of the pupils notice that their computer isn't turning on, so they go to plug in the faulty cable receiving a serious shock requiring hospitalisation. As this was caused by bad management of a hazard in the school, it is therefore a reportable incident.

School Accident and Incident Reporting- submitting a RIDDOR Report

RIDDOR reports must be submitted within 10 days of the incident, though it can be submitted within 15 days if the accident resulted in more than seven days' absence from work. Fatalities and major incidents or injuries should be reported immediately via telephone to the Incident Contact Centre (ICC) on 0845-300-9923 during normal office hours. The ICC operator will complete a report form over the phone and a copy will be sent to the school. If the incident is an occupational illness or disease, the report should be submitted as soon as the person receives a diagnosis from their doctor. The report must include the following where relevant:

- The date of the recording.
- The personal details of the individual that the report is about (name, job title, phone number).
- The details of their company (school name, address, email).
- The location, date and time of the incident.
- The personal details of the person(s) involved (name, job title, etc.).
- A description of the injury, illness, or incident.
- To submit a report, the responsible person must fill in the relevant form from the HSE, a list of these forms is available here

Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-three-day incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days.

Stress

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work.

Reporting an Incident

All minor accidents and injuries to pupils will be recorded on iSAMs. All accidents, injuries, occupational illnesses, dangerous occurrences or near-misses involving staff, visitors or contractors on site must be reported using the Davenies *Incident Form* (Appendix C). Where an incident to a pupil is considered significant, it should also be reported on the *Davenies Incident Form*.

The *Davenies Incident Form* must be completed by the injured person or by someone on their behalf if they are incapacitated or if it is involving a pupil. The School Nurse will complete the relevant section regarding treatment. All forms must be countersigned by the relevant Head of Department or a member of the SLT and passed to the Bursar for action. Forms will be held by the School Nurse.

Parents are advised of incidents in writing or by phone where deemed necessary.

Where a pupil receives a head injury which either leaves a visible mark or is of concern to either the School Nurse or another member of staff, but does not require hospital treatment, the school nurse will call or email the parents / guardian and advise of the injury. An NHS Head Injury Leaflet (*Appendix I*) will also be emailed.

Data Protection

Records of injuries, including Incident Forms, relating to pupils must be retained until the pupil would have reached the age of 25 years. Incident Forms relating to staff and visitors will be retained for 6 years. Health surveillance records of employees must be retained for 40 years in accordance with HSE guidance. For further information, please see our *Data Protection Policy.*

Report of Violent, Abusive or Threatening Behaviour

An employee is required to report any act of violence, abusive or threatening behaviour arising out of or in connection with work and directed towards him/her by any person – including children, students, colleagues, members of the public, etc, to the Headmaster, who will decide on the appropriate course of action.

Recording Non-Prescription Medication given to a Pupil or an Employee

Details of all non-prescription medication given to both pupils and to all staff members are recorded on iSAMs. The *Homely Remedies Protocol* is in place to assist the safe administration and use of over-the-counter medications by medical room staff and designated staff members.

Monitoring and Review

An analysis of the accident reports and near-misses will be undertaken at intervals and reviewed by both the SLT and Board of Governors for further consideration.

Dealing with Spillage of Body Fluids

The School observes government guidance and its approach for dealing hygienically with spills of body fluids. The risks are considered small provided that good hygiene procedures are maintained.
Any individual cleaning up such spills must cover any abrasions, wear personal protective equipment (PPE) provided: disposable gloves and aprons, and wash their hands.

Urine, Faeces and Vomit

Spills of body fluids: urine, faeces and vomit must be cleaned up immediately using the following methods:

- Remove as much of the spillage as possible by mopping up with absorbent toilet tissues, or paper towels - these can be disposed of by placing into the bodily fluids bin (yellow).
- For spillages indoors, clean the area with detergent and hot water, rinse and dry.
- For spillages outdoors (i.e. playground), sluice the areas with water.

Blood

Blood spillages must be cleaned up immediately using the following method: remove as much of the spillage as possible by mopping up with absorbent toilet tissue, or paper towels and placing into the bodily fluids bin (yellow). It is not necessary to use household bleach to clean the area, thorough cleaning with detergent and water will suffice. How well the cleaning is done is more relevant than the chemical used. Antibacterial wipes are in each spill kit as a safe to use and effective disinfection.

Hands should be washed after removing gloves and apron

Blood or other body fluid spillage on carpets and upholstery should be cleaned with warm soapy water, or a proprietary liquid carpet shampoo, since the use of Hypochlorites may discolour fabrics. Blood on clothing should be treated by simply washing, preferably in washing machine.

Administration of Medicines

In the administration of medicines, Davenies follows MOSA Guidance, and also the DFE Guidance: *Supporting pupils at school with medical conditions* (2015).

Medical Room staff ensure care for the pupil as a whole, maintaining confidentiality, but also keeping parents and the school informed when appropriate.

Parents are asked to complete comprehensive *Pupil Confidential Health Information* for their child, detailing past and current medical conditions and allergies, before they start at the School.

Parents are thereafter emailed at the beginning of each academic year, to request they notify medical room staff if there have been any changes to the initial consent information.

Medical and health records are kept securely in the Medical Room.

The Medical Room has an 'Open Door' policy throughout the day; however, pupils are encouraged to visit during break times to avoid disruption to lessons, except in cases of emergency (Appendix I – *Medical Guide for Staff*).

If pupils are ill during the day, teaching staff may send the pupil (plus one) to the Medical Room/ School Office. If urgent medical assistance is required, teaching staff are to send a runner to the Medical room / School Office. The School Nurse and/or health care assistant will perform an initial medical assessment and treat as necessary.

Access to the Medical Room is detailed in Appendix J – *Unwell or Injured Child Guidance for Staff.*

Procedure for Pupil to be sent home or to rest in the Medical Room

- Enter the pupil's name, class, time, details of symptoms and treatment administered in the Medical Room on iSAMs.
- If it is deemed appropriate that either the pupil stay in the Medical Room or be sent home, the teacher will be informed.
- If the medical staff believe that the pupil is not well enough to be at school, they will:
  - ring the parents and arrange for the child to be taken home;
  - notify the relevant teacher;
  - collect pupil belongings;
  - notify the School Office of the time that the pupil was sent home;
  - allow the pupil to rest in the Medical Room if it is not possible for him to be collected.

Confidentiality Policy

The School Nurse is fully aware that there is a duty of confidentiality when concerns are disclosed by pupils or parents. A breach of confidentiality is only acceptable in the following circumstances:

- the pupil consents to disclosure;
- a Court of Law requests information;
- disclosure is justified due to a pupil's safety and protection needs; this includes self-harm.

If, in exceptional circumstances, disclosure is made without the pupil's knowledge or consent, the pupil should be informed that disclosure has taken place when it is safe to do so.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

The School adheres to the guidance published by Public Health, England: "*Health Protection in Schools and Other Childcare Facilities*" (May 2023).

Guidelines for the Administration of Prescribed Medication

Before the administration of all prescribed medicines, the School should have been given clear and precise instructions from parents via the Medication Form (wufoo) and medication containers should have the dosage and pupil's name clearly marked on them. If in doubt, the parents must be contacted prior to administration.

With the use of asthma inhalers and medication for anaphylaxis (see separate section) consent for use is given in the individual 'Medical Care Plan' (Appendix E).

Procedure to be followed when Administering Medication

- Confirm the identity of the pupil by asking him to tell you his name;
- Check that the medicine to be administered has the correct name of the pupil on it;
- Carefully read the instructions on the prescribed medicine and written instructions from the parent;
- Administer medicine as instructed;
- iSAMs updated; detailing the medication, dose and time given

Always check whether the medicine should be kept at room temperature on in the fridge.

It is the responsibility of the pupil to remember to come for his medicine at the correct time; however, the School Nurse and/or health care assistant will always try and remind the pupil or send for him if they notice that he has forgotten or feels that he is too young to remember.

It is the responsibility of the parent to collect the medicine at the end of the school day and, for medicines which are kept at school i.e. inhalers and Adrenaline Auto Injectors, that these are still within the expiry date.

Guidelines for the Administration of Non-Prescription Medication

With the use of any over-the-counter medications listed in the *Homely Remedies Protocol*, consent for use is given in the initial *Pupil Confidential Health Information Form*. This consent is then used for the duration of the pupils schooling.

Procedure

- The reason for giving the medication must be established
- Check if the pupil is allergic to any medication
- Check if the pupil has taken any medication recently and, if so, what? (e.g. products containing Paracetamol should not be given more frequently than every four hours and the maximum dose in 24 hours for that age group printed on the pack must not be exceeded)
- Parents should be informed if products containing Paracetamol are given during the school day
- Check if the pupil has taken that medication before and, if so, whether there were any problems
- Check the expiry or 'use by' date on the medication packet
- The pupil must take the medication under the supervision of the person issuing it
- Record the details immediately onto ISAMs

A list of parents who have not given permission for certain medicines to be administered to their child is available from the medical room, and on iSAMs.

If there is doubt as to whether a parent has given permission, they must be contacted prior to administration. If the parent cannot be contacted, **medication will not be administered.**

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

'Sharps' boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from their son's GP or paediatrician. Collection and disposal of the boxes is the Parents' responsibility and should be arranged with the Local Authority's environmental services.

Adverse reactions to Medicine

Up-to-date manufacturer's information sheet is kept with all medicines stored and used in the Medical Room, and in separate file with the medicine administration folder. Any adverse reactions must be recorded and reported to parents. Medical help to be sought immediately where the reaction is severe follow yellow card Government protocol for suspected adverse drug reaction.

Medicine given in error

Action must be taken to prevent any potential harm to the patient. All actions must be reported and documented.

Pupil's self-administration of medicine (e.g. inhaler)

It is good practice to support and encourage older pupils who are able to assume complete responsibility to manage their own medicines, particularly those who have a long-term illness. The school recognises/allows pupils to carry their own Salbutamol inhalers following a discussion with the parents, the pupil and the School Nurse.

Defibrillator Policy

This Policy establishes guidelines for the placement, care and use of the **Philips HeartStart Defibrillator** (M5066A) located at Davenies.

The HeartStart Defibrillator is used to treat the most common causes of sudden cardiac arrest (SCA), including ventricular fibrillation (VF). SCA is a condition that occurs when the heart unexpectedly stops pumping. SCA can occur to anyone, anywhere, at any time. Many victims of SCA do not have warning signs or symptoms.

A Defibrillator should only be applied to victims who are unconscious, without pulse, signs of circulation and normal breathing. The HeartStart Defibrillator will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the HeartStart Defibrillator will charge to the appropriate energy level and advise the operator to deliver a shock.

It is important to understand that survival rates for SCA are directly related to how soon victims receive treatment. For every minute of delay, the chance of survival declines by 7 - 10%. Treatment cannot ensure survival. In some victims, the underlying problem causing the cardiac arrest is simply not survivable despite any available care.

Storage and Accessibility

The HeartStart Defibrillator is located in the foyer of the Tennant Building.

Responsibilities

The School Nurse is the designated person responsible for the following:

- Coordinating **equipment** and accessories.
- **Post event procedures**: checking equipment after an event; conducting a staff incident debriefing; and incident reporting as required in accordance with the School's *First Aid Policy*.
- Periodic **maintenance**: inspecting exterior and connector for dirt or contamination; checking supplies, accessories and spares for expiration dates and damage; checking operation by removing and reinstalling the battery. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
- Revision of this procedure, as required; monitoring effectiveness of this system; communication with relevant staff on issues related to medical emergency response programme.

Trained Staff

Appropriately trained staff are responsible for activating the internal emergency response system and providing prompt basic life support including using the Defibrillator according to training and experience. NB. The Defibrillator can be used by anyone as it gives automated instructions.

Staff should be aware that they are not liable for rendering such emergency care.

Volunteers can, at their discretion, provide voluntary assistance to victims of medical emergencies. The extent to which these individuals respond should be appropriate to their training and experience. Volunteers are encouraged to contribute to emergency response only to the extent they are comfortable.

Staff Training

Defibrillator Training is now included in 'First Aid in Schools' training, provided to staff on a 3-year rotation.

Guidelines

Conduct an initial assessment of the patient and environment. If the patient is not responding and signs of breathing and circulation are not present, provide CPR until the HeartStart Defibrillator arrives. If you are in doubt as to whether the victim has suffered from a sudden cardiac arrest, apply the pads. Follow the voice instructions for each step in using the defibrillator.

There are 3 basic steps to using the defibrillator to treat someone who may be in SCA:

1. PULL up the handle on the SMART Pads Cartridge
2. PLACE the pads on the patient's bare skin
3. PRESS the flashing Shock button if instructed

Arrangements for Pupils with particular Medical Conditions

At the start of every academic year, medical room staff create a list of those pupils with Medical Conditions. Relevant teachers are also contacted to discuss pupils with more complicated medical needs. These lists are available on the 'Medical' Team (Microsoft Teams). The School Nurse and/or healthcare assistant will advise relevant staff of any changes and update the list accordingly. The School Nurse will also provide an update to all staff on INSET days at the start of each new academic year.

Common Medical Conditions

The guidelines on the following pages set out the procedures which the School either currently follows with regard to existing pupils or would follow in the event of a pupil suffering from: Diabetes Mellitus, Asthma, Anaphylaxis, or Concussion.

A Medical Care Plan is completed in conjunction with the parents, for all pupils living with a long-term medical condition (Appendix E).

Allergies

Medical room staff are informed of pupil allergies on the *Pupil Confidential Health Information Form* that parents are required to complete for all incoming pupils. Parents are asked to inform the School Nurse

and/or healthcare assistant of any allergies that they become aware of or that develop whilst their child is at Davenies.

A list of pupils, with accompanying photos who have been identified as having known food allergies is prepared by the medical room staff at the beginning of every school year. This list is available on the Medical Team for all staff to review. A copy of the list is also provided to the Chef Manager.

Staff are reminded about the importance of reviewing the information before the start of the school year.

The School's catering staff are made aware of all these pupils and their allergies and cater to their needs with every school meal or snack provided. As soon as the School Nurse and/or healthcare assistant is made aware of any changes to the list, all relevant staff will be notified immediately.

All pupils with special dietary requirement and/or allergies wear a lanyard during lunch service; this ensures that they are easily identified and provided with an appropriate meal choice.

Diabetes Mellitus Policy

Diabetes Mellitus is a condition in which the body fails to produce sufficient amounts of insulin to regulate the body's blood sugar levels. High blood sugar is known as hyperglycaemia and low blood sugar as hypoglycaemia.

Hyper Insulinism is a condition in which the body secretes too much insulin, and can result in the child having Hypoglycaemia.

Symptoms of Hypoglycaemia include

- Weakness
- Feeling faint / dizzy or hungry
- Butterflies in tummy or headache
- Strange / moody behaviour
- Sweating and pale
- Feeling sleepy or deteriorating level of consciousness

Symptoms of Hyperglycaemia include

- Fruity and sweet breath (ketones)
- Excessive thirst and need to urinate frequently
- Difficulty breathing
- Feeling tired / drowsiness, leading to unconsciousness
- Tummy pain
- Moody

If the pupil's level of consciousness deteriorates or they lose consciousness, phone **999** or **112** for an ambulance. The parents should also be contacted at this point.

General Points in relation to Low Blood Glucose

These pupils keep a supply of sugary foods e.g. sweets and glucose tablets in the Medical Room and Games Department, or classroom, which can be taken with the School Nurse's permission, if required, following a blood glucose test.

Relevant testing equipment and snacks are taken on all educational visits and to all offsite sports fixtures, and at least one accompanying member of staff will have received appropriate training.

Every pupil with a diagnosis of Diabetes is encouraged to participate in all activities within the school curriculum unless otherwise stated by their GP/parents/guardians.

Asthma and Inhalers Policy

A list of current pupils with Asthma is provided to all staff via the Medical Team at the start of every academic year. Staff will also be informed of any updates to this list as the year progresses.

Procedure for Dealing with an Asthma Attack

All staff are provided with, and are frequently reminded of, the following guidelines for how to deal with a pupil who is having an asthma attack whilst awaiting medical assistance:

- Ensure pupil is calm and comfortable and reassure him
- Sit him slightly forward on a chair to allow the chest to open
- **STEP 2** - Help him take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs**.**
- Encourage him to breathe slowly
- If no effect after this time, or the pupil's condition worsens, dial **999** or **112** for an ambulance and notify the parents
- **If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2 above**
- If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

Medication

As soon as the School Nurse and/or healthcare assistant is made aware of a pupil with asthma, a Medical Care Plan is completed in conjunction with the parents.

Immediate access to a blue salbutamol reliever inhaler is vital. Parents provide the relevant inhaler(s) for their son at the beginning of each academic year. These are named and the use by date is noted by medical team. Pupils should be taught by parents when and how frequently they need to self-administer their inhalers. Any pupil who has an inhaler should be allowed to use it when necessary.

Older more capable pupils are encouraged to carry an inhaler on their person and/or in their sports kit, with a spare inhaler, plus care plan being kept in the medical room in an individually named drawer, which is

always accessible. The leading staff member for each educational visit/offsite sports fixture is responsible for collecting the necessary care plan(s) and medication from the medical room prior to the trip. This should be returned to the Medical Room on the same day. Pupils with an asthma diagnosis are encouraged to take part in all activities within the school curriculum unless otherwise stated by the GP.

Salbutamol Inhaler

From 01 October 2014 the *Human Medicines (Amendment) (No. 2) Regulations 2014* allows schools to keep a Salbutamol Inhaler for use in an emergency.

The emergency Salbutamol Inhaler should only be used by pupils:

- for whom written parental consent for the use of an emergency inhaler has been given; **and**
- who have been prescribed a Salbutamol inhaler by their General Practitioner; **and**
- whose prescribed inhaler is not available for any reason (e.g. it is broken, empty, or too far away).

The School maintains a register of all pupils who are diagnosed with asthma and/or allergy/viral/exercise induced wheeze. All of these pupils have individual care plans, consent to administer their own prescribed inhalers and the use of emergency Salbutamol inhaler if theirs is not available.

The School holds 6 Emergency Salbutamol Inhaler Kits, located in: the Head of Sport's Office, the Medical Room, the Dining Room, the School Office, and one in each of the orange medical bags for external sport events. The Medical Room holds all the prescribed medication for each child. These locations mean that every class will be in close proximity to the Salbutamol inhalers.

The **Emergency Kit** Contents:

- Salbutamol metered dose inhaler
- Single use plastic spacers compatible with the inhaler
- Register/list of all the pupils permitted to use the inhaler
- Concise information of recognising an asthma attack
- Concise information to treat an asthma attack and administer Salbutamol inhaler
- Instructions on how to use the inhalers and spacer
- Record of administration
- Manufacturer's instructions
- Instructions on how to clean and store the inhaler

Arrangements for storage, care and disposal of the Salbutamol inhalers

Storage – The School Nurse and/or healthcare assistant are responsible for maintaining the emergency kits:

- Replacement inhalers are obtained when expiry dates approach
- Replace the spacers after individual use, to avoid cross infection
- The blue plastic inhaler houses must be cleaned, dried and returned to the kit following use
- Store the emergency kits below 30c, out of direct sunlight

Cleaning – The spacers should be washed in warm running water and left to dry thoroughly.

Disposal – Spent or expired inhalers should be returned to the pharmacy to be recycled.

Administration

The School ensures there are a reasonable number of designated staff holding first aid certification and in-house training in recognising and asthma attacks and administering Salbutamol inhalers.

All staff should be aware of:

- the Asthma Policy;
- how to check the child is on the register;
- how to access an inhaler; and
- who the designated members of staff are and how to summon them.

Anaphylaxis Protocol and Adrenaline Auto Injector Policy

At the start of each academic year, the School Nurse provides refresher training on our Anaphylaxis Protocol and *Adrenaline auto-injectors Policy*, and instructions on how to use an Adrenaline Auto-Injectors ("AAI") (EPIPEN or JEXT) during INSET day training. All staff are encouraged to come for additional training if they are responsible for any pupils identified as having an allergy and a prescribed Adrenaline Auto-Injector.

Set out below are the guidelines provided to staff:

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain substances to which one is sensitive e.g. nuts, latex or wasp stings. The reaction may be mild, disappearing without treatment, or it may become severe and life threatening.

Mild symptoms

- Headache
- Itching
- Feeling unwell

More severe symptoms

- Red, itching areas on skin (urticaria)
- Weakness
- Dizziness
- Vomiting
- Hoarseness and difficulty breathing
- Rapid, weak pulse and falling blood pressure
- Swelling of the face, neck and lips (angio-oedema)

- Loss of consciousness

Procedure for Dealing with Mild Anaphylaxis

- Assess the symptoms and observe the pupil
- Take him to a quiet area to observe
- Sit / lie pupil in a position that is comfortable to him
- Pupil should be given some antihistamine tablets/syrup depending on his age and level of anaphylaxis
- Observe pupil's colour, mental awareness, respirations and pulse
- Note any rash to see if it is becoming worse
- Record all observations to hand to Emergency Staff if required
- Contact parents and inform them of the situation
- The pupil should be observed in the Medical Room for as long as the School Nurse feels he is at risk of developing further symptoms. If he recovers, the parent should be advised to make an appointment with the GP at the first available opportunity

Procedure for the Management of Severe Anaphylaxis

- Having assessed the pupil, lie him down on a flat surface in the recovery position.
- Ascertain if they have an Adrenaline Auto Injector. If so, follow the procedure for administering the injection.
- An Adrenaline Auto Injector is an injection which is pre-loaded with adrenalin (the drug of choice for anaphylaxis). It should be administered in the outer side of the thigh, midway between knee and hip (if necessary, through the clothing). The administration of this medication is safe and, even if it is given through misdiagnosis, it will do no harm.
- Following the emergency treatment, dial **999** or **112** for an ambulance (if a second person is present, the call will be made earlier). Ensure that someone is at the gate to direct the ambulance.
- Ensure that parents have been notified.
- Maintain constant observation of the pupil at all times. All observations must be recorded and sent with the pupil in the ambulance, including details of time treatment was administered.
- If the pupil has not improved after 5 to 10 minutes, a second Adrenaline Auto Injector can be safely administered.
- External cardiac massage and artificial respiration may have to be commenced if total collapse ensues.

Current Pupils with Anaphylaxis

There are currently 18 pupils (Sept 2025) at Davenies who could suffer from anaphylaxis. An Individual Care Plan for each pupil is completed and signed by the parents and by the School, with copies also uploaded onto the Medical module of iSAMs. Care plans and medication is also sent on all off site educational visits/sporting activities.

Adrenaline Auto-Injector (AAI) Policy

The School Nurse and/or healthcare assistant will, to the best of their ability, ensure that all staff are kept informed of any pupil who may suffer from Anaphylaxis. Updates are given annually or, if needs be, more frequently, on the Pupil Medical and Dietary Information Sheet on Teams. Annual education and training is given to all members of staff regarding the administration of the auto-injector. Adrenaline Auto Injectors are kept the medical room in an individually named drawer, which is always accessible. Parents are responsible for ensuring that Adrenaline Auto Injectors are kept within their expiry date.

If a pupil attends a school trip, the Adrenaline Auto Injector must go with him. If this involves flying on an aircraft, the pupil must take a letter with him from his GP, explaining the need for him to keep this injection with him at all times whilst on the flight.

Emergency Anaphylaxis Kit

From 01 October 2017 the *Human Medicines (Amendment) Regulations 2017* allows schools to keep an AAI for use in an emergency.

The emergency Adrenaline Auto Injector should only be used by children for whom:

- written parental consent for the use of an emergency Adrenaline Auto Injector has been given; **and**
- who have been prescribed an Adrenaline Auto Injector by their General Practitioner.

The Adrenaline Auto Injector can be used if the pupil's prescribed AAI is not available for any reason (e.g. it is broken, empty, or too far away).

Adrenaline Auto Injectors are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives. Therefore, unless directed otherwise by a healthcare professional, the spare AAI should only be used on pupils known to be at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare Adrenaline Auto Injector has been provided.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency Adrenaline Auto Injector is appropriate.

The School maintains a register of all pupils who are at risk of anaphylaxis. All these pupils have individual care plans, containing consent to administer their own prescribed AAI and the use of the emergency Adrenaline Auto Injector if theirs is not available.

The School holds 2 Emergency AAI Kits, one for junior dose 0.15mg and one for adolescent/adult dose 300mg. Both kits are located in the dining room. The Medical Room holds all the prescribed medication for each child.

The **Emergency Kit** Contents:

- X 1 Adrenaline Auto Injector
- Photo register/list of all the pupils permitted to use the AAI
- Concise information of recognising anaphylaxis

- Concise information to treat anaphylaxis and administer AAI
- Instructions on how to use AAI
- Record of administration
- Manufacturer's instructions
- Checklist of AAI batch number, expiry date and record of checks

Arrangements for storage, care and disposal of the AAI

Storage – School Nurse responsible for maintaining the emergency kits:

- Once a term the AAI must be checked to ensure they are in working order
- Replacement AAI are obtained when expiry dates approach
- Store the emergency kits below 30c, out of direct sunlight

Disposal – Spent or expired AAI should be returned to the pharmacy to be recycled.

Administration

The School ensures there are a reasonable number of designated staff holding first aid certification and in-house training in recognising anaphylaxis and administering AAI.

Dining Room Procedure for Pupils with Specific Dietary Requirements

The school nurse and/or healthcare assistant maintain a list of pupils who have specific dietary requirements ranging from avoiding allergens to religious restrictions. They are responsible for preparing cards for all pupils who are on the list, outlining their individual requirements. All pupils have a colour coded lanyard which they wear during lunch service; children with allergies wear a red lanyard and children who have specific dietary requirements wear yellow.

All year groups - Colour coded lanyards containing individual pupil information are hung in the Dining Room, and the teacher/staff member on duty will hand them to the individual pupils whilst they are queuing for their lunch. The pupil should return them to a duty teacher when they have been finished eating.

Lanyards should not be taken out of the Dining Room.

Impaired Mobility (Pupils in plaster casts and /or using mobility aids such as crutches)

Providing the GP or hospital consultant has given approval, children and staff can attend school with plaster casts or crutches. Students with a lower limb encased in a plaster cast need to be able to move about school independently, confidently, and safely whilst using crutches. A buddy may be appointed to help with carrying bags, holding open doors, and helping in the Dining Room.

Medical Room staff shall carry out a risk assessment on the first day back in School. If it is considered unsafe for the child or member of staff to be in School, work will be set for him to complete at home. All people using crutches should use the lifts to access the first floor in all the school buildings. Lift training is carried out by the facilities manager on the pupil's return to school.

In the case of an emergency, lifts are not to be used and therefore all people using crutches must be able to demonstrate that they can get down a flight of stairs if necessary and without causing danger to others.

There will be obvious restrictions on games and on some practical work to protect the pupil (or others). This includes outside play; a quiet area should be provided so the limb can be elevated and rested during break times, e.g. the main library or medical room can offer suitable alternatives for break time.

Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

All staff should be informed on first day back at school via the Medical Team and any further updates disseminated via the weekly Pastoral Team meetings.

Actions to be taken:

- Risk Assessment completed by School Nurse and/or healthcare assistant and Facilities Manager (including a fire evacuation stair test, if required)
- Lift training completed by the Facilities Manager
- If necessary, a care plan should be completed by the School Nurse in consultation with parents
- A buddy chosen to help with carrying bags, holding open doors, and helping in the Dining Room
- The pupil or member of staff must be briefed on how to use the lifts and where the keys are held

Head Injury

A minor head injury can be a frequent occurrence in the school playground and on the sports field. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission. However, a small number of children do suffer from a severe injury to the brain, and concussion, (in particular repeated concussions), can be very serious.

Complications such as swelling, bruising or bleeding can happen inside the skull or inside the brain up to 24 hours after the bump to the head. The presence or absence of a lump at the site of the bump is not an indication of the severity of the head injury.

A **Minor Bump** to the head is common in children. If a pupil is asymptomatic (i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, nausea or vomiting) and the pupil appears well, then the incident will be treated as a 'bump' rather than a 'head injury.'

Action to be taken for a 'minor bump':

- Pupil to be assessed by a First Aider – if necessary, cold compress applied
- If a pupil is asymptomatic, first aider to notify the pupil's teacher so that a detailed account can be written in in their home book
- First aider/teacher to report the incident to the School Nurse so information can be added to iSAMS
- Teaching staff to observe for the remainder of the day – If pupil begins to display Minor Head injury symptoms, follow Actions to be taken (detailed below)

A **Minor Head Injury** (no loss of consciousness) often just causes bumps, swellings, or bruises on the exterior of the head.

Other symptoms may include:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

Action to be taken in school for a 'Minor Head Injury':

- Pupil escorted to the Medical Room
- Ice pack/cold compress applied to the swelling
- Head injury/concussion assessment performed by School Nurse
- Observation
- When possible, parent should be informed by phone call. If this is not possible, then an email must be sent
- Head injury advice sent home (email or paper copy). (Appendix H)
- Injury documented on iSAMS
- If necessary, incident from completed
- Teaching staff to observe for the remainder of the day – If pupil begins to display further symptoms, School Nurse to be contacted and child will be sent home

Severe Head Injury and/or loss of consciousness - A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems
- Difficulty in understanding what people are saying
- Balance problems
- Loss of power in arms/legs/fee
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears

Action to be taken for Severe Head Injury:

- Request assistance from Medical Room
- Perform necessary first aid
- If it is suspected that there is a neck injury do not move the child
- CALL 999 FOR AMBULANCE
- Notify parent by phone
- Injury documented on iSAMS
- Complete *Incident Form* (Appendix C)

Concussion and Sport

All contact sports have a small risk of causing concussion, when the head is jolted violently. It is important to remember that a pupil does not need to be knocked out/lose consciousness to have a concussion.

For school matches, if a knock to the head is deemed by the referee, first aider and/or attending staff to be significant enough to warrant their departure from the field, then the pupil must not return to play (even if symptoms are not immediately apparent). Any pupil who exhibits signs of concussion should be immediately removed from play and see a health care professional for assessment and advice. Failure to correctly assess, evaluate, and manage concussion can have serious adverse consequences, particularly if the pupil is allowed to continue playing or returns too early to sport.

The use of a *Pocket Concussion Recognition Tool* (Appendix G) for all team coaches and first aid staff is recommended.

Rugby causes more head injuries than any other team contact sport. Davenies follows the UK Concussion Guidelines for Non-Elite (Grassroots) Sport (April 2023). This is to lessen the risk of second Impact syndrome, repeat concussion, significant cognitive impairment, associated depression, memory loss, recurrent headaches, dizziness, sleep problems, irritability and anxiety.

Scrum caps while encouraged, are not, in any way, protection against concussion.

Recognising Concussion

If a pupil has any of the following signs or symptoms, concussion should be suspected. Please note that concussion can still be diagnosed where there is no loss of consciousness.

- Loss of consciousness - however brief
- Nausea or vomiting
- Unsteady gait/loss of balance
- Difficulty recalling events before and after the injury
- Headache
- Dizziness
- Inappropriate or unusual playing behaviour
- Slow responses to questions or instructions
- Visual or auditory disturbances
- Vacant expression
- Confusion/disorientation

If a conscious pupil shows any of the above symptoms, he;

- Must be removed from the field of play
- Must not be left on his/her own
- Must be taken to the Medical Room by a staff member who witnessed the event (NOT another pupil)
- Must be observed for signs of deterioration with 999 called if indicated (Parents/carers are notified and the pupil is sent home)
- Must be examined by a medical practitioner (GP or a hospital doctor) within a day or two
- No pupil who has had signs or symptoms of a concussion will participate in any sports/games without verbal/written medical clearance and/or before they have met the criteria for graduated return to activity or sport play (GRAS).

NB: If a pupil does not show immediate signs or symptoms of a concussion but the force of the injury is such that a concussion is a possibility, he should be observed for at least 30 minutes before he is allowed to re-join the match/game/activity/lesson: “When in doubt, sit them out”. Taking a time out is not a sign of weakness: playing with a concussion is dangerous.

Further Considerations

If a pupil has a concussion, his brain needs time to heal. While the pupil’s brain is still healing, he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in pupils can result in brain swelling or permanent damage to their brain. They can even be fatal.

If concussion is confirmed (and this is a yes or no diagnosis) the pupil will be added to the schools Graduated Return to Sport or Activity Pathway (GRAS) (Appendix). The minimum period a child is recommended to

rest from contact sport is 21 days after a confirmed concussion. Return to any sport should be a conservative, graduated process with careful supervision to note any return of concussion signs and symptoms.

Each stage of the graduated return to play must last for 48 hours and the School Nurse must assess the pupil before progressing to the next stage.

Second or subsequent concussions will always require medical attention.

Post-Concussion Management

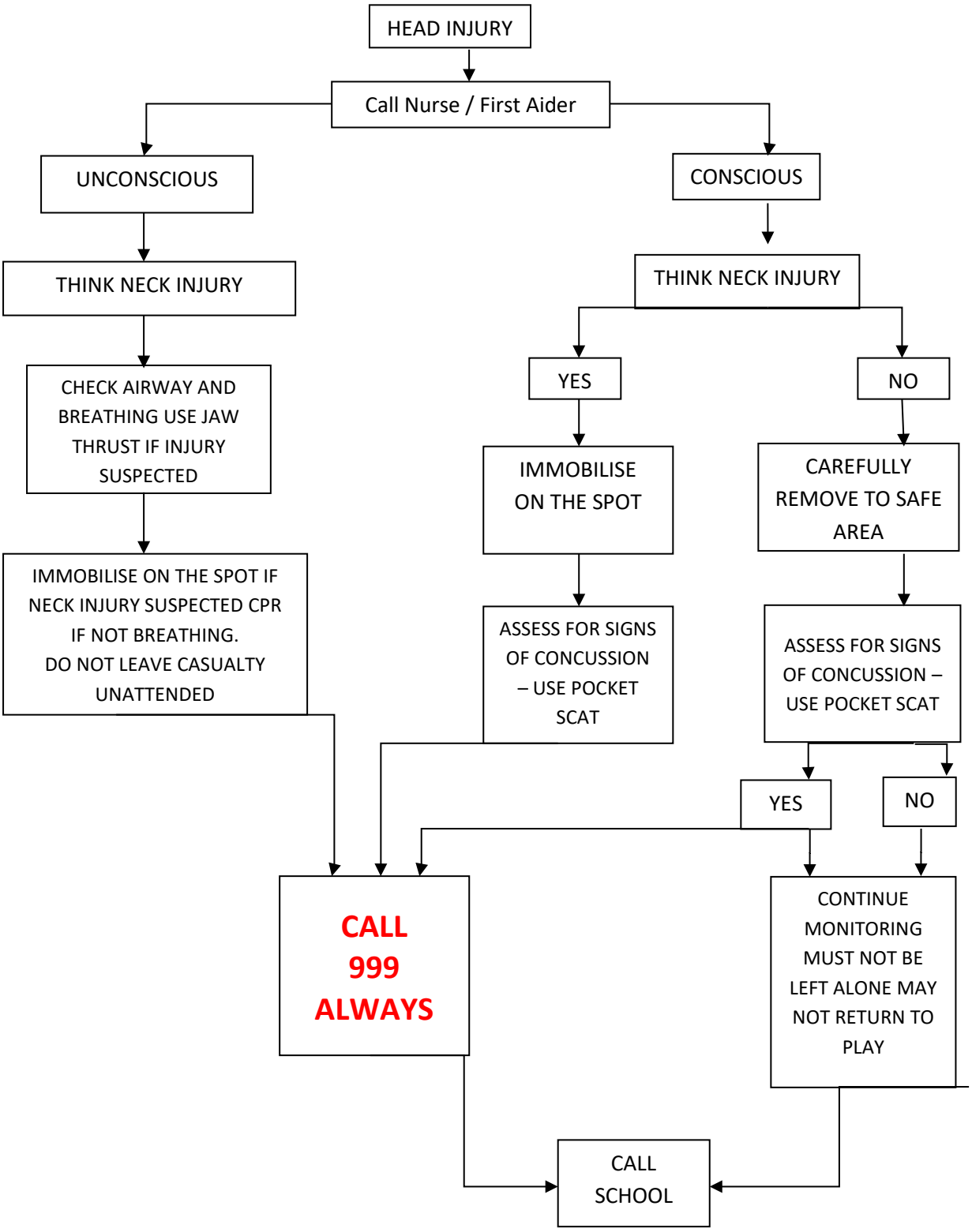
Headaches and/or tenderness, bruising and swelling can occur after a blow to the head. Paracetamol can be given to manage pain, but if any of the following symptoms develop in the next 24-48 hours, a doctor's opinion should be sought:

- Worsening headache
- Confusion
- Extreme sleepiness
- Irritability or behavioural changes
- 3 or more vomits
- Difficulty concentrating

Returning to sport

Where a diagnosis of concussion has been made, the GRAS guidelines will be followed as detailed above, with regards to returning to normal activities.

Concussion Flow Chart



IF IN DOUBT, AT ANY STAGE ALWAYS CALL AN AMBULANCE

Physiotherapy Treatments in School

Physiotherapy aims to help restore movement and function to as near normal as possible when someone is affected by injury, illness or by developmental or other disability. Paediatric physiotherapists work closely with other professionals, parents and teaching staff to ensure that the child's physical abilities are maximised and therapy advice is incorporated within the daily routine of their life.

Physiotherapists will use a combination of approaches to develop both gross and fine motor skills e.g. walking and object manipulation. Depending on the child's age a physiotherapist will be flexible enough to incorporate on-going treatment into school and home life, to maintain a sense of normality. Physiotherapy is a hands-on treatment to ensure that the child is optimally positioned to carry out the activities and exercises.

Treatment in School

Treatment in school minimises absences and provides opportunity for the therapist to liaise and give appropriate advice to the school for handling and supporting the child in the school environment. Whilst the school provides the facilities for treatment, their attendance is as a private arrangement with the parents of that pupil, and not as an employee of the school. The School will however check photo identification for the therapist and that the therapist has an Enhanced DBS Disclosure. The therapist will be required to sign in as a visitor on every occasion that they visit the school.

The physiotherapist will wear appropriate clothing for the session and may be asked to wear appropriate shoe wear for PE or games sessions.

The physiotherapist must abide and adhere to the rules and standards of physiotherapy practice as set by the Chartered Society of Physiotherapy and by the Association of Paediatric Chartered Physiotherapists.

The physiotherapist will ensure that the following criteria takes place for each treatment:

Consent for treatment: For children under 16 the competency of a child to consent to the proposed treatment as well as the place of treatment is a key consideration. The child's ability to understand their problem and process the information provided about treatment in order to make an informed decision will be unique to the individual, the time and the specific treatment intervention. This could include reference to those present at the time of treatment as well as any technique. Where a child is Gillick competent parental consent is not required. Where a child is not, parental consent is required.

Treatment place: A patient must be treated in an environment that is safe for the patient, physiotherapist and carer. Adequate room should be available to ensure treatment can be carried out effectively and to allow for any equipment to be used. Privacy of the patient to ensure that patient dignity is maintained at all times is vital. Treatment will take place in the Medical Room or another appropriate location.

Chaperoning/being accompanied in treatment: The pupil may be accompanied by a parent in order that treatment techniques and the home programme may be explained, taught and carried over in the school or home environment. A member of school staff may be asked to accompany a pupil if the treatment or assessment requires a level of undress unusual to the environment. The pupil must be informed and give verbal consent.

Therapeutic handling for the pupil may include touching and holding over joints or parts of the body to ensure stabilisation of a joint or body part, to facilitate or inhibit movement as well as to isolate muscles that need to be strengthened.

Dress: The pupil's clothing should allow for the pupil to have full movement. Ideally shorts and a t-shirt should be worn so that movement can be clearly observed. However, there may be times when school uniform may suffice. There may also be times when t-shirts may be removed for short periods such as to assess the trunk and spine.

Incidents: Any incident or accident occurred during treatment will be reported to the appointed person in the school (e.g. the School Nurse) and an incident report completed. The physiotherapist may also complete a further departmental incident report for their own records.

References and additional information

- European Core Standards of Physiotherapist Practice - WCPT (2018)
- Reference guide to consent for examination or treatment (*Second edition)* - DfH (2009)
- *Guidance to CSP Members on Chaperoning and Related Issues* - CSP (2013)
- Association of Chartered Paediatric Physiotherapists

Other Policies

Other related policies, all of which are available on the Compliance channel on All Staff Team:

- *Drugs Education and Awareness Policy*
- *Educational Visits Policy*
- *Fire Safety Policy*
- *Health and Safety Policy*
- *Homely Remedies Protocol*
- *Risk Assessment Policy*
- *Safeguarding Policy*
- *SEN and Learning Difficulties Policy*

Monitoring and Review

The School's *First Aid Policy* is reviewed annually to ensure that the appropriate needs, arrangements, and procedures are in place and working, or more frequently where regulations change or issues arise in light of reports of accidents or illnesses.

Appendix A

Location of First Aid Kits at Davenies

In addition to the extensively equipped Medical Room, First Aid Kits are located in the following areas of the School:

- Medical Room which stores: all school trip kits, large sports kits, asthma inhaler kit, AAI kit.
- Sports Office (+ asthma inhaler Kit) - **Defibrillator is on wall outside Head of Sport Office/PAC**
- Swimming Pool Cupboard
- Sports Hall Cupboard
- Swimming Pool Pump Room (+ Eye Station)
- Kitchen – Staff (Farmhouse)
- Kitchen – Main (Newton) (+ Burns Kit)
- Kitchen – Old (Farmhouse) (+ Burns Kit)
- Design Technology Room
- Ellis Library
- School Office (+ Burns Kit)
- Art Studio (+ Burns Kit)
- Science Laboratory (+ Eye Station)
- Reception shared area
- Lower Dell / Toilets
- Pre-Prep Hall (Flop Club cupboard)
- Years 1 & 2 Breakout Space
- Years 3 & 4 Breakout Space
- Astro Turf Dugout
- Minibuses (one on each bus)
- Groundsman's Shed (+ Eye Station)
- Site Office
- Cub Hut
- Dining Room
- Plant Room (+ Eye Station)
- Tractor

Each First Aid Kit contains basic contents that comply with British Standard 8599-1, but are then designed to add certain items that are relevant to the area they could be used in.

A basic kit should contain:

- A guidance card
- Face shield
- Plasters, assorted sizes
- Disposable gloves
- Triangular bandage
- Medium and large sterile dressing
- Sterile cleansing wipes
- Normal Saline
- Microporous tape
- Conforming bandage
- Sterile gauze
- Tuffcutt scissors
- Foil blanket
- Eye pad
- Finger dressing
- Burnshield blot or dressing

Appendix B

Medical Information for Parents

The following information can be found in the **Parents Handbook**:

Illness

When your son is unwell, it can be hard deciding whether to keep them off school. Use common sense when deciding whether or not your son is too ill to attend. Ask yourself the following questions:

- Is your son well enough to do the activities of the school day? If not, keep your son at home.
- Does your son have a condition that could be passed on to others? If so, keep your son at home.
- Would you take a day off work if you had this condition? If so, keep your son at home.

The web resource Healthier Together (https://www.what0-18.nhs.uk/parentscarers/worried-your-child-unwell/child-unwell-ok-go-nurseryschool) details more information about illness and when you might need to keep a child at home.

Sickness and/or diarrhoea – In line with infection control guidance, to lessen the chance of spreading infection and ensure that your son recovers fully, he must remain at home for at least 48 hours after the last episode of either sickness and/or diarrhoea.

Raised temperature – If your son has a fever (>38.0), he should not be in school, and must be temperature free for 24 hours (without needing paracetamol and/or ibuprofen) before returning.

Absence owing to illness – If your son is absent from school, you must notify the School via MySchoolPortal or by leaving a voicemail on the absence line, **by 8:30am on each day** that he is away, explaining the reason for his absence. The School Nurse may contact you to ask about the nature of the illness and how long you expect the absence to last.

Common Childhood Conditions

Head lice are a perennial problem in all schools. Please do not bring your son into school if you discover head lice (or if their eggs are present) until he has been treated. The School Nurse has an array of literature about the most effective treatments currently available.

Warts, verrucas and athlete's foot can be passed from one boy to another very easily, owing to boys having regular swimming lessons. Please check your son's skin and feet regularly (reminding them to dry between their toes!). Effective treatments for verrucas can be bought which create a waterproof barrier allowing boys to continue with their swimming lessons; a swim sock is also advised.

Threadworms (pinworms) are a common type of worm in the UK, particularly in children under the age of ten and are easily spread. If you think your son may have threadworm, you can usually treat the infection at home with medication available at pharmacies.

Off Games – Normally, we expect that if a pupil is well enough to be at school, they should partake in all lessons, including PE, games and swimming, unless there is an injury or similar which prevents participation. If you feel your son needs to be excused from sport, please notify his form tutor and the School Nurse as early as possible. On fixture days, if your son is off games, they should stay in school where supervision is provided and do Prep.

Medication – In line with the School's *Homely Remedies Protocol*, the Medical Room stocks a range of over-the-counter medication including paracetamol, ibuprofen, antihistamine (syrup, tablets, cream), throat lozenges, antiseptic and arnica cream. These can be administered to your son as and when required, and you will be notified of this via email or telephone call.

If your son requires an over-the-counter medication which is not stocked in the Medical Room (e.g. eye drops for hay fever), then the medication must be brought to school and a Medication Permission Form completed.
For routine or prescribed medication, such as antibiotics, you will also need to complete a Medication Permission Form and hand the medication in to the School Office. The medication must be in the original packaging and clearly labelled with your son's name and detail the dosing information.

Sun Safety – In the warmer weather, boys should always have sun cream applied at home before they come to school; the long-lasting protection types are recommended. If your son needs an additional application, you may send in a labelled bottle of sun cream, which your son should give to his form teacher or keep in their bag. The Medical Room also holds a supply of Soltan Kids Protect & Moisturise Spray SPF50 plus 200ml- Boots, which is dermatologically tested and offers the maximum 5 Star UVA/UVB protection which is taken on all off-site trips and is available to boys over the lunch break should they need to reapply.

The School Office

The School Office (01494 685400 or office@davenies.co.uk), which is located at the front of the School, is open from 8:00am – 5:00pm daily during term-time, and intermittently during the school holidays.

Outside of school hours, an answer-phone service operates. Notification of absences should be made through MySchoolPortal.

The Medical Room

Mrs Rose, the School Nurse, is always happy to discuss any questions you may have regarding your son's physical health and emotional wellbeing. This may include advice on the management of long-term medical conditions, medication, illness, recovery and return to school, diet, healthy lifestyles, mental health and emotional wellbeing, health promotion and/or signposting to external services.

Children can self-present to the Medical Room or are referred by members of staff. They attend with a variety of both illnesses and injuries. Children may also come for some quiet time, TLC, a quick chat, or reassurance about something that might be worrying them. In the majority of cases, children are encouraged to stay in lessons and wait until break times, whenever possible. There may be times when this is not possible, however, and boys need to be seen sooner, in which case the School Nurse carries a mobile phone so she can always be contacted.

Whilst the School Nurse is normally available to deliver First Aid to all members of the School community, occasionally other staff members may be required to assist with minor injuries. The majority of school staff have a current First Aid qualification.

Mrs Laura Rose
School Nurse
medical@davenies.co.uk
01494 685403

Policy & Protocols

Davenies' *First Aid Policy* sets out the procedures and arrangements which are used in the School and is available to parents via the School's website, or MySchoolPortal.

In preparation for each new academic year, all parents are requested to complete an Annual Medical Information & Consent Form. Any long-term medical condition, for example asthma or diabetes, which may require regular monitoring or medication, should be discussed with the School Nurse so that a care plan can be created and the information disseminated to all staff. It is important to report any changes to health/dietary requirements, or any other pertinent issues, to the School Nurse as soon as possible.

Food

For lunch, we operate a cafeteria system. A choice of a hot meat/fish dish or a vegetarian meal, in addition to soup, baked potatoes or pasta and an array of cold buffet salad items is available. Boys in Reception are initially served their lunch at their tables/and are not given a choice of menu until the Summer Term as, when they first arrive, we feel that they are simply too overwhelmed to make a choice for themselves.

We do encourage the boys to eat five portions of fruit and vegetables a day, and to ensure that each boy has a balanced and healthy diet. We also do our very best to make sure that table manners are acceptable – parental reinforcement of this is always greatly appreciated!

Our Catering Team, Thomas Franks, work with our School Nurse, and the Food Council, to develop varied, popular and nutritionally balanced menus. Menus are on a rotation basis and can be found on MySchoolPortal.

No nut or nut products are used by Thomas Franks in the preparation of food on our premises. It is Thomas Franks' policy to use fresh ingredients at all times, but should they knowingly provide a product that contains genetically modified ingredients it will be clearly labelled as such. Thomas Franks act in the interest of safe food and follow direction of government legislation to ensure compliance.

Special diets will be catered for, so please speak to our School Nurse if your child has any special requirements or food allergies.

A snack (and milk for Reception boys) is provided at break times, and water is available throughout the day. Boys are required to bring in a named water bottle which they can replenish throughout the day. The Pre-Prep boys all receive a small snack (fruit) in the afternoon.

Unfortunately, owing to the growing prevalence of anaphylaxis in young children, the increasing number of children who experience allergies to a wide range of food substances, and the importance of healthy eating, NO food, especially cakes or sweets can be bought in from home, even for special events such as your son's birthday, so please do not send anything in to be handed out by the form teachers. We do support the occasional 'Home-Baked Cake Sale', however, as part of fundraising and charity events, and we prepare an easy-to-use allergen card to facilitate this.

Any queries around food are dealt with by our School Nurse.

Appendix C

Incident Form

This form is to be used to report all accidents/injuries, occupational diseases, dangerous occurrences or near misses to staff and accidents, injuries or near misses of a significant nature involving boys, visitors, contractors or hirers.

Where did the incident happen?	
Date of Incident	
Time of Incident	
Location of Incident	

Who was involved?			
Name of Injured Party			
Role			
Age		Sex	M / F
Address (not required for staff or pupils)			
Email			
Tel No			

What happened?	
Description of Incident	
Witnesses to Incident	
Nature of Injury	
Part of Body Affected	
Immediate Response/Treatment	
Name of First Responder	

What needs to happen now?	
Remedial Action Required	

Who is making this report?	
Name	
Date	
Contact Details	

Review of Incident	
Action taken by HoD/SLT	
Name	
Date	

Action by Bursar	
RIDDOR ?	Yes / No
Risk Assessment Review	Required / Not Required
Name	
Date	

All Davenies Incident Forms will be retained for 3 years after the incident took place.
For incidents involving pupils, the forms will be retained for 3 years after they turn 18.

Appendix D

Incident Reporting Procedures

	Pupils	Employees	Visitors, Contractors, Hirers etc
First Aid Book	Minor Accident/Injury requiring minimal first aid and no potential for further injury *e.g. fell over in playground and needed plaster/TLC* **Record in Children's First Aid Book (or ISAMS) held in Medical Room**	Minor Accident/Injury requiring minimal first aid that could be self-administered, has no potential for further injury and is unlikely to reoccur **Record in First Aid Book held in Medical Room**	Minor Accident/Injury requiring minimal first aid that could be self-administered, has no potential for further injury and is unlikely to reoccur **Record in First Aid Book held in Medical Room**
Incident Form	Significant Accident/Injury requiring notable intervention or diagnosis by trained first aider or paramedic or doctor *e.g. fell off climbing frame and suspect broken arm* or Near Miss that could have led to incident requiring notable intervention **Complete Incident Form**	**All** Accidents/Injuries, Occupational Diseases, Dangerous Occurrences or Near Misses **Complete Incident Form**	Accident/Injury requiring first aid support or diagnosis by trained first aider or paramedic or doctor or Near Miss that could have led to incident requiring notable intervention **Complete Incident Form**
HSE	All RIDDOR reportable events to be notified to Bursar and Headmaster immediately. Chair of Governors to be informed. **Fatality or Major incident -** Notify HSE immediately by telephone **0845 3009923.** Complete Incident Form Complete RIDDOR reporting online		

Appendix E

Sample - Medical Care Plan

Date Created:

Student Name: **D.O.B:**

Medical Condition / Allergy

Parental Contact Information	**Hospital / Clinic Care Team**

Description of Condition:

Medical Risks:

Treatment:

ADDITIONAL INFORMATION

Consent to administer over the Counter Medicine:

Piriton (anti histamine)	Y/N	Paracetamol	Y/N
Ibuprofen	Y/N	Sun cream	Y

Parent / Guardian: …….. Date: ……

Staff Member: …….. Date: ……

Review Date: ……..

Appendix F

Head Knock information for parents (pitch side)

Minor Head Injury & Concussion

DAVENIES

Your child has had a knock to the head during a rugby match. He has been assessed at the side of the pitch and there is no cause for concern, concussion has not been identified, however he was not returned to the game.

It is possible, however, for complications such as concussion to develop over time.

If, during the course of the next **FULL 24-Hour Period**, your son experiences any of the following signs, please attend the A&E Department at your nearest hospital:

- Increasing drowsiness or hard to wake up
- Persistent headache
- Persistent nausea or vomiting [two or more]
- Blurred or double vision
- Blood and/or fluid from nose or ear
- Has a convulsion (fit)

Less obvious signs to monitor for in respect of delayed concussion:

- Nausea
- Irritable
- Emotional
- Fatigue/anxious
- Poor memory
- Neck pain
- Sensitivity to light
- Difficulty concentrating
- Feeling in a fog

Please seek advice of your GP if you notice any of these changes.

Davenies Medical Room *01494 685403*

CRT6™

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, 'fits', or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any alteration (including translations and digital re-formatting), re-branding, or sale for commercial gain is not permissible without the expressed written consent of BMJ.

CRT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:

International Olympic Committee · FEI · FIA · FIFA · IIHF · World Rugby

CRT6 Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults

1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

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

"Where are we today?"

"What event were you doing?"

"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 PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional

About head injuries

This leaflet aims to advise on how best to care for a child who has bumped or banged their head.

Most head injuries can be managed at home. The traffic light guide in this leaflet will help you determine what you can do to help your child, or whether you might need to seek further help or advice.

Caring for your child at home

- Clean any wound with tap water
- If the area is swollen or bleeding apply pressure
- Give your child liquid paracetamol or ibuprofen if they are in pain, but please always read and follow the instructions on the medicine container or ask your pharmacist
- Observe your child closely for the next two to three days and check that they are responding to you as usual
- It is okay to allow your child to sleep, but observe them regularly and check that they respond normally to touch and that their breathing and position in bed is normal
- Give them plenty of rest, and make sure they avoid any strenuous activity for the next two to three days or until their symptoms have settled
- You know your child best. If you are concerned about them you should seek further advice.

CALL 111

If you think there's something wrong, always follow your instincts and contact your GP or Health Visitor, or phone NHS 111.

Some useful information

If you need advice please try:

Your local pharmacy can be found at www.nhs.uk

Health Visitor:.....

Your GP Surgery:.....

Please contact your GP when the surgery is open or call NHS 111 when the GP surgery is closed. NHS 111 provides advice for urgent care needs. It is available 24 hours a day, 365 days a year. Calls from landlines and mobile phones are free.

NHS Choices:
www.nhs.uk for online advice and information

Buckinghamshire:
For common childhood illness advice see:
www.bucks.healthhelpnow.nhs.uk

Family Information Service
Telephone: 0845 688 4944 or
www.bucksfamilyinfo.org.uk

Berkshire:
Family Information Service - Slough
Telephone: 01753 476589 or
www.servicesguide.slough.gov.uk

Windsor, Ascot and Maidenhead
Telephone: 01628 685632 or
www.rbwm.gov.uk

The Children and Young People Urgent Care Advisory Group is made up of child health specialists from across the NHS and partner agencies such as the Local Authority and is led by Aylesbury Vale and Chiltern NHS Clinical Commissioning Groups. We are a cross-organisational and multi-specialist group working to improve child health.

This leaflet has been produced after careful consideration of the evidence available including but not exclusively from NICE, SIGN, EBM data and the NHS.

Child health

NHS

Head Injury

Advice for parents and carers of children aged under 16 years.

Published by the Children and Young People Urgent Care Advisory Group

What should I do if my child bangs or bumps their head?

RED

If your child...

- Fell more than three metres in height (9ft)
- Was knocked out
- Had a convulsion or fit
- Injured their neck or spine
- Has difficulty understanding what you are saying
- Is confused or so sleepy that you cannot wake them properly
- Has weakness in their arms or legs or is losing their balance
- Has new problems with eyesight or hearing
- Has blood or clear fluid dripping out of their ear, nose or both
- Is bleeding a lot from their head
- Has a severe headache
- Has been sick more than once

You need emergency help

Call 999 or go straight to the nearest hospital Emergency (A&E) Department. Your nearest hospitals (open 24 hours, 7 days a week):

- Frimley Park, Surrey
- Hillingdon Hospital
- John Radcliffe, Oxford
- Milton Keynes Hospital
- Royal Berkshire, Reading
- Stoke Mandeville Hospital, Aylesbury
- Wexham Park Hospital, Slough

AMBER

If your child...

- Fell from a height greater than their own height
- Fell more than a metre in height (3ft)
- Has a blood clotting disorder
- Has possibly consumed alcohol or drugs
- Is very irritable
- Has no concentration or interest in things
- Is under 1 year old
- May have been deliberately harmed
- Has been sick but only once

You need to contact a nurse or doctor today

Please telephone your GP surgery or, if it is closed, call NHS 111.

GREEN

If your child...

Has none of the symptoms listed in the red and amber boxes above and:

- Is alert and interacting normally with you
- Has only minor bruising or minor cuts to their head
- Cried immediately after the head injury but is otherwise acting normally
- May feel sick but has not actually been sick

Self-care

You can care for your child at home using the advice on this leaflet.

If you feel you need more advice, please contact your Health Visitor, GP Surgery or your local pharmacy.

Find links to these at www.nhs.uk

You can also call NHS 111 for advice.

Appendix I

Medical Guide for Staff

Appendix J

Unwell or Injured Child Guidance for Staff

Child is injured or unwell at School
Medical Room cover 0830 – 1630

Minor First Aid
Staff member happy to give minor medical aid
Pre-Prep
First aid grab bags are available for each year group.
Prep School
First aid box in Dining Room and on Astro
Contact School Nurse notifying them of injury and treatment – teams/email
If applicable, document in child's home book

First aid/unwell
Non-urgent (during lessons)
All pupils should be asked to report to the medical room at morning/lunch break
(headache, sore throat, runny nose, splinters)
PLEASE SEND MESSAGE VIA TEAMS

Break time incidents – send pupil to medical room
Pupil to be escorted to medical room by another pupil
If Medical Room door closed, they must report to the School Office (please remind them of this)

Urgent (during lessons)
Send pupil (plus one) to the School Office
OR
Send a runner to School Office to ask for medical assistance

Major Injury
If appropriate transfer to Medical Room.
Provide first aid
Call ambulance if required
Inform parents of injury
Transfer to Hospital/GP/ specialist

Incident documented on iSAMS and Incident Form completed

School Nurse to notify SLT and complete Incident Form

School Nurse to follow up with parents within 24 hours

Minor first aid/unwell
Medical Room attendance
Treatment provided
Back to class or arrange transfer home
Chair and any equipment cleaned using antibacterial wipes
Note for parents (telephone call/email home book)
ISAMS documentation
If appropriate, email to teaching staff and/or School Office

Appendix J

Head Injury Management Plan

DAVENIES

Head Injury Management Plan

Most head injuries are not serious, but you should get medical help for your child if he has any symptoms. He may have concussion (temporary brain injury) that can last a few weeks. At Davenies, all head injuries suffered at school are assessed in the Medical Room.

What To Do If Your Child Suffers a Head Injury

Urgent Advice – go to A&E if

Your child has had a head injury and has:

- been knocked out but has now woken up
- vomited (been sick) since the injury
- a headache that does not go away with painkillers
- a change in behaviour, such as being more irritable or losing interest in things (especially in children under 5)
- been crying more than usual (especially in babies and young children)
- problems with memory
- a blood-clotting disorder (like haemophilia), or takes medicine to thin the blood had brain surgery in the past

If any of these statements are relevant to your son, then they could have concussion. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks.

Immediate action required – call 999 if someone has hit their head and has

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

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

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

How to Care for a Minor Head Injury

If, following examination, your son has been sent home from hospital with a minor head injury, or you do not need to go to hospital, you can usually look after your son at home.

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

Do

- hold an ice pack (or a bag of frozen peas in a tea towel) to the area, regularly for short periods, in the first few days to bring down any swelling
- rest and avoid stress – your child does not need to stay awake if he is tired
- take painkillers, such as Paracetamol for headaches
- make sure an adult remains with your child for at least the first 24 hours

Don't

- do not go back to school until he is feeling better
- do not play competitive contact sport for at least 3 weeks – children should avoid rough play for a few days
- do not take sleeping pills whilst recovering, unless a under instruction from a doctor

Non-urgent advice – see a GP if

- Your child's symptoms last more than 2 weeks
- You are not sure if it is safe for him to return to school or sports

If symptoms continue beyond 28 days

Your son should remain out of sport and medical advice should be sought from a GP (which may, in turn, require specialist referral and review)

Managing A Diagnosis of Concussion

Most symptoms of a concussion resolve by 2 – 4 weeks, but some may take longer. Children and adolescents may take longer to recover than adults.

Return to School

- First 24 – 48 hours: rest, minimise screen time, gentle exercise
- After initial 24 – 48 hours of relative rest, gradually introduce daily activities (TV, increase reading, games); rest, however, if these activities more than mildly exacerbate symptoms
- Once normal level of activity can be tolerated, add in home-based school activities, such as homework, or reading in 20 – 30-minute blocks with a brief rest after each block
- Discuss with school about returning part-time, time for rest or breaks

Graduated Return to Activity & Sport (GRAS) Programme

Stage 1 Initial Relative Rest

Timeline: 24 – 48 hours after concussion

Daily Living & Return to Activity

- Take it easy for the first 24 – 48 hours after a suspected concussion
- You may do some easy daily activities (e.g. walking or reading) provided that your concussion symptoms are no more than mildly increased
- Phone or computer screen time should be kept to the absolute minimum to help recovery
- It is best to minimise any activity to 10 – 15-minute slots
- Consider time off or adaptation of study (liaise with school, if needed)

Return to Sport/Rugby

- You may do some gentle activity (walking and easy daily activities) provided that your concussion symptoms are no more than mildly increased
- Rest until the following day if these activities more than mildly increase symptoms
- No rugby-specific or organised sporting activity during the initial rest period

Comments & Practical Considerations

- Initial rest should be a minimum of 24 – 48 hours

Stage 2 Return to Daily Activities & Light Physical Activities

Timeline: following 24 – 48 hours initial rest period (min 24 hours after concussion event)

Daily Living & Return to Activity

- Increase daily activities
- Increase mental activities, e.g. easy reading, limited television, phone, and computer use
- Gradually introduce school activities at home
- Rest if these activities more than mildly increase symptoms
- Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly

Return to Sport/Rugby

- Gradually introduce very light physical activity, e.g. 10 – 15 minutes of walking

Comments & Practical Considerations

- There may be some mild symptoms with activity, which is okay
- If any symptoms become more than mildly worsened by any mental or physical activity in Stage 2, rest until they subside

Stage 3 Aerobic Exercise & Low-level Body Weight Resistance Training

Timeline: start Stage 3 when symptoms allow, e.g. mild symptoms are not worsened by daily activities/light physical activities

Daily Living & Return to Activity

- Once short periods of normal level of daily activities can be tolerated then look to increase the time, e.g. 20 – 30 minutes then brief rest
- Discuss with school about return; consider initially returning parttime, including additional time for rest or breaks, or doing limited hours each day from home

Return to Sport/Rugby

- Introduce physical activity, e.g. 10 – 15 minutes of jogging, swimming, and stationary cycling at low intensity (able to easily speak during exercise)
- Gradually introduce low-level intensity body weight resistance training, e.g. Pilates/yoga
- Use exercises from the Activate programme to reintroduce functional conditioning and movement control exercises.
- The duration and the intensity of the exercise can gradually be increased according to tolerance
- No high intensity exercise or added weight resistance training

Comments & Practical Considerations

- If symptoms more than mildly increase, or new symptoms appear, stop, and rest briefly until they subside
- Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring

Stage 4 Rugby-Specific Non-Contact Training Drills & Weight Resistance Training

Timeline: no earlier than Day 8

Daily Living & Return to Activity

- Continue to review return to school (e.g. half-days, breaks, avoiding complicated study)

Return to Sport/Rugby

- You may start non-contact training activities in your chosen sport once you are not experiencing symptoms at rest from your recent concussion
- Progress the duration and intensity of aerobic exercise training, e.g. increase in 15-minute increments
- Use the Activate programme to develop functional conditioning and movement control
- Return to normal resistance training (if applicable)
- Introduce non-contact static rugby specific skills, e.g. kicking passing drills
- Only non-contact rugby training activities with NO predictable risk of head injury

- Look to progress non-contact training in terms of intensity and duration, and to more complex training drills (still non-contact) that combine aerobic. and non-contact rugby specific skills, e.g. running whilst passing/kicking
- Work on skills to get ready for contact (such as positioning)

Comments & Practical Considerations

- If symptoms more than mildly increase, or new symptoms appear, stop, and rest briefly until they subside
- Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring

A player should only move on to Stage 5 (return to contact training) when they have not experienced symptoms at rest from their recent concussion

Stage 5 Full Contact Practice

Timeline: no earlier than Day 15

Daily Living & Return to Activity

- Daily activities and school have returned to normal

Return to Sport/Rugby

- Return to normal rugby training activities, including contact
- Use the Activate programme to develop functional conditioning and movement control
- Exposure to activities involving head impacts, or where there may be a risk of head injury, should be gradual, which could include:
  - Walk-throughs of various tackle types
  - Practice of tackles using shields and tackle bags
  - Slow increase in difficulty with moving players
  - Slow introduction of decision-making drills, ensuring good technique throughout

Comments & Practical Considerations

- Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity
- Should continue to be symptom free
- Any occurrence of symptoms will require moving back to a previous stage where level of activity/exercise does not more than mildly worsen symptoms

Stage 6 Return to Play

Timeline: no earlier than Day 21

Daily Living & Return to Activity

- Return to normal level of daily activities

Return to Sport/ Rugby

- Return to normal game play
- Continue to use the Activate programme to reduce the potential risk of concussion

Comments & Practical Considerations

- Symptom free at rest for preceding 14 days AND continued to be symptom free during pre-competition training (Stages 4 – 5)