



SHERFIELD SCHOOL

First Aid Policy (including EYFS)

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Head of School (Interim)	Neil Richards

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1. Introduction

This policy is to ensure that there is adequate First Aid provision for pupils, staff, and visitors to the school and early years' provision under Health and Safety legislation. It is written to take into account the D.F.E Guidance on First Aid.

First Aid is the emergency care given to an injured person before professional medical care or an ambulance is available.

2. Aims

- Clear identification of staff who are First Aid Trained.
- Clear First Aid procedure
- Understanding of the statutory regulations regarding accident reporting in relation to the RIDDOR guidelines.

3. References

This document is to be used in conjunction with the other GEMS Sherfield policies listed below and referrals will be made to them throughout the document.

- Health and Safety policy.
- Medicine Administration policy.
- Sherfield School Terms and Conditions - in reference to consent for urgent medical treatment.

4. Healthzone

Sherfield School has a dedicated medical area called Healthzone which is run by the Lead School Nurse and School Nurse. The Healthzone consists of a treatment room, waiting room and a bedroom and is equipped to deal with injuries, illness and emergency situations. The School Nurses are responsible for the care of pupils across the whole school site during the school day from 0800-1630 Monday to Friday.

In the Boarding House there is a medical room with a stock of over the counter medications and an isolation room for pupils with mild infectious illnesses. The Houseparents are responsible for administration of medication and first aid to boarding pupils outside of school hours.

5. Trained First Aid Staff

In accordance with D.f.E. guidance there is at least one first aid qualified person on the school site whilst children are present. It is considered best practice by Sherfield School that the majority of teaching and teaching support staff have a current Emergency First Aid at Work or in Schools certificate. There are also a number of staff who have the three-day First Aid at Work certificate including three senior members of the Boarding Team. The school will:

- Ensure that there are the correct number of appropriately First Aid trained staff for the school. The requirements will vary on age group of the children and the layout of the school. (Refer to D.f.E. (pdf). Guidance on First Aid for Schools).
- Staff who take pupils off site are responsible for ensuring that they have an adequate number of First Aid staff to pupil ratio and this should be considered at the time of booking the trip.
- A list of all current First Aid trained staff to be maintained and stored electronically on a shared drive. A hard copy to be kept in Main Reception, Nursery and Healthzone.
- First Aid training to be undertaken every three years.
- The Lead School Nurse will co-ordinate First Aid training arrangements
- All Staff working with babies and children in the Early Years section of Sherfield School must attend Paediatric First Aid training in accordance to the Early Years Foundation Stage Statutory Framework April 2017.

6. Location of First Aid Boxes

- A list of the location of all First Aid boxes to be maintained and displayed within key areas of the school site.
- All buildings have access to at least one First Aid box and in higher risk areas such as science laboratories, art and design/technology rooms, kitchen areas and Nursery there are additional ones.
- Sports staff to take First Aid bags with them when teaching outside and also when they take pupils out on sport fixtures.
- Staff who take children outside for Outdoor Learning to take a first aid bag with them.
- Staff who take pupils off site on school visits are responsible for organising First Aid bags in liaison with the School Nurses.
- Nursery and Pre-Reception staff to take out a first aid bag when out for walks and activities.

7. Contents of First Aid Boxes

- There is no mandatory list of items required for a First Aid box dictated by the Health & Safety Executive but all First Aid kits within the School site have a specified minimum list of items which is maintained by the School Nurses.

- In areas where there is a higher risk of a specific type of injuries e.g. Science, D/T, the First Aid box is equipped accordingly e.g. Eye wash sachets.
- Contents of the boxes to be checked at least twice a year.
- Ideally when stock is running low the School Nurses should be informed so they can be restocked.

8. Hygiene Procedures

- Staff must wear gloves when dealing with accidents involving spillage of bodily fluids. (Refer to Appendix 1 Body Fluid Spillage Policy).

9. First Aid Procedure

All injuries within the school during the school day are normally treated by School Nurses unless they are off site and if so a staff member who is first aid trained will do so. This will include:

- Assessment of the injury and appropriate action taken.
- All injuries that are treated by non-nursing staff need to be communicated by email to the School Nurses or if using Healthzone in the “Medical Day Book” so the nurses can record in the pupil’s medical records and follow up.
- Gloves must be worn at all times when treating injuries. These are available in Healthzone or in the First Aid Kits around the site.
- Parents must be contacted when a pupil has sustained a head injury and the pupil must be sent home with a Head Injury Letter (see Head Injury Policy in Appendix 3). Whether the pupil stays at School will depend on the severity of the head injury and the decision for that has to be made by the School Nurses, qualified First Aider or Nursery Manager (if applicable).

All injuries within the Nursery and Pre-Reception are normally treated by a staff member who holds a current Paediatric First Aid Certificate. If required, the School Nurses may be asked to attend to assess the child or contacted for advice.

10. Medical Emergencies

This is when an injury/illness requires immediate medical help or further assessment by doctor.

- When a pupil requires further hospital treatment but it is **not** an emergency, the parents will be contacted and asked to take their child to hospital. If the parents are not available, then one member of staff will escort the pupil to hospital. If the pupil is unwell and needs caring for or at risk of deterioration then two members of staff should accompany them, one to drive and one to look after the child. A member of staff must stay with the pupil at the hospital until the parent has arrived. Senior management need to be informed.

- When an ambulance has to be called other people also need to be contacted:
 - Ideally the person who is at the scene of the accident should contact 999 /112 so clear accurate information can be given. See Ambulance Information Sheet (Appendix 4).
 - Parents to be alerted.
 - Senior management to be alerted.
 - Facilities & Estates manager / Receptionist to be alerted.
- The accidents/incidences warranting emergency care are situations such as:
 - Head injuries where the criteria for urgent referral is met as per Appendix 3
 - Sudden collapse.
 - Major wounds needing medical attention.
 - Suspected fractures.
 - Spinal injuries.
 - Use of an Auto-Injector
 - Major Asthma, Diabetic, Seizure event.
- The above list is not exhaustive.
- If there is a suspected serious fracture, neck or back injury the injured person must NOT be moved unless ambulance personnel are present to ensure their safety unless there is a risk to their airway and only if trained staff are present, then the log roll procedure should be used to move them into the recovery position.
- If the unwell person is unconscious, they should be placed in the recovery position to preserve their airway regardless of any suspected spinal injury.
- In the event of the emergency services being contacted the below must be considered:
 - Parents must be contacted to ascertain when they can join their child and their wishes with regard to treatment should they be delayed.
 - Within the United Kingdom, children and young people must be 16 years of age to give consent for medical treatment but if 13 years and over and are deemed Gillick Competent or conform to Fraser Guidelines they may consent to medical treatment or intervention (Care Quality Commission. www.cqc.org.uk)
 - As per the school's terms and conditions, the Headmaster may agree to emergency medical treatment if the parent/guardians cannot be contacted.
 - **A member of staff must accompany and stay with the pupil until the parent(s)/guardian arrives.**
 - Contact details, medical conditions and allergy information must be taken to the hospital.
 - Once at the hospital, and the pupil is registered it is then the hospital's responsibility for further medical contact with the parents.

11. Automated External Defibrillator (AED)

There is a fully automated external defibrillator (AED) situated in Buckfield House opposite Healthzone. It is designed to be used by anyone and doesn't require any specific training as

it provides automated verbal and visual commands during usage. However, in order to raise awareness in case of a cardiac arrest, the majority of staff within the School and Nursery have been briefed on how to use the AED by the Lead School Nurse. In addition, hands on training will be provided through three yearly Emergency First Aid at Work/Schools training that the majority of staff attend.

12. Reporting of Incidents and Accidents

12.1. Recording

The School has a legal responsibility to ensure that all accidents whether occurring on the School's site, or to pupils and staff involved in school activities outside the School, are recorded.

A School or Nursery accident form (Appendix 5) should be filled out as soon as possible and certainly within 24 hours or nearest working day and given to the Responsible Person for the following events:

- When a pupil has a significant injury that requires further medical/dental intervention.
- When a pupil has sustained a head injury.
- When a pupil has been injured by an item of equipment, machinery or substances.
- When a pupil has been injured by the design or condition of the premises.
- When an accident occurs doing a school activity when off site. If at another premise, then a copy of their accident form also needs to be given to Sherfield Staff before leaving. A school accident form will also need to be completed.
- When a visiting pupil sustains an injury at the school.
- When a behavioural incident has happened and another pupil has been injured.
- Additional points for the Boarding House
 - All of the above apply for pupils and staff in the Boarding House
 - Parents/Guardians of boarding pupils need to be informed of the accident. The timing of this is very dependent on the nature of the accident and the treatment involved but within 12 hours of the accident occurring.
 - Please ensure that involved pupil(s) do NOT contact parents by phone or by social media, as this can cause unnecessary concern.
 - Once the time is appropriate to contact the parent/guardian then inform the pupil you are doing so.
 - Please notify the School Nurses at the earliest opportunity so the accident can be followed up

Playground injuries and similar therefore do not usually need recording as accidents 'at work' but if first aid is administered a first aid record is required.

The Responsible person will record the accident within the Nursery Accident Book or for the School on the Accident Form Spreadsheet which is held on the Shared Drive and ensure signatories are obtained on the Accident Form. A copy will be filed in the pupil's medical notes (if applicable) and in the Accident Form Folder held in Main Reception for School incidents or in the Nursery for Early Years children. For accidents involving staff members a copy will be held in their personnel file.

A termly risk assessment will be undertaken by the Lead School Nurse and the Nursery Manager for their respective areas of responsibility and the Head of School is to make comments on any trends which might be apparent from the accidents reported. All completed forms for the School are to be forwarded to the Head of School for their signature and awareness.

The School should must keep a record of all accidents and incidents for the prescribed minimum length of time.

12.2 Different Reporting Requirements

12.2.1 *Injuries and Ill-Health to People at Work*

The responsible person will report the following work-related accidents, including those caused by physical violence, if an employee is injured, wherever they are working¹:

- Accidents which result in death or a specified injury must be reported without delay (see below 'Reportable specified injuries').
- Accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

The Responsible person will also report any case of a work-related disease, specified under RIDDOR, that affects an employee and that a doctor confirms in writing.

The school is also required to report any work-related deaths and certain injuries to self-employed people that take place while they are working at the premises.

Reportable specified injuries include:

- Fractures, other than to fingers, thumbs and toes;
- Amputations;
- Any injury likely to lead to permanent loss of sight or reduction in sight;
- Any crush injury to the head or torso causing damage to the brain or internal organs;
- Serious burns (including scalding), which: cover more than 10% of the body; or cause significant damage to the eyes, respiratory system or other vital organs;
- Any scalping requiring hospital treatment;
- Any loss of consciousness caused by head injury or asphyxia;

¹*In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.*

- Any other injury arising from working in an enclosed space which: leads to hypothermia or heat
- induced illness; or requires resuscitation or admittance to hospital for more than 24 hours.

The following are reportable, if they arise 'out of or in connection with work'. Reportable specified diseases include:

- The death of any person, whether or not they are at work;
- Accidents which result in an employee or a self-employed person dying, suffering a specified injury, being absent from work or unable to do their normal duties for more than seven days;
- Accidents which result in a person not at work (e.g. a patient, service user, visitor) suffering an injury and being taken directly to a hospital for treatment, or if the accident happens at a hospital, if they suffer a specified injury;
- An employee or self-employed person has one of the specified occupational diseases or is exposed to carcinogens, mutagens and biological agents;
- Specified dangerous occurrences, which may not result in a reportable injury, but have the potential to do significant harm.

12.2.1 *Physical Violence*

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence. Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

12.2.2 *Reportable Occupational Diseases*

The school will report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure (see www.hse.gov.uk/riddor for details of the reporting arrangements for self-employed people). These include:

- Carpal tunnel syndrome;
- Severe cramp of the hand or forearm;
- Occupational dermatitis, e.g. from work involving strong acids or alkalis, including domestic bleach;
- Hand-arm vibration syndrome;
- Occupational asthma, e.g. from wood dust and soldering using rosin flux;
- Tendonitis or tenosynovitis of the hand or forearm;
- Any occupational cancer;
- Any disease attributed to an occupational exposure to a biological agent.

12.2.3 *Incidents to Pupils and Other People Who Are Not at Work*

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- The death of the person, and arose out of or in connection with a work activity; or
- An injury that arose out of or in connection with a work activity **and** the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described previously only apply to employees.

If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is **not reportable**. The Responsible Person will consider whether the incident was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision either on the school premises or on a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or hazardous surfaces).

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity.

The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity.

12.2.4 *Dangerous Occurrences*

These are specified as near-miss events, which are only reportable if listed under RIDDOR. Reportable dangerous occurrences in schools typically include:

- The collapse or failure of load-bearing parts of lifts and lifting equipment;
- The accidental release of a biological agent likely to cause severe human illness;
- The accidental release or escape of any substance that may cause a serious injury or damage to health;
- An electrical short circuit or overload causing a fire or explosion.

12.2.5 *Notification to the Health and Safety Executive*

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 the school must notify the Health and Safety Executive as soon as possible by submission of form F2508, or by using the online reporting system at <http://www.hse.gov.uk/riddor/report.htm>.

The nominated Responsible Person for Sherfield School is the Lead School Nurse and the Nursery Manager for the Nursery and Pre-Reception, who has the responsibility of notifying

the HSE of reportable accidents by submission of form F2508, or via the online reporting system and then keeping note of the reported reference number.

The parents/guardian of a reportable incident involving a pupil should be informed that the incident is being reported under RIDDOR.

12.2.6 *Record Keeping*

The school keeps records, for at least three years of:

- any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR;
- all occupational injuries where a worker is away from work or incapacitated for more than three consecutive days.

It is not required to report over-three-day injuries, just keep a record of them. Any over seven day injuries must be reported.

12.2.7 *Investigation*

As soon as reasonably practical after a reportable incident has occurred, the Responsible Person will report to the Head of the School who will instigate an investigation.

Such an investigation may be required to discover the root causes of an accident to prevent a recurrence, to identify failings in procedures and to identify if further training is required to prevent further incidents

If an investigation is required this should precede the submission of Form F2508 to the HSE, where possible.

All RIDDOR Reportable instances should be forwarded to The Group Health and Safety advisor at Corporate Head Office.

12.2.8 *References*

<http://www.hse.gov.uk/pubns/edis1.pdf>

<http://www.hse.gov.uk/riddor/>

13. Minor Injuries

Often pupils will have bumps and minor injuries in the school environment. The key points to consider in the management of these injuries are:

- To give the pupil plenty of reassurance.
- To clean and get a cut covered as quickly as possible.
- To fill in the Medical Book or inform the School Nurses as soon as possible so they can record it in the pupil's medical file.

Appendix 1

BODY FLUID SPILLAGE POLICY

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

References

This document is to be used in conjunction with:

- Sherfield School Health and Safety policy.
- Health Protection Agency guidelines on Infection Control. Up to date versions available on the internet.

Staff Contact

- Facilities Helpdesk to be contacted initially so that they can arrange for a member of their team to clean the area appropriately.
- The initial clean up of the situation should be carried out by the person(s) who is at the scene of the incident and follow the 'Initial Clean Up Procedure'.
- In the event of a member of cleaning staff not being available then there are disposable clean up kits available in the Healthzone.

Initial Clean Up Procedure

- Get some disposable gloves from the nearest First Aid kit.
- Place absorbent towels over the affected area and allow the spill to absorb. Wipe up the spill using these and then place in a bin (which has a bin liner).
- Put more absorbent towels over the affected area and then contact the Facilities team for further help.
- The bin that has had the soiled paper towels put in, then needs to be tied up and ideally placed in the yellow bin or double bagged and put in an outside bin.
- Any article of clothing that has got contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
- The area then needs to be cordoned off until cleaned.

- If a cleaner is not immediately available, then a disposable cleaning kit will need to be used.
- If the spillage has been quite extensive then the area may need to be closed off until the area can be cleaned correctly.

Procedure for Blood and Other Body Fluid Spillage

- Gloves to be worn at all times
- Any soiled wipes, tissues, plasters, dressings etc must ideally be disposed of in the clinical waste bin (Yellow bag). If not available, then the gloves being used needs to be taken off inside out so that the soiled item is contained within and placed in a bin which is regularly emptied.
- When dealing with a spillage, absorbent paper hand towels need to be place on the affected area so absorbing the spill.
- If a disposable spillage kit is available, then the instructions for use should be followed.
- If not, then contaminated paper towels need to be placed in a bin with a bin liner, tied up and ideally put in a yellow bin or put in another bin liner and put in an outside bin.
- The area must be cleaned with disinfectant following the manufacturer's instructions.
- A 'Wet Floor Hazard' sign then needs to be put by the affected area.
- The area should then be ventilated well and left to dry.
- All reusable cleaning up equipment then needs to be appropriately disinfected according to the manufacturer's instructions.
- Wash hands.
- All yellow bags to be disposed of in Yellow Bins

Management of Accidental Exposure to Blood

Accidental exposure to blood and other body fluids can occur by:

- Percutaneous injury e.g. from needles, significant bites that break the skin.
- Exposure to broken skin e.g. abrasions and grazes.
- Exposure of mucous membranes, including the eyes and mouth.

Action to Take

- If the skin is broken encourage bleeding of the wound by applying pressure – do not suck.
- Wash thoroughly under running water.
- Dry and apply a waterproof dressing.
- If blood and body fluids splash into your mouth – do not swallow.
- Rinse out mouth several times.
- Report the incident to the Lead School Nurse and Senior Management.
- If necessary, take further advice from NHS Direct.
- An accident form will need to be completed and it may need to be reported to RIDDOR.



Appendix 2

NEEDLESTICK INJURY POLICY

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

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

Appendix 3

HEAD INJURY POLICY

1. Introduction

Sherfield School's Head Injury Policy has been written by the Lead School Nurse, in accordance with NICE clinical guidelines, World Rugby Concussion Guidance and England Rugby Club Concussion -Headcase Resources. It has been approved by the School Medical Advisor and the Director of PE. Since the majority of head injuries in the Nursery and Pre-Reception are minor, the staff will manage these incidences themselves and seek advice from the school nurses if necessary whom will instigate the head injury policy if required.

2. Background

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

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

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

3. Process for managing a suspected head injury

All head injuries that occur on the school site must be referred to the School Nurses, if on site, for immediate assessment. The exception for this is if the pupil needs urgent medical attention, at which point the Emergency Services should be called first prior to calling the nurses. If there is not a nurse on site, the pupil must be assessed and monitored for at least

one hour by a qualified First Aider and referred for medical review as per the guidelines in this document. If in doubt, the First Aider should call NHS 111 for advice or 999.

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

4. Recognising Concussion

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

- Seizures
- Loss of consciousness – suspected or confirmed
- Unsteady on feet or balance problems or falling over or poor co-ordination
- Confused
- Disorientated – not aware of where they are or who they are or the time of day
- Dazed, blank or vacant look
- Behavioural changes e.g. more emotional or more irritable

One or more of the following may suggest a concussion:

- Lying motionless on the ground
- Slow to get up off the ground
- Grabbing or clutching their head
- Injury event that could possibly cause concussion

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

5. Emergency Management

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

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

6. Referral to Hospital

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

- Glasgow Coma Scale (GCS) score of less than 15 on initial assessment.
- Any loss of consciousness as a result of the injury.
- Any focal neurological deficit - problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking since the injury.
- Amnesia for events before or after the injury (assessment of amnesia will not be possible in preverbal children and unlikely to be possible in children aged under 5).
- Persistent headache since the injury.
- Any vomiting episodes since the injury.
- Any seizure since the injury.
- Any previous brain surgery.
- A high-energy head injury. For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 metre or more than 5 stairs, diving accident, highspeed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism.
- Any history of bleeding or clotting disorders.
- Current anticoagulant therapy such as warfarin.
- Current drug or alcohol intoxication.
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected).
- Continuing concern by the professional about the diagnosis.

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

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

For day pupils, it is the responsibility of the parent/guardian to take the pupil to the nearest Emergency Department if it is recommended by the School Nurses or First Aider. For Boarders it is the responsibility of the House Parents if available. The policy for taking pupils to hospital should be referred to in First Aid Policy Section 10.

7. Questions to ask the pupil to determine issues with memory. If they fail to answer correctly any of these questions it is a strong suspicion of concussion

“Where are we now?”

“Is it before or after lunch?”

“What was your last lesson?”

“What is your Form Tutor’s name?”

“What Form are you in?”

1. DO’s and DON’Ts

- The pupil may be given Paracetamol but must not be given Ibuprofen or Aspirin as these can cause the injury to bleed.
- If they are vomiting or at risk of vomiting DO NOT give them anything to eat or drink until they are completely recovered
- Unless they are injured elsewhere monitor them in a semi upright position so their head is at least at a 30-degree angle if lying down.
- DO apply a covered instant cold pack to the injured area for 15-20 minutes UNLESS the area has an open wound.

2. Head Injury Notifications

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

- The School Nurses (by Monday if the incident occurs on a weekend)
- The pupil’s parents/carers if a day pupil
- The Pupil’s Form Tutor
- Main Reception and Facilities & Estates Manager if an ambulance is called
- Head of Year/Prep/Senior/Sixth Form and Head Master if pupil is taken to hospital
- Boarding House Parents if a boarder who can then inform the parent/guardian

If the head injury is minor and the pupil stays at school, for day pupils the parent/carers should be informed by the School Nurses or the responsible adult and a Head Injury Letter given to take home (Appendix 3A) and the pupil monitored for potential deterioration of symptoms.

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

For minor head injuries, the pupil can return to school once they have recovered. If the pupil has a diagnosed concussion, the symptoms of concussion can persist for several days or weeks after the event therefore returning to school should be agreed with the parents/carers, the Lead School Nurse and the pupil’s doctor.

For return to exercise and sporting activities within school for pupils with concussion Sherfield School follow the Rugby Union’s Graduated Return to Play Pathway (RFU 2016) (Appendix 3B). This requires an initial minimum two weeks’ rest (including 24 hours complete physical and cognitive rest) and they can then progress to Stage 2 only if they are symptom free for at least 48 hours, have returned to normal academic performance and have been cleared by the pupil’s doctor or the Lead School Nurse. This pathway must be adhered to regardless of the pupil/parents/carers views. The reason for this is a repeat head injury could have serious consequences to the pupil during this time.

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

On completion of stage 4 in order for a pupil to return to full contact practice they must be cleared by their Doctor or approved Healthcare Professional. This can be the Lead School Nurse.

A Sherfield School Graduated Return to Play Pupil Progress Sheet has been developed in order to monitor and communicate the pupil's progress and this outlines the 5 stages of the GRTP pathway to follow (Appendix 3C). It should be completed by the PE staff members or Lead School Nurse in conjunction with the pupil's parents/guardian. For day pupil's it is the parent/guardian's responsibility to inform the pupil's external sports clubs if their child has sustained a head injury and/or concussion. For boarding pupils, it is the responsibility of the House Parents.

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

Rugby
Basketball

Football
Netball

Cricket
Rounders

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

4. Reporting

An accident form will be completed by the witness to the event, first aider or Lead School Nurse. If the incident requires reporting to RIDDOR this will be actioned by the Lead School Nurse for the School or the Nursery Manager for Nursery and Pre-Reception.

5. References

Concussion – Headcase Resources England Rugby, available online at:
<http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/resources/>

Head injury: assessment and early management National Institute for Health and Care Excellence (NICE Guidelines CG176 January 2014 Last updated June 2017), available online at: <https://www.nice.org.uk/guidance/cg176>

World Rugby Concussion Guidance World Rugby Player Welfare, available online at: <http://www.irbplayerwelfare.com/concussion>

NHS Head Injury and Concussion, available online at:
<https://www.nhs.uk/conditions/minor-head-injury/>

Appendix 3A - Head Injury Letter

Date:

Dear Parent/Carer

We wish to inform you that _____banged their head at approximately _____am/pm today. He/she was checked and treated, and has been under supervision since. If any of the following symptoms appear within the next few days it is advised that you seek immediate medical advice.

- unconsciousness, or lack of full consciousness (for example, problems keeping eyes open) drowsiness (feeling sleepy) that goes on for longer than 1 hour when they would normally be wide awake
- difficulty waking your child up
- problems understanding or speaking
- loss of balance or problems walking
- weakness in one or more arms or legs
- problems with their eyesight e.g. blurred vision/dilated pupils
- painful headache that won't go away
- vomiting (being sick)
- seizures (also known as convulsions or fits)
- clear fluid coming out of their ear or nose
- bleeding from one or both ears.

They may experience a mild headache and some nausea which should go away within the next few days. If it doesn't then please take them to see your doctor. If they are feeling unwell, we suggest that they don't return to school until they are fully recovered.

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

Yours Faithfully

Sherfield School Nurses

Appendix 3B - Graduated Return to Play (RFU 2016)

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

Appendix 3C - Sherfield School's Graduated Return to Play Pupil Progress Sheet

Pupil Name	
Form	
Date of Concussion	
Commencement of GRTP	
Staff Member commencing GRTP	

Stage	Duration	Rehabilitation Stage	Start Date	End Date	Comments	Signature/Role*
1	14 days	Rest – complete physical and cognitive rest without symptoms				
CLEARANCE BY DOCTOR OR LEAD SCHOOL NURSE						
2	2 days	P.E. Lessons/Light aerobic exercise				
3	2 days	P.E. Lessons/Running				
4	2 days	P.E. Lessons/Non-Contact Training Drills				
CLEARANCE BY DOCTOR OR LEAD SCHOOL NURSE						
5	2 days	Full Contact Practice				
6		Return to Full Play				

* Signature can be by Parent/Guardian/PE Teacher/Lead School Nurse or a Doctor

Appendix 4

AMBULANCE INFORMATION

Dial 999, or 112 (Mobile Phones) ask for an ambulance and be ready with the following information.

1. Telephone number:
01256 884800
2. Give your location as follows:
Sherfield School
Reading Road
Sherfield-on-Loddon
3. State that the postcode is:
RG27 0HU
4. Give exact location in the school where the incident has occurred
Ambulance to come to (... state location) and a member of staff should be there to meet them
5. Give your name
6. Give name of pupil and a brief description of the pupil's symptoms.
If ANAPHYLATIC SHOCK state this immediately, as this will be given priority.
7. Give any medical history and known medications that you know this pupil may take. **Refer to the Medical Alert list**
8. **If you are unsure of how to manage the Casualty you can keep the Ambulance Operator on the telephone and get them to talk you through what you should be doing**

OR you can ring them back at any time.

REMEMBER TO SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION IF ASKED

POINTS TO REMEMBER

- Get help
- If called for an ambulance then inform:
Reception and give CLEAR details of where the Ambulance is coming to.
Member of staff to meet the Ambulance crew.
Senior Management Team
- The above will then decide who informs the parents.
- Any witnesses to the accident need to stay, be reassured and available to give details to the ambulance crew or to the member of staff managing the incident.
- An Accident Form must be filled in and informing RIDDOR must be considered.

Appendix 5



REPORT OF AN ACCIDENT (SCHOOL)

PART A – ABOUT YOU

Your full name Department.....
Date of Completion.....

PART B – ABOUT THE INCIDENT

Date of incident..... Time of incident am/pm

Did the incident occur at school Yes/No

If Yes, which department/room/place/site did the incident occur

If No, where did the incident occur (include address and details)

PART C – ABOUT THE INJURED PERSON

Full Name of injured person Form Male/Female

Is the injured person:

- | | |
|---|--|
| <input type="checkbox"/> An employee | <input type="checkbox"/> A member of public |
| <input type="checkbox"/> A student | <input type="checkbox"/> On training scheme |
| <input type="checkbox"/> On work experience | <input type="checkbox"/> Employed by someone else (attach details) |

Was the injured person taken to hospital Yes/No

If Yes, please state which hospital:

-
- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Immediately | <input type="checkbox"/> At a later date (please specify)..... |
|--------------------------------------|--|

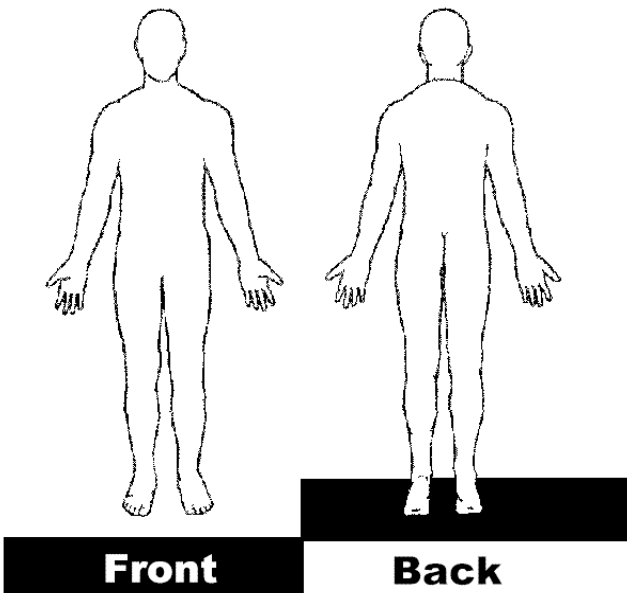
Or seen by a Doctor Yes/No If Yes please state which Doctor

-
- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Immediately | <input type="checkbox"/> At a later date (please specify) |
|--------------------------------------|---|

PART D – ABOUT THE INJURY

Description of the injury should be detailed. Include left/right, front/back, location, size; whether it is a graze, a bump or a cut, bruise etc. Take into account other factors such as pallor of skin, breathlessness, pulse, blurred vision, slurred speech, clammy skin, and temperature (hot/cold)

What part of the body was injured (see picture, clearly mark with an X)



IF THE INJURED PERSON GOES TO HOSPITAL FROM SCHOOL THE FOLLOWING INFORMATION MUST ACCOMPANY THEM: NAME, DOB, DR.'S NAME, MEDICAL INFO, AND PARENT CONTACT NUMBERS.

PART E – ABOUT THE ACCIDENT

Describe what happened – Give as much detail as you can for example, the events that led up to the incident, the part played by any other people, any substance or machinery involved. Please attach another sheet if necessary.

Please tick one:

I did see the accident happen

I did not see the accident happen

Please state names of any witnesses

.....None.....

PART F – ABOUT THE TREATMENT GIVEN

Signature if different from person in PART A Date

PART G – OUTCOME & FOLLOW UP

Date

PART H – SIGNATURES

Date

Signature Person Part A		
Signature Head of Prep/Senior School		
Signature Estates & Facilities Manager		
Signature Headmaster		

PART I- REPORTABLE INSTANCES (RIDDOR)

Was this a reportable instance Y N
Has the instance been reported to HSE with regard to RIDDOR Y N
If Yes please insert the relevant incident report number:
Date reported:



**SHERFIELD
SCHOOL**

Nursery • Pre-prep • Prep • Senior • Sixth Form

REPORT OF AN ACCIDENT (EYFS)

PART A – ABOUT YOU

Your full name	Department..... Date of Completion.....
-------------------------	--

PART B – ABOUT THE INCIDENT

Date of incident.....	Time of incident am/pm
Did the incident occur at Nursery Yes/No	
If Yes, which department/room/place/site did the incident occur	
If No, where did the incident occur (include address and details)	
.....	
.....	

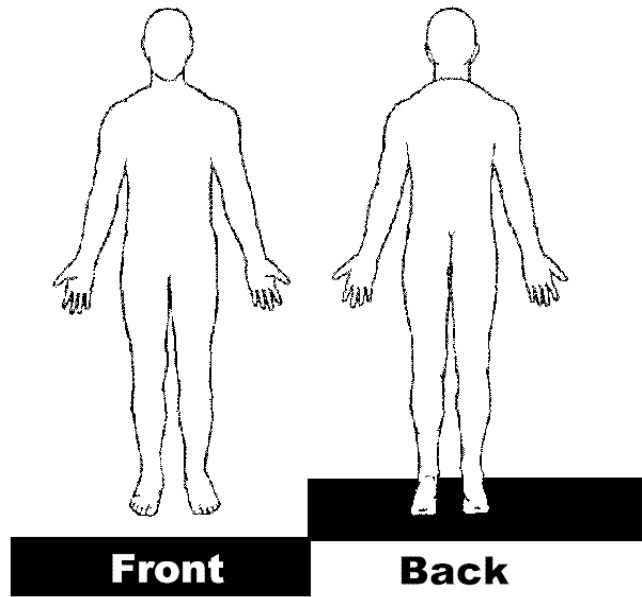
PART C – ABOUT THE INJURED PERSON

Full Name of injured person	Form	Male/Female
Is the injured person:		
<input type="checkbox"/> An employee	<input type="checkbox"/> A member of public	
<input type="checkbox"/> A student	<input type="checkbox"/> On training scheme	
<input type="checkbox"/> On work experience	<input type="checkbox"/> Employed by someone else (attach details)	
Was the injured person		
taken to hospital Yes/No	If Yes, please state which hospital.....	
<input type="checkbox"/> Immediately?	<input type="checkbox"/> At a later date? When?	
seen by a doctor Yes/No	If Yes please state which doctor	
<input type="checkbox"/> Immediately?	<input type="checkbox"/> At a later date? When?	

PART D – ABOUT THE INJURY

Description of the injury should be detailed. Include left/right, front/back, location, size; whether it is a graze, a bump or a cut, bruise etc. Take into account other factors such as pallor of skin, breathlessness, pulse, blurred vision, slurred speech, clammy skin, and temperature (hot/cold)

What part of the body was injured (see picture, clearly mark with an X)



IF THE INJURED PERSON GOES TO HOSPITAL FROM NURSERY THE FOLLOWING INFORMATION MUST ACCOMPANY THEM: NAME, DOB, DR.'S NAME, MEDICAL INFO, AND PARENT CONTACT NUMBERS.

PART E – ABOUT THE ACCIDENT

Describe what happened – Give as much detail as you can for example, the events that led up to the incident, the part played by any other people, any substance or machinery involved. Please attach another sheet if necessary.

Please tick one:

I did see the accident happen

I did not see the accident happen

Please state names of any witnesses

PART F – ABOUT THE TREATMENT GIVEN

Signature if different from person in PART A

Date

PART G – OUTCOME & FOLLOW UP

Date

PART H – SIGNATURES

Signature of member of Staff (Part A)	
Signature of Head of Nursery	
Signature of Lead School Nurse	

PART I- REPORTABLE INSTANCES (RIDDOR)

Was this a reportable instance Y N

Has the instance been reported to HSE with regard to RIDDOR? Y N

If Yes please insert the relevant incident report number:

Date

