



First Aid Policy

This policy applies to:

All Staff and all Students including the Early Years Foundation Stage

Person responsible for the policy:

Compliance and Projects Manager & Sister in Charge of the Health Centre

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INTRODUCTION

The Health and Safety at Work Act 1974 places duties on employers regarding the health and safety of their employees and other who are affected by their undertakings. The Education (Independent Schools Standards) (England) Regulations 2014 require that independent schools have and implement a satisfactory policy on first aid and provide appropriate facilities. In addition the The Health and Safety (First-Aid) Regulations 1981 require employers to make an assessment of the first aid needs and provide adequate arrangements.

Ardingly College is committed to providing sufficient numbers of trained first aid personnel, adequate facilities and adequate equipment to cover all routine and non-routine activities both on and off campus. This policy describes the arrangements to meet this commitment including the roles and responsibilities of first aiders and other key personnel.

Any questions regarding this policy or the arrangements described within should be referred to the Senior Nurse in Charge of the Health Centre or the Compliance and Projects Manager.

INJURY RESPONSE

2.1 ON CAMPUS

It is the responsibility of the injured person or the person who discovers an injured person to ensure first aid is administered. Serious injuries should be reported to the emergency services immediately, if in any doubt the emergency services should be called and their advice followed. Further guidance on when to call the emergency services is given in Appendix 7 - When to call an ambulance

2.1.1 TERM TIME – NORMAL SCHOOL DAY HOURS

If staff are unaware of who can administer first aid, the injured person or the person who discovers the injured person will notify the respective school reception. On receipt of this notification the school reception will advise who can provide first aid or operate the Defibrillation Unit and the next steps to take. Support staff will notify the senior school general office.

2.1.2 TERM TIME – OUT OF NORMAL SCHOOL DAY HOURS

All injuries during this time period will be notified to the Health Centre, who will advise on the next steps to take.

2.1.3 OUT OF TERM TIME – NORMAL DAYTIME HOURS (9AM-5PM) EXCLUDING WEEKENDS

If staff are unaware of who can administer first aid, the injured person or the person who discovers the injured person will notify the senior school general office. On receipt of this notification the general office will advise who can provide first aid or operate the Defibrillation Unit and the next steps to take.

2.1.4 OUT OF TERM TIME – OUT OF NORMAL DAYTIME HOURS (5PM-9AM) OR WEEKENDS

If staff are unaware of who can administer first aid, the injured person or the person who discovered the injured person will go to the Fire Panel located in the Dining Hall Cloister to view the list of trained first aiders and locations of First aid kits. If first aid cannot be administered then the injured person will either attend the A&E department at Princess Royal Hospital Haywards Heath or the Emergency Services will be summoned depending on the severity of the injury.

2.1.5 REPORTING ACCIDENTS & OTHER EVENTS

All staff, student and visitor accidents must be reported in accordance with the Accident and Incident Reporting Policy. Staff and visitors accidents are to be recorded on the Staff and Visitors Accident Form and forwarded it to the Compliance and Projects Manager within 24hours. The Staff and Visitors Accident form is available on the Digital Archway. Accidents to students are to be recorded within 24hours in the Pupil Accident Book. It is the responsibility of the teacher in charge of the student at the time of the accident to ensure this happens. Pupil Accident Books are held in the following locations:

Pre-Prep	- Farmhouse reception, Pigsty & Cowshed
Prep School	- Matrons office
Senior School	- Health Centre

Where required and in accordance with the Accident and Incident Reporting Policy the Compliance and Projects Manager will notify the Health and Safety Executive of all RIDDOR category accidents.

If the injured person is taken to hospital for treatment the Compliance and Projects Manager and Health Centre must be notified immediately. The parents of injured Senior School and Prep children will be notified by the Health Centre when the injury requires hospital treatment or involves a head injury or where collection is required. Other injuries may be notified to parents at the discretion of the Sister in charge of the Health Centre. In instances requiring hospital treatment a follow up call will be made within 24 hours by the Health Centre. Parents of Pre-Prep children who suffer an injury will be notified by the Pre-Prep School.

If an injury to a Pre-Prep pupil requires intervention by the Health Centre or a visit to hospital the Head of the Pre-Prep must be informed immediately.

2.1.6 HEAD INJURIES IN THE PRE-PREP (INCLUDING EYFS).

Due to the young age of the children minor head injuries are relatively common but should never be taken for granted.

All head injuries must be recorded in the pupil accident book and parents must be emailed the details of the injury and links to medical advice. The child is also given a purple wrist band to wear to indicate that they have had a head injury including the location of injury, date and time.

The accident form must then be handed to the parents or carer of the injured child at collection and the parent or carer must sign to show that they are aware that their child has had a head injury. Parents are expected to show receipt of the email by read receipt.

If the injury is assessed as low risk by the first aider or Health Centre the child may return to the Pre-Prep but should be monitored for the signs indicated on the leaflet in Appendix 11 which is given to all staff and displayed in the Pre-Prep staff room. If the child remains within the Pre-Prep staff are to be made aware of the head injury by being copied into the parent email alert in addition to the purple wristband which quickly identifies a child who needs extra monitoring.

All copies of the email sent to parents should be stored with the injury records in the cow shed or pigsty, before being transferred to the accident folder held in the Farmhouse reception.

2.2 OFF CAMPUS

It is the responsibility of the person in charge of the trip to ensure first aid is administered and provide in accordance with Section 3.3 First aid provision for off campus trips. First aid may be provided by a trained first aider within the trip party, the destination venue or the nearest A&E department. The person organising the trip will consider first aid arrangements as part of the trip risk assessment process.

3 GENERAL ARRANGEMENTS

3.1 FIRST AIDERS

First aiders are employees who have been selected by the Compliance and Projects Manager and the Senior Nurse in Charge of the Health Centre as being suitable for training and appointment as a nominated first aider. A list of first aiders is provided electronically on the Health and Safety section of the Digital Archway, in each school reception and by the fire panel in the dining hall cloister. The responsibilities of first aiders are outlined in Appendix 3.

The HSE and DfE recommendation for trained First aiders in low risk environments is 1 per 100 employees/pupils, however some higher risk activities or areas of school may require more. Based on pupil and employee numbers on campus at any one time a minimum of 15 fully qualified first aiders is required, however taking into account the needs and location of each school, the higher risk areas and activities, off-site trips staff sickness and annual leave additional first aid staff are provided.

Note: Figures are accurate as of Sept 2018

School / Dept	Approx Numbers staff/students	Minimum required First aiders based on numbers	Number available to each school/dept at Sept 2018
Pre-Prep pupils and staff	Pupils: 104 Staff: 24 Subtotal: 128	2	6 (plus 2 in Health Centre)
Prep School pupils & Staff	Pupils: 305 Staff: 42 Subtotal: 347	4	20 (plus 2 in Health Centre)
Senior School pupils and staff	Pupils: 590 Staff: 104 Subtotal: 694	7	63 (plus 2 in Health Centre)
Support Services staff & peripatetic staff on campus	S/Services: 164 Peri Staff: 19 Subtotal: 183	2	22
	Total	15	111 (excluding Health Centre)

3.2 FIRST AID TRAINING

All staff nominated as first aiders will attend either a 3 day first aid at work course or a 1 day first aid course if more appropriate. In addition the Sister-in-Charge of the Health Centre provides emergency first aid and de-fib training for staff as required. This training lasts approximately 1 hour and does not constitute a first aider for the purposes of calculating the number of first aiders required.

Staff who may have students in their charge with medical conditions will receive training in how to administer emergency medication, including adrenaline auto injector (Epi-pens) by the Sister-in-Charge of the Health Centre as required.

3.2.1 EARLY YEARS FOUNDATION STAGE (NURSERY & PRE NURSERY)

First aiders who predominantly provide first aid care to Early Years Foundation Stage children (children below 5 years) will need to attend a first aid course that deals with paediatric first aid. At least one paediatric first aid trained person is on campus at all times when pupils are present and when pupils are on trips.

From September 2016 all newly qualified early years staff (with full and relevant level 2 or level 3 childcare qualification) are to hold a current paediatric first aid or emergency paediatric first aid certificate in order to be included in the staff to child ratios in an early years setting. Newly qualified early years staff are given a three month "grace" period to complete paediatric first aid training after starting work with a new employer.

3.3 FIRST AID PROVISION FOR OFF CAMPUS TRIPS

3.3.1 FIRST AID KITS FOR OFF CAMPUS TRIPS

First aid kits are required for all College off campus trips and will be supplied by the Health Centre. Five days prior to the trip departure the trip organiser is to provide the Health Centre with a list of who is attending the trip. This allows enough time for the Health Centre to check the medical files of those attending to ensure the first aid kit is student specific. First aid kits for specific events can also be arranged through the Health Centre. After the trip or event all First aid kits must be returned to the Health Centre by the person who requested it. Travel first aid kits are provided in each College minibus which are suitable for low risk activities, such as shopping trips, but are not suitable for higher risk activities such as sporting or adventure pursuits.

First aid kits for regular sports away fixtures are supplied by the Health Centre and are held by the Head of Boys / Girls games for the Senior School and Matron for the Prep School.

3.3.2 FIRST AIDERS FOR OFF CAMPUS TRIPS

For the below categories of activities a qualified first aider is required to be part of the group. The first aider may be provided by Ardingly College or a destination venue. Exceptions to this must be agreed with the appropriate Educational Visits Coordinator prior to the trip departure.

- Overseas residential adventure trips
- UK residential adventure trips
- UK non-residential adventure trips

Depending on the level of risk and destination location, first aiders may be required for other categories of trips. In all instances the final decision will rest with the appropriate Educational Visits Coordinator.

3.4 LEGAL LIABILITY OF FIRST AIDERS

To date in the UK, there have been no instances of first aiders being held liable for the first aid care they have provided. Nonetheless liability cover is provided for first aiders, as it is for all College employees, through the College insurance policy.

3.5 PRINCIPAL FIRST AIDER

The principal first aider for the College is the Senior Nurse in Charge of the Health Centre. Any advice regarding first aid principles or other first aid arrangements should be directed to the principal first aider. The principal first aider's duties and responsibilities are listed in Appendix 1.

3.6 FIRST AID KITS

First aid kits are available in all key locations including all sport facilities and day and boarding houses. Please see Appendix 4 for a list of locations and who is responsible for checking the contents of the first aid kit. A spreadsheet is kept by the Health Centre to monitor the inspection of first aid boxes.

3.7 EMERGENCY ADRENALINE AUTO INJECTORS (AAI'S) AND EMERGENCY ASTHMA KITS

AAI's and emergency Asthma kits are held in the below locations:

- Senior School, Prep School & Pre-Prep receptions
- Catering department
- Health Centre

Staff who are first aid trained can administer the AAI's whereas any member of staff can administer the asthma ventolin inhaler. Children for whom consent has been obtained to administer the AAI's and the Ventolin inhaler are contained in each kit box at each location.

3.8 FIRST AID/RECOVERY ROOM

A fully equipped and suitable first aid and recovery room is provided in the Health Centre. This room can also be made available for expectant mothers to rest or for new mothers to express milk.

3.9 AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

The AED is to be used for the treatment of Sudden Cardiac Arrest (SCA) for all students, staff and visitors over the age of 1 year. If used a post event debriefing is to be held to identify whether any future changes are required.

3.9.1 AED LOCATION

The College has two AED's one is located inside a cabinet on a buttress in the dining hall cloister and the other inside the fitness gym. The AED located in the dining hall cloister is accessible at all times and is overlooked by a security camera. After use the AED is to be restocked by the Health Centre and replaced inside the cabinet.

3.9.2 TRAINED AED OPERATORS

First aid courses include a section on AED training. In addition the Sister-In-Charge of the Health Centre will provide regular familiarisation training to other staff.

The Resuscitation Council states that while it is highly desirable that those who may be called upon to use AED's are trained in its use, persons with no previous training may use the AED if required and are encouraged to do so by the College.

3.9.3 AED INSPECTION

The Health Centre is responsible for inspecting the AED during term time in accordance with the manufacturer's instructions. During the holiday periods this will be the responsibility of the Compliance and Projects Manager.

3.9.4 AED USE ON CHILDREN

The use of an AED is not recommended on children aged less than 1 years, however the Resuscitation Guidelines state that if the standard AED is the only defibrillator available its use should be considered. Standard AED pads are suitable for children aged 8 years and above. Paediatric pads should be used for children aged between 1 – 8 years and are available in the AED case. If the AED user is unsure of how to fit these then the standard adult pads should be used.

3.9.5 AED USE DURING PREGNANCY

The AED can be used if the casualty is pregnant.

3.10 STUDENTS WITH PARTICULAR MEDICAL CONDITIONS

When students first join one of the Schools their parents complete a medical questionnaire which identifies all medical conditions. To ensure medical information is current at the start of the Lent & Trinity Terms an e-mail is sent to parents requesting notification of new medical conditions. Students identified with particular medical needs are added to the medical conditions list and Medical Alert cards, detailing the condition, response and student's photo are completed and displayed in the Health Centre, individual school staff common rooms, the catering department, the senior school and prep school sports department and appropriate Houses. In addition to students carrying personal emergency medication (Inhalers, adrenaline auto injectors and glucose tablets) a further stock for each student is held by each school in appropriate locations. Please see the Medical Care of Students Policy for more information.

If a student is scheduled to attend an off campus trip emergency medication is provided in the bespoke first aid kit for that trip requested via The One Form. Staff are trained in how to administer emergency medication by the Sister in Charge of the Health Centre.

3.10.1 PERSONAL EMERGENCY EVACUATION PLANS (PEEP)

Where a student has an existing condition or where they develop a condition that may increase the time needed to evacuate a building in the event of an emergency the Student's HoMM for Senior School students or Form Tutor for Prep & Pre-Prep students will complete a PEEP using the form in Appendix 10. A copy of the PEEP will be copied to the Health Centre for storing in the students medical file.

3.11 DISPOSAL OF BODILY FLUIDS

A sharps box and clinical waste bag is held at the Health Centre, which is periodically collected by a registered clinical waste company.

Disposable gloves, aprons and absorbent granules are available to all Cleaners, Matrons and members of the Health Centre.

4. POLICY COMMUNICATION

The First Aid policy will be brought to the attention of new staff during the induction process. Electronic copies of the policy and a list of first aiders is available electronically on Digital Archway and displayed in key locations.

In addition medical information regarding pupils is contained in the Medical Care of Students Policy.

APPENDIX 1 - RESPONSIBILITIES OF PRINCIPAL FIRST AIDER

- To identify, with the Compliance and Projects Manager, the nature of activities within the College and review first aid requirements in accordance with legislation and the needs of the College
- Consider the suitability and capability of the persons nominated and /or persons who volunteer for first aid duties against the Responsibilities of First aiders, Appendix 3
- Ensure that there are adequate supplies of first aid equipment
- Ensure the budget for first aid equipment and provisions is reasonable and prepared in advance of departmental budget reviews
- Ensure an up to date record of first aid training is kept and adequate notification is provided to those who require refresher training
- Ensure first aid training and refresher training is arranged
- Ensure first aid kits in fixed locations are checked, once at the start of Lent term and once at the end of Trinity term, for contents and suitability and a record is kept of this review
- Ensure appropriate first aid procedures are followed and accident forms completed and forwarded to the Compliance and Projects Manager
- Ensure, as required, medical cards detailing the medical needs of pupils are displayed in the below locations:
 - Catering Department (Senior School, Prep School & Pre-Prep pupils)
 - HoMMs – for their students only
 - Matrons – for their students only
 - Senior School Common Room (Senior School pupils only)
 - Prep School Common Room (Prep School pupils only)
 - Pre-Pre Staff Room & Nursery (Pre-Prep pupils only)
 - Senior School & Prep School Sports Departments (Senior School, Prep School & Pre-Prep pupils)

APPENDIX 2 - RESPONSIBILITIES OF COMPLIANCE AND PROJECTS MANAGER

- To identify, with the Principal First aider, the nature of activities within the College and review first aid requirements in accordance with legislation and the needs of the College
- Ensure staff, visitors and others are informed of the College first aid arrangements
- Review the first aid policy at least annually.

APPENDIX 3 - RESPONSIBILITIES OF FIRST AIDERS

- Attend refresher courses as necessary
- Notify the Health Centre of any first aid kits that may require restocking
- Assist, and provide detail, to the person completing the accident record
- Follow the principles and practices as laid down by the first aid course and manual
- Arrange for the immediate transfer of a casualty to either the Health Centre or hospital depending to the seriousness of the condition and remain with the casualty until they are in the care of either Health Centre or hospital staff
- Only remove the casualty's clothing if necessary
- Safeguard the casualty's clothing and possessions
- Respect the casualty's confidentiality at all times
- Practice high levels of hygiene when treating a casualty.

APPENDIX 4 – LOCATION OF FIRST AID KITS

Location	Responsibility for checking
Astro Pitch	Health Centre
Tennis Shed	Health Centre
Old Gym	Health Centre
OA Room	Health Centre
Main Gym	Health Centre
Fitness Gym boat house	Health Centre
Nine Acre Pavilion	Health Centre
Senior School Sports Department	Ross Millard
Swimming Pool	Swimming Pool Manager
Godwin Hall	Matron
Woodlands	Matron
Mertens	Matron
Hilton	Matron
Toynbee / Woodard	Matron
Crosse Day House	HoMM
Rhodes Day House	HoMM
Prep Boarding	Prep Matron
Music	Music Secretary
Laundry	Domestic Manager
Senior School Art Department	Art Technician
Science Department eyewash stations & First aid kits	Science Technicians
D & T Department	D&T Technician
Prep School Office	Prep School Receptionist
Prep School Matron Office	Prep Matron
Prep School Art Department	Art Technician
Prep School Sports Department	Prep Matron
Pre Prep Office	Pre-Prep Secretary
Pre Prep Pigsty	Pre-Prep Secretary
Pre Prep Cowshed	Pre-Prep Secretary

Pre Prep Farmhouse	Pre-Prep Secretary
Main Office	Office Manager
Grounds Department	Head of Grounds
Cleaners Office	Cleaning Supervisor
Stewards Office	Head Steward
Maintenance Department	Maintenance Manager
Catering Department	Catering Manager
Minibuses	Head Steward
Old boat shed (Solar car project space)	Senior Science Technician

APPENDIX 5 - ADMINISTERING EPI PENS AND ASTHMA INHALERS WITH ACU-CHAMBER

Epipen

- Form fist around Epipen and pull off blue safety cap.
- Position orange end about 10cm away from mid-thigh, either clothed or unclothed, avoiding seams and pocket area
- Swing and jab orange tip into thigh at 90 degree angle and hold in place for 10 seconds
- Remove Epipen. Massage injection site for 10 seconds. After use the orange needle cover automatically extends to cover the injection needle.
- Each Epipen can give one dose. If symptoms don't improve, you can administer a second Epipen after 5-15 minutes.

Emerade

- Remove the needle shield
- Place and press Emerade against the outer side of the thigh. You will hear a click when the injection goes into the muscle.
- Hold Emerade against the thigh for about 5 seconds. Lightly massage the injection site afterwards.
- The needle in Emerade is protected before, during and after the injection.
- Sometimes a single dose may not be sufficient. If symptoms have not improved or have deteriorated within 5-15 minutes a second Emerade can be administered.

APPENDIX 6 - ADMINISTERING ASTHMA INHALERS WITH ACU-CHAMBER

- To open the inhaler, remove the mouthpiece cover.
- Hold the inhaler upright with your thumb on the base and your finger on the top of the canister.
- Shake the inhaler up and down 4 to 5 times.
- If you are starting a new inhaler or have not used the inhaler for more than one week, point the mouthpiece away from you and press the canister to release one dose into the air.
- Insert the mouthpiece of the inhaler into the flat end of the Aerochamber Spacer.
- Breathe out as much as is comfortable.
- Put the mouthpiece of the spacer to your lips. Seal your lips around the mouthpiece.
- Press the top of the inhaler canister once to release one dose into the spacer.
- Breathe normally, in and out, five times. If the Aerochamber makes a whistling sound, slow your breathing down.
- Remove the Aerochamber from your mouth.
- For a second dose, wait 30 seconds and repeat steps 3 – 10.
- Remove the inhaler from the spacer and replace the inhaler and Aerochamber mouthpiece covers.

APPENDIX 7 - DEALING WITH HEAD INJURIES / CONCUSSION

What is a concussion?

A concussion is a temporary injury to the brain. It can be caused by a blow to head, neck, face or body (which jars the head). Concussions can occur in many situations in the school environment for example if a student's head comes into contact with a hard object such as the floor or a desk, or another student's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE, and if messing around indoors during breaks.

If a head injury with suspected concussion occurs we will follow the 4R's, these guidelines are recommended by the RFU, FIFA and based on the Zurich Guidelines.

Recognise the signs and symptoms

Remove the person from play or activity

Recover fully before returning to activity

Return to Sport only after following a **Graduated Return To Play**

Recognise - Staff to be aware of symptoms, assess student.

- If student is unconscious call 999
- If the student is conscious a First aider is to assess the injury or arrange for the student to be accompanied by an adult to the Health Centre or contact the Health Centre on ext. 3292 / radio channel 6.

Remove – If concussion is suspected the student is to stop the activity or sport. Continuing increases their risk of more severe, longer lasting concussion.

- Arrange for the student to be accompanied by an adult to the Health Centre or contact the Health Centre on ext. 3292 / radio channel 6. If away from the campus use the destination venue Health Centre, if available, or take the student to the College Health Centre immediately on your return to the College.

The nurse will undertake further assessment with the Concussion Assessment Tool, incorporating the Glasgow Coma Scale and Maddocks Score, appropriate to the age of the student.

If concussion is suspected:-

- Boarders will be seen by the College Medical Officer as soon as possible and advice followed.

- Day Students will be seen by their own doctor as soon as possible, follow up contact will be made by the Health Centre to clarify the doctor's decision. (Therefore the Health Centre need to be made aware of all students receiving a head injury, even if the student is taken to the GP by their parents)

Recover - if concussion is confirmed the student will need an initial 2 weeks rest from sport. Therefore "Off Games" will be instituted for that period of time. If the student is symptom free they can then start a graduated return to play, this will be assessed and cleared by the doctor.

Return - the Graduated Return To Play (G RTP) is undertaken on a case by case basis and is led by a health professional. It is important that the stepwise approach is maintained and that the student is symptom free at each step. During this recovery time the brain is more vulnerable to further injury including, prolonged concussion, long term consequences which can be psychological and/or brain degenerative disorders and a further concussive event being fatal due to severe brain swelling (Second Impact Syndrome).

See Stages for G RTP, once Stage 1 has been completed (2 Weeks) then each stage will require a minimum of 2 days symptom free before proceeding to the next stage. If symptoms occur the player will return to the previous stage for a further 48 hours, progressing again when symptom free.

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.

Stages 2-4 can be undertaken by the students with appropriate guidance and supervision by the Health Centre and the Head of Strength and Conditioning.

On completion of Stage 4 the student may only resume full contact practice (Stage 5) with clearance from a doctor. For day students, parental confirmation, in writing or via e-mail, that the clearance has been obtained, is required and will be recorded by the Health Centre.

Record Keeping

A record of all injuries will be kept, including those occurring at away matches in accordance with section 2.1.5. Senior or Prep school parents or the injured pupils' HoMM will be e-mailed by the Health Centre to notify them of the head injury and the symptoms to be aware of. The e-mail will include a link to the NHS guidance. In addition an advice note will be given to the injured pupil by the Health Centre and the injured pupil will be asked to give this to their parent or HoMM. Head injuries to Pre-Prep pupils will be notified to parents in accordance with section 2.1.6.

APPENDIX 8 - WHEN TO CALL AN AMBULANCE

Dialling 999

Always call 999 if someone is seriously ill or injured, and their life is at risk.

Is it a genuine emergency?

If so, call 999 and don't panic. Always call 999 if someone is seriously ill or injured, and their life is at risk. Once you are connected to an ambulance 999 operator or call handler, they will ask you a series of questions to establish what is wrong. This will allow them to determine the most appropriate response as quickly as possible.

Do not hang up

Wait for a response from the ambulance control room as they might have further questions for you. The person who handles your call will let you know when they have all the information they need. You might also be instructed on how to give First aid until the ambulance arrives.

When it's not a life-threatening emergency

If the situation is not a life-threatening emergency and you or the person you are with do not need immediate medical attention, consider other options before you dial 999.

APPENDIX 9 - HPA GOOD HYGIENE PRACTICE

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Allergies

Mild-moderate symptoms	Severe symptoms (Anaphylaxis)
Swelling of face, lips and eyes	Swelling of tongue and/or throat
Skin rash (hives, urticaria)	Difficulty in swallowing or speaking
Tingling mouth	Vocal changes (hoarse voice)
Runny / itchy nose, sneezing	Wheeze or persistent cough Difficult or noisy breathing
Stomach cramps, vomiting	Dizziness / collapse / loss of consciousness (due to a drop in blood pressure)
(these are a sign of anaphylaxis after an insect sting)	Stomach cramps or vomiting after an insect sting

Diabetes
Hypoglycaemia (or hypo) means low blood glucose levels, i.e. when the blood glucose level drops below 4mmol/l. Everyone has different symptoms, but common ones are:

- feeling shaky
- sweating
- hunger
- tiredness
- blurred vision
- lack of concentration
- headaches
- feeling tearful, stroppy or moody
- going pale

Stay Calm. Stay with the person and ask someone to call the Health Centre

If there is time, ask them to check their blood levels. If not, get them to eat First and test later.

Make sure they eat or drink something sugary, such as glucose tablets, jelly babies or an ordinary (not diet) drink. This quick-acting carbohydrate will raise their blood glucose levels quickly. The amount needed will vary from child to child. Don't use chocolate – because of its fat content, it doesn't work quickly

If safe to do so, accompany the child to the Health Centre. If not safe, sit them down and alert the Health Centre. A nurse will attend; they will be able to administer glucogel if required.

After about 10 minutes, check their blood glucose again. If it's less than 4, repeat the step of giving something sugary. If above 4, many children will need a longer-acting carbohydrate, e.g. fruit, biscuit, small sandwich or their next meal. This will prevent their blood glucose levels from dropping again.

If a hypo is untreated there is a risk that the person will become unconscious or have a fit. If the child loses consciousness, do not give them anything to swallow. Place the child in the recovery position and call 999 for an ambulance. Stay with the child at all times. Complete an incident report once the event is over and the individual is safe

Stay Calm. Stay with the person and ask someone to call the Health Centre

If any severe symptoms are present, proceed **immediately** to Anaphylaxis response

Give any medicines for mild reactions that the person has been prescribed e.g. anti-histamine

If the person has been prescribed an adrenaline auto-injector device, find this and read the instructions; if safe to do so, accompany the child to the Health Centre.

Continue to watch for **any one** of the following signs of anaphylaxis

If the person is having difficulty breathing or swallowing: Lay person flat (if breathing is difficult, allow them to sit but do not let them stand or walk). Administer the adrenaline auto-injector device, if available and confident to do so. **Call an**

Asthma

The student may be having an asthma attack if any of the following happens

- Their reliever isn't helping or lasting over four hours
- Their symptoms are getting worse (cough, breathlessness, wheeze or tight chest)
- They are too breathless or it's difficult to speak, eat or sleep
- Their breathing may get faster and it feels like they can't get your breath in properly
- Younger students may complain of a tummy ache.

What to do in an Asthma Attack
The following guidelines are suitable for both children and adults and are the recommended steps to follow in an asthma attack:

Check to see if the person has their reliever inhaler (usually blue). Tell them to take 1-2 puffs immediately

Sit the Person down and try to encourage slow steady breaths. Ask someone to call the Health Centre on 3292

If the individual does not start to feel better, tell them to take 2 further puffs of their reliever inhaler (1 puff at a time) every 2 minutes. They can take up to 10 puffs

If they still feel no better after taking the inhaler or you are worried at any time, call 999

If an ambulance has not arrived within 10 minutes and if the person is still unwell, repeat step 3, 2 puffs every 2 minutes.

If the individual's symptoms improve and you do not need to call 999, they still need to see a doctor or asthma nurse within 24 hours. Complete an incident report once the event is over and the individual is safe

Epileptic Seizure

Although there are different types of seizures the basic Principles of care remain the same;

Stay Calm. Stay with the person and ask someone to call the Health Centre

Look around - is the person in a dangerous place? If not, don't move them. Move objects like furniture away from them. Move onlookers away, maintain the individual's privacy and dignity.

Note the time the seizure starts

Stay with them. If they don't collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.

Cushion their head with something soft if they have collapsed to the ground. Don't hold them down. Don't put anything in their mouth

Check the time again. If a convulsive (shaking) seizure doesn't stop after 5 minutes, call for an ambulance (dial 999).

After the seizure has stopped, put them into the recovery position and check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking their airway such as food or false teeth. If their breathing sounds difficult after the seizure has stopped,

Stay with them until they are fully recovered. Call for an ambulance if they are injured, you know it's the person's first seizure, the seizure continues for more than 5 minutes or they have another seizure without fully recovering from the first seizure. Complete an incident report once the event is over and the individual is safe

APPENDIX 11 - PERSONAL EMERGENCY EVACUATION PLANS (PEEPS)

Aim

The aim of a Personal Emergency Evacuation Plan (PEEP) is to identify any additional assistance staff or pupils may need to evacuate from the buildings they use in the event of an emergency. A PEEP is required whether the person is temporarily incapacitated or where they may have a long term condition that restricts their ability to evacuate unaided.

Responsibilities

The HoMM or Line Manager is responsible for undertaking the PEEP in conjunction with the person it is required for. The HoMM or Line Manager is responsible for ensuring the person the PEEP is written for fully understands what additional support has been identified and for ensuring those who have been identified to provide additional assistance fully understand their role and what is expected from them.

Review

The HoMM or Line Manager should maintain a dialogue with the person the PEEP is written for to ensure that any additional support remains appropriate and make adjustments where required. Where significant changes occur or additional support is identified this should be documented in the PEEP and those affected re-briefed by the HoMM or Line Manager.

Records

A copy of the PEEP for pupils should be kept by the HoMM and a copy forwarded the Health Centre for the pupils medical file.

A copy of the PEEP for staff should be kept by the Line Manager and a Copy forwarded to the HR Dept for the employees staff file.

Guidance

Guidance on completing a PEEP can be sought from the HSE & Compliance Manager if required.

Personal Emergency Evacuation Plan (PEEP) Form

Name	
Department/House	
HoMM/Line Manager	
Date PEEP is required for	
Condition restricting mobility	
DESIGNATED ASSISTANCE	
<p>The following people have been designated to give assistance in the following buildings:</p> <p>Consider:</p> <ul style="list-style-type: none"> • <i>HoMMs, matron, teachers and other staff, prefects or other students in House or class sets who can assist</i> 	
METHODS OF ASSISTANCE	
<p>The following assistance will be provided:</p> <p>Consider:</p> <ul style="list-style-type: none"> • <i>Locating their boarding or day room on the ground floor next to the fire exit</i> • <i>Checking the boarding or day room first to ensure they have evacuated</i> • <i>Locating lessons, offices or meetings to ground floor locations if possible</i> • <i>Informing teachers to allow extra time to move between lessons and allowing them to leave first should the fire alarm activate</i> • <i>Asking other pupils to assist with their belonging</i> 	
OTHER POINTS TO CONSIDER	
<p>Consider other aspects of college activities that may be affected such as:</p> <ul style="list-style-type: none"> • <i>Queuing for meals</i> • <i>Walking long distances between lessons and House</i> • <i>Registrations</i> • <i>Morning drop off & Afternoon pick up locations</i> 	

APPENDIX 12 - PRE-PREP LETTER TO PARENTS REGARDING HEAD INJURIES

Date:

Time of head injury:

Dear

Your child has sustained a head injury today and it is important that you watch for the following signs and symptoms.

These may occur 48 hours after the injury :-

1. abnormal behaviour/irritability;
2. vomiting;
3. undue drowsiness;
4. severe headache;
5. abnormal vision/unequal pupils.

If any of these symptoms occur, or if you are worried, please contact the hospital or your G.P. immediately.

Please complete the slip below and return it to the Pre-Prep Secretary in the school office.

Yours sincerely,

ARDINGLY PRE-PREP

Dear Pre-Prep Staff,

Re: (name of child) (class)

I can confirm that I have been informed of my child's injury on (date)

SIGNED: (parent) (surname in capitals)

APPENDIX 13 - PRE-PREP HEAD INJURY ADVICE LEAFLET

- Clean any wound with tap water.
- If the area is swollen or bleeding, apply pressure for 5-10 minutes. If continues to bleed, keep applying pressure or seek medical advice.
- If in pain give paracetamol or ibuprofen. Always follow the manufacturers' instructions for the correct dose and form.
- Observe your child closely for the next 2-3 days and check that they are behaving normally and they respond to you as usual.
- It is OK to allow your child to sleep, but observe them regularly and check they respond normally to touch and that their breathing and position in bed is normal.
- Give your child plenty of rest, and make sure they avoid any strenuous activity for the next 2-3 days or until their symptoms have settled.
- Following a head injury, do NOT play ANY contact sport (for example football) for at least 3 weeks without talking to your doctor first.
- You know your child best. If you are concerned about them you should seek further advice.

Do not worry unduly - these things are expected after a head injury and may last up to two weeks:

- Intermittent headache especially whilst watching TV or computer games
- Being off their food or feeling sick (without vomiting)
- Tiredness or trouble getting to sleep
- Short periods of irritability, bad temper or poor concentration

Hospitals with Emergency Departments:

Royal Alexandra Children's Hospital

Eastern Road, Brighton BN2 5BE

Princess Royal Hospital

Lewes Road, Haywards Heath RH16 4EX

Surrey and Sussex Healthcare NHS Trust

East Surrey Hospital, Canada Ave, Redhill, Surrey RH1 5RH

Western Sussex Hospitals NHS Foundation Trust

including:

St Richards Hospital, Spitalfield Lane, Chichester PO19 6SE

Worthing Hospital, Lyndhurst Rd, Worthing BN11 2DH

Minor Injuries Units (MIU) or Urgent Care Centres

Bognor Regis War Memorial Hospital - Minor Injuries Unit, Shripney Road, Bognor Regis, PO22 9PP

Open 9am- 5pm, Monday – Friday (excluding bank holidays)

Crawley Urgent Treatment Centre

Crawley Hospital, West Green Drive, Crawley RH11 7DH

Open 24 hours, 7 days a week

Horsham Minor Injuries Unit

Horsham Hospital, Hurst Rd, Horsham RH12 2DR

Open 9am- 5pm, Monday – Friday (excluding bank holidays)

Queen Victoria Hospital Minor Injuries Unit (MIU), East Grinstead

Holtlye Road, East Grinstead RH19 3DZ

Open 8am- 10pm, 7 days a week

West Sussex - Family Information Service

Tel: 01243 777807 www.westsussex.gov.uk/family

For more copies of this document, for more information and to feedback, please email us:

Chichester/Worthing area: contactus.coastal@nhs.net

Crawley area: CCCG.contactus-crawleyccg@nhs.net

Horsham/Mild Sussex area: HSCCG.contactus-horshamandmildsussexccg@nhs.net

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Designed by Door 22 Creative



Head Injury in Children and Young People

2014 UPDATED Advice for Parents and Carers

Child/Young Person's Name.....

Advice Given By.....

Location of Injury.....

Date Time

Head Injury - Advice for Parents and Carers

This leaflet is to help to advise on how best to care for a child who has a bump / injury to the head. Please use the "Caring for your child at home" advice section (see overleaf) and the traffic light advice below to help you. **Most children can be managed according to the green guidance below especially if they are alert and interacting with you. It is important to watch the child for the next 2-3 days to ensure that they are responding to you as usual.**

Traffic light advice:

Green: Low Risk

If your child:

- Cried immediately (after head injury) but returns to their normal behaviour in a short time
- Is alert and interacts with you
- Has not been unconscious / "knocked out"
- Has minor bruising, swelling or cuts to their head

ACTION: If all the above have been met then **manage at home**. Follow the advice overleaf or, if you are concerned, contact your GP when they are open or call 111 when your GP surgery is not open

Amber: Intermediate Risk

If your child:

- Is under one year old
- Has vomited once or twice
- Has a continuous headache
- Has continued irritation or unusual behaviour
- Is under the influence of drugs or alcohol
- Has been deliberately harmed and in need of medical attention

ACTION: Take your child to the nearest **Hospital Emergency department** if **ANY** of these features are present

Red: High Risk

If your child:

- Has been involved in a high speed road traffic accident or fallen from a height over 1 metre or been hit by a high speed object or involved in a diving accident
- Has been unconscious / "knocked out" at any time
- Is sleepy and you cannot wake them
- Has a convulsion or a fit
- Has neck pain
- Has difficulty speaking or understanding what you are saying
- Has weakness in their arms and legs or are losing their balance
- Cannot remember events around or before the accident
- Has had clear or bloody fluid dribbling from their nose, ears or both since the injury
- Has 3 or more separate bouts of vomiting

ACTION: **Phone 999** for an ambulance if **ANY** of these symptoms are present

Head wounds rarely need stitches and can normally be glued by a health professional. This can be done in Minor Injury Units or Urgent Treatment Centres and some GP practices offer a minor injuries service. To find a local service see overleaf.

This policy should be read in conjunction with the following additional College policies, Government guidance and further information:

- Medical Care of Students Policy
- Accident and Incident Policy