CHATSWORTH SCHOOLS

FIRST AID AND MEDICAL WELFARE POLICY

Including the Policy on the Administration of Medication

THIS POLICY IS REVIEWED ON AN ANNUAL BASIS

Policy reviewed by: Christopher Sanderson – Director of School Compliance and Policy

Review date: 28/06/2023

Submission: 01/07/2023

Version: v6.0

Policy actioned from: 01/09/2023

Next review date: 31/08/2024

Reviewer's Signature: Christopher M Sanderson.

Please note: 'School' refers to Chatsworth Schools; 'parents' refers to parents, guardians and carers.

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

CHATSWORTH SCHOOLS

POLICY AMENDMENT PAGE

Date	Key Amendments	Version Number	Reviewed by
11/01/2018	Policy Approved – Fit for use by schools.	v1.1	RG
01/09/2019	Annual Endorsement	v2.0	RNB
08/02/2021	Annual Endorsement	v3.0	RNB
02/07/2021	Annual Review for the 21-22 academic year	v4.0	CMS
01/09/2022	Annual Endorsement	v5.0	RNB
28/06/2023	Annual Endorsement	v6.0	CS

Introduction

This policy has been prepared in accordance with DfE Guidance on First Aid in Schools. Its status is advisory only. It is available to parents, prospective parents and pupils via the website and to all members of school staff via the Employee Handbook.

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

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

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

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

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

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

Responsibilities

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

The Bursar is responsible for ensuring that:

- the School has adequate First Aid equipment and facilities
- an adequate number of appropriately qualified First Aid personnel are on each school site at all times when children are present, including staff with a full* paediatric first aid qualification when children in the EYFS are on site (see first aid needs assessment, above).
- all off-site visits include an appropriate number of staff with a suitable first aid qualification, including staff with a full paediatric first aid qualification if the trip involves children in the EYFS.
- staff have the appropriate and necessary First Aid training, as required, including paediatric first aid training in relation to children in the EYFS, and that they have sufficient understanding, confidence and expertise in relation to First Aid.
- Maintain a record of those trained in First Aid, including this as Appendix 1 in this policy and presenting the record periodically for discussion at the Health and Safety committee

The Lead First Aider, Jane Clubb is responsible for ensuring that:

- all staff and pupils are familiar with the school's first aid and medical procedures.
- all staff are familiar with measure to provide appropriate care for pupils with particular medical needs (eg. Diabetic needs, Epi-pens, inhalers).
- a personal evacuation plan is drawn up and implemented, if required in relation to any pupil with ongoing or temporary limited mobility.
- a list is maintained and available to staff of all pupils with particular medical needs and appropriate measures needed to care for them.
- first aid supplies are restocked and first aid kits are replenished.
- first aid and medical facilities are suitably maintained.
- correct provision is made for pupils with special medical requirements both in school and on off-site visits.
- on a monthly basis, First Aid records are reviewed to identify any trends or patterns, with a report submitted to the Health and Safety committee
- familiarity is maintained regarding RIDDOR reporting requirements, including the RIDDOR in Schools guidance, liaising with the Bursar to submit such a report, when required
- there is good communication with managers of external facilities, such as the local sports facilities, to ensure appropriate first aid provision.
- contact is made with emergency medical services as required.
- an up-to-date knowledge and understanding of guidance and advice from appropriate agencies is maintained

Trained first aiders are responsible for:

- providing appropriate care for pupils or staff who are ill or sustain and injury
- recording all accidents centrally in the School MIS / the accident book (to be found in the medical room). They are then passed to the school secretary who will make a copy for individual pupil files.
- in the event of any injury to the head, however minor, ensuring that a note from the office is sent home to parents/guardians and a copy placed in the pupil's file. Please refer also to Appendix 8 regarding head injuries
- in the event of any accident or administration of first aid involving a pupil in EYFS, ensuring that written or electronic communication is sent home to parents/guardians and a copy placed in the pupil's file.

- making arrangements with parents/guardians to collect children and take them home if they are deemed too unwell to continue the school day
- informing the Lead First Aider of all incidents where first aid has been administered.

All staff are responsible for:

- summoning a qualified first aider (or, if the pupil is capable, arranging for him/her to be taken to a first aider) in the event of a pupil having an accident, sustaining an injury or being taken ill.
- whilst awaiting for the arrival of a first aider, act 'as a reasonable parent would act' in providing care and support to the pupil
- ensuring that, if medication is brought into school by staff for personal use, it is stored securely, beyond the reach of pupils, for example, in a locked cupboard, not in a jacket pocket or a handbag brought into the classroom.
- informing the head if they are taking any medication (both short term and on an ongoing basis) which may affect their ability to undertake aspects of their role. A typical example here is medication for hay fever which may cause drowsiness.

Medical Facilities

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

- a couch, bed or similar facility to allow a pupil to lie down
- a sink within the room and a toilet close by
- suitable privacy should a pupil require medical attention to an intimate part of the body
- a clinical waste bin
- a lockable medical cabinet, either in the room or elsewhere on site.

Medical Personnel

First Aiders

Chatsworth Schools will ensure a ratio of at least one First Aid at Work (FAW) qualified member of staff to fifty people on site. The school will, as a result, comply with or exceed the Health and Safety Executive guidance of 1:50 in a high-risk environment. There will always be at least one qualified first aider on site whenever children are present and a fully qualified* paediatric first aider whenever EYFS children are present.

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

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

A comprehensive list of First Aid qualified staff is included in Appendix 1 of this document.

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

First Aid Training

First Aid training will be offered to all staff on taking up appointment. Staff working in EYFS, who qualified from 2017 onwards, may be required by the school to undertake Paediatric First Aid training, since this is obligatory in the EYFS requirements in order for such staff to be included in statutory ratio calculations. Specialist first aid training (for example in connection with the teaching of sport and science) will be considered for staff who teach in curricular areas where more specific understanding will be beneficial. All first aid training and requalification courses will be coordinated by the Bursar. First aid training for each first aider will be updated every 3 years. All staff are given information on the school's first aid procedures and facilities during their induction training.

Chronic Illness and Emergency Care Training

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

First Aid Training - EYFS Requirements

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

First Aid Boxes

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

First Aid Boxes - contents

First aid boxes and medicines are stocked appropriately for the age of the children they are to be used for. In some locations in the school, first aid boxes will include additional items according to the nature of the activities being undertaken there. This will include, for example, eyewash facilities in science, art and design technology areas and blue plasters in kitchens and food technology facilities.

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

In-school kits	**Kits for off-site trips and activities**	**Kits in school vehicles (eg minibuses)**
A first aid guidance card or leaflet giving general advice	A first aid guidance card or leaflet giving general advice	

At least 20 adhesive hypo allergenic plasters (including blue plasters as noted above)	6 individually wrapped sterile adhesive dressings	
4 triangular bandages (slings)	2 triangular bandages individually wrapped and preferably sterile	1 conforming disposable bandage (not less than 7.5 cm wide) 2 triangular bandages
6 Safety pins	2 Safety pins	12 assorted safety pins
Cleaning wipes	Individually wrapped moist cleansing wipes	10 antiseptic wipes, foil packed
Adhesive tape		
2 sterile eye pads		2 sterile eye pads, with attachments
6 medium sized unmedicated dressings		1 packet of 24 assorted adhesive dressings
2 large sized unmedicated dressings	1 large sterile unmedicated dressing	3 large sterile unmedicated ambulance dressings (not less than 15.0 cm × 20.0 cm)
3 pairs of disposable gloves	2 pairs of disposable gloves	
1 resuscitator		
Yellow clinical waste bag		
		1 pair of rustless blunt-ended scissors

First Aid Boxes - location

First Aid Boxes are located in the following areas:

School office
Medical room
Kitchen
Sports Hall
EYFS

There is a fully automated external defibrillator (AED) situated . in the medical room. It is designed to be used by anyone and doesn't require any specific training, as it provides automated verbal and visual commands during usage. However, in order to raise awareness in case of a cardiac arrest, the key staff have been briefed on how to use the AED by Jane Clubb. In addition, hands on training will be provided through three yearly Paediatric First Aid/Emergency First Aid at Work/Schools training which the majority of staff attend.

After-School Performances and Events

Staff organising after-school evening or weekend performances or events are asked to nominate a first aider for the event. If staff are unsure about the appropriate level of cover required, they need to seek advice in advance from the Bursar. If such as event involves EYFS pupils, staff must nominate a suitably trained Paediatric First Aider to provide first aid cover.

School Visits

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

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

Within the staffing ratio for visits, calculated according to the Educational Visits policy, at least one member of staff is to be appointed the nominated first aider (NFA) by the trip leader. The NFA(s) is/are responsible for carrying the first aid kit(s). If the off-site event includes EYFS pupils, the NFAs must include staff with a full paediatric first aid qualification.

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

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

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

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

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

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

Bodily Fluid Spillage

Specific guidance can be found in the Bodily Fluid Spillage Policy (see Appendix 3).

Contacting Parents / Guardians

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

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

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

If non-emergency transportation is required, an authorised taxi service will be used if parents are delayed. A member of staff will accompany the pupil until a parent arrives.

Accident Reporting

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

External Reporting Requirements

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

Registered EYFS providers must notify Ofsted of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event, within 14 days of the incident occurring.

Review of Accidents and Incidents

The Bursar undertakes a periodic review of accidents, incidents and near misses, including an analysis over time for patterns and trends. If the issue occurs on an off-site event, the Educational Visits Co-ordinator will also be involved in its review. Reviews are reported to the Health and Safety Committee and will include, where appropriate, a review of relevant risk assessments and consideration of how accidents, incidents and near misses can be reduced in future.

Guidance on When to Call an Ambulance

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

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

- chest pain
- difficulty in breathing such as a severe asthma attack (see Appendix 4)
- unconsciousness
- severe loss of blood
- severe burns or scalds
- choking
- concussion
- drowning or near-drowning incidents
- severe allergic reactions (see Appendix 5)
- diabetic emergencies (see Appendix 6)
- fitting (see Appendix 7)

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

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

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

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

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

Please refer to Appendices 4-7 for detailed procedures covering Asthma, Anaphylaxis, Diabetes & Epilepsy.

If a pupil has either temporary or ongoing limited mobility, the school will consider whether the pupil requires a *personal evacuation plan*, for implementation in fire drills and similar occasions. If this is the case, the lead first aider will ensure that a plan is drawn up, taking advice from parents

and healthcare professionals, as appropriate, and will ensure that relevant staff are trained in its implementation.

Management of Acute Illness

Absence

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

Infectious Illnesses

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

UKHSA guidance on periods of exclusion due to an infectious illness and associated advice can be found in Appendix 9

Becoming Unwell at School

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

Many minor ailments can be treated with non-prescription medication, such as paracetamol for a headache. In all cases parents / guardians will be contacted and suitable arrangements made for the child to go home from school.

The School will follow guidelines set by UKHSA with regard to the recommended period of absence for a particular illness. See also Appendix 9 for further details. The aim is to minimise the spread of the illness through the School and we appreciate parents' co-operation in following the guidelines.

Policy on the Administration of Medication to Pupils

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

However, it should be noted that:

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

- No products containing Aspirin are to be given to any pupil at school, unless prescribed by a doctor.

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

(i) Non-Prescription Medication

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

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

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

(ii) Prescription-Only Medication

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

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

(iii) Administration of Medication

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

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

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

(iv) Emergency Medication

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

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

For a number of years, it has been possible for schools/nurseries to keep emergency asthma inhalers to cover the eventuality of a pupil's inhaler being lost or running out during school time. Since October 2017, this provision has been extended to enable schools/nurseries also to keep emergency Epi-pens. This provision enables schools/nurseries to purchase Epi-pens, without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

> The school/nursery has decided to exercise this option; a policy and risk assessment have been created to cover the use and storage of such devices and the training of staff. A sample emergency Epi-pen risk assessment has been added as Appendix 5b at the end of this policy.

Further information can be found on this website:

https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

(vi) **Needlestick Injuries**

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

- Bleed the puncture site
- Rinse the wound under running water for a few minutes
- Dry and cover the site with a plaster
- Seek medical advice immediately
    - 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 Head
- An accident form must be completed.

Cross-references

This policy needs to be read in conjunction with the following policies:

- Alcohol and Drugs Policy
- Staff Stress Policy
- Violence towards Staff Policy
- Bereavement Policy
- Anti-Bullying Policy
- Health and Safety Policy
- Risk Assessment Policy
- Safeguarding Policy
- Educational Visits Policy

Interpretation

In this policy, the term "senior manager" means the School Head and their designated deputies.

This policy applies to all employees in all Schools (save for Schools with their own procedure which shall prevail) and other work environments within Chatsworth Schools.

This policy applies within all companies, which are wholly owned subsidiaries of Chatsworth Schools Ltd, a company registered in England, registered number 11552579.

The registered office of all companies is Crimea Office, The Great Tew Estate, Great Tew, Chipping Norton, Oxfordshire, OX7 4AH. Any enquiries regarding the application of this policy should be addressed to the Director of Information at the above address.

This policy does not form part of any employee's contract of employment and may be amended at any time.

Appendix 1

All Staff with First Aid Training

First Name	Surname	First Aid	Expiry
Katherine	Clark	Full Paediatric First Aid	08/04/2024
Jessica	Tutt	Full Paediatric First Aid	08/04/2024
Wendy	Green	Full Paediatric First Aid	08/04/2024
Inderjeet	Takhi	Full Paediatric First Aid	08/04/2024
Jackie	Trotman	Full Paediatric First Aid	08/04/2024
Nancy	Searle	Full Paediatric First Aid	08/04/2024
Jenice	O'Dowd	Full Paediatric First Aid	08/4/2024
Zamira	Nimali	Full Paediatric First Aid	08/04/2024
Anna	Armstrong	Full Paediatric First Aid	08/04/2024
Annet	Nawanga	Full Paediatric First Aid	08/04/2024
Linda	Oxford	Full Paediatric First Aid	08/04/2024
Morgan	Newman	Full Paediatric First Aid	08/04/2024

Emergency First Aid at Work – due for renewal Sept 2024

Atkinson	Simone	Learning Support
Banham	Joshua	Teacher
Begum	Shahenna	Learning Support
Bilcliffe	Charlotte	Learning Support
Binfield	Mel	Learning Support
Da Silva	Sarah	Learning Support
Jasper	Glen	Food Technology Technician
Goh	Yen	Learning Support
Gruda	Mirela	Learning Support
Roberts	Charlie	Learning Support
Tapson	Paige	Admin
Thango	Thulani	Learning Support
Voget	Kitty	Learning Support
Wade	Rose	School Nurse

First Aid at Work (2 day refresher) - due for renewal July 2024

Clubb	Jane	Examinations Officer and Office Admin
Day	Dean	Head of PE

Appendix 2

Contacting Emergency Services

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

1. The school/nursery telephone numbers:
2. The location as follows:

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

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

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

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

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

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

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

Never cancel an ambulance once it has been called.

Appendix 3

Bodily Fluid Spillage Policy

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

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

Bodily Fluid Spillage Clean-Up Procedure

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

Please note that:

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

- Any article of clothing that has been contaminated with the spill should be wiped cleaned and then put in a plastic bag and tied up for the parents to take home.
- Any soiled wipes, tissues, plasters, dressings, etc. must ideally be disposed of in the clinical waste bin (yellow bag). If not available, then the gloves being used need to be taken off inside out, so that the soiled item is contained within them. This can be placed in a sanitary waste disposal bin, which is regularly emptied.

Further information and guidance can be found here.

Appendix 4

Asthma Emergency Procedures (Please also refer to the school/nursery Asthma Form)

Asthma management

The school/nursery recognises that asthma is a serious but controllable condition and the school/nursery welcomes any pupil with asthma. The school/nursery ensures that all pupils with asthma can and do fully participate in all aspects of school/nursery life, including any out of school/nursery activities. Taking part in PE is an important part of school/nursery life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the staff room. The school/nursery has a smoke free policy. It is the parents' responsibility to ensure that the school/nursery is provided with a named, in-date reliever inhaler, which is kept in the classroom, not locked away and always accessible to the pupil. Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack. It is the parents' responsibility to provide a new inhaler when out of date. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school/nursery activities.
As appropriate for their age and maturity, pupils are encouraged to be responsible for their reliever inhaler, which is to be brought to school/nursery and kept in a school/nursery bag to be used as required. A spare named inhaler should be brought to school/nursery and given to the class teacher for use if the pupil's inhaler is lost or forgotten.

Trigger factors

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

Common signs of an asthma attack:

- pupil unable to complete an activity
- increased anxiety
- coughing
- shortness of breath
- wheezing
- feeling tight in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest and a tummy ache.

Do . . .

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

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

999

Call an ambulance urgently for any of the following:

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

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

After a minor asthma attack

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

Important things to remember when an asthma attack occurs:

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

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

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

Appendix 5a

Anaphylaxis Emergency Procedures

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

- generalised flushing of the skin anywhere on the body
- nettle rash
- (hives) anywhere on the body
- difficulty in swallowing or speaking
- swelling of throat and mouth
- possible blue colouring around the mouth returning to normal as breathing returns to normal
- alterations in heart rate
- severe asthma symptoms (see Appendix 3 for more details); breathing may be slow and noisy
- abdominal pain
- rigid muscle spasms
- twitching of one or more limbs or the face
- nausea, vomiting and possible incontinence
- sense of impending doom
- sudden feeling of weakness (due to a drop in blood pressure)
- pupil may feel confused may fall to the ground, collapse or become unconscious.

Do . . .

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

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

Don't . . .

- try to stop the seizure
- put anything in the pupil's mouth.

999

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

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

While awaiting medical assistance, the designated trained staff should:

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

Symptoms and the position of pupil

- If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up
- If there are also signs of vomiting, lay them on their side to avoid choking
- If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up

Do . . .

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

After the emergency

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

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

CHATSWORTH SCHOOLS

Appendix 5b

Sample Risk Assessment for the use of a School/nursery Emergency Epi-pen

SIGNIFICANT ISSUE	HOW TO MANAGE IT (risk reduction factors)	WHO TO BE INFORMED		
		Parents	Staff	Pupils
Lack of awareness - staff don't know how to administer emergency Epi-pen	• Administration of medicines policy is explained to staff at induction. Staff are also invited to practise following demonstration with the training Epi-pen on a regular basis with the school nurse • Healthcare plans shared with relevant staff • Health issues of pupils are identified on iSAMS under the red medical flag	*	*	*
Medication given in error	• Medical needs of children are identified in the medical questionnaire when they join the school/nursery. Children diagnosed with anaphylaxis are made known to staff, and their individual care plans are shared. • Signs and symptoms of anaphylaxis clearly explained • Procedure for checking medication is carried out - name of child, medication to be given and expiry date verified prior to administration	*	*	*
Emergency medication is not locked away	• Emergency medication is stored in a sealable 'emergency use only' allergy response kit at a height, in the medical room	*	*	
Medication given is out of date	• Medication expiry date is regularly checked by the school nurses, and replaced as necessary	*	*	
Lack of consent	• Written consent is required by parents of children who have anaphylaxis for use of an emergency Epi-pen	*	*	*
School/nursery unaware of medical condition	• A process is in place for identifying a child who has anaphylaxis, that requires monitoring in school/nursery with the with Health Conditions questionnaire	*	*	*

No healthcare plan in place	• A healthcare plan must be devised when anaphylaxis is diagnosed, in conjunction with appropriate medical practitioner, parents / guardian and School Nurse/Lead First Aider using standard forms provided by school/nursery/ hospital.	*	*	*
No record of emergency Epi-pen being administered	• 'Administration of Medicines' form to be used when medication is given, which includes information such as parent consent and record of prescribed medicine given. An ambulance is called for when the emergency Epi-pen is used.	*	*	*
Medication not disposed of responsibly	• The emergency Epi-pen used is stored safely out of the way whilst dealing with the child, and then passed on to the emergency services when they arrive.	*	*	

Appendix 6

Diabetes Emergency Procedures

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

Hyperglycaemia

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

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

Do . . .

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

Do Dial 999

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

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

Hypoglycaemia

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

- too much insulin
- warm weather
- stress
- a delayed or missed meal or snack
- not enough food, especially carbohydrate
- unplanned or strenuous exercise
- drinking large quantities of alcohol or alcohol without food
- sometimes there is no obvious cause

Common symptoms:

- hunger
- trembling or shakiness

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

Do . . .

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

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

- roll/sandwich
- a glass of milk
- portion of fruit
- cereal bar
- two biscuits
- a meal if it is due.

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

Don't . . .

- send the child out of your care for treatment alone

Do Dial 999

If the pupil becomes unconscious:

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

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

Appendix 7

Epilepsy Emergency Procedures

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

Tonic-clonic seizures Symptoms:

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

Do …

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

Don't …

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

Dial 999

Call for an ambulance if…

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

Then . . .

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

Seizures involving altered consciousness or behaviour

Simple partial seizures - Symptoms:

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

Complex partial seizures - Symptoms:

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

Atonic seizures - Symptoms:

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

Myoclonic seizures - Symptoms:

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

Absence seizures - Symptoms:

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

Do . . .

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

Don't . . .

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

Dial 999

Call for an ambulance if . . .

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

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

Appendix 8a

Head Injury Policy and a Graduated Return to Play

1. Introduction

The school/nursery's Head Injury Policy has been written in accordance with NICE clinical guidelines, World Rugby Concussion Guidance and England Rugby Club Concussion - Headcase Resources. Since the majority of head injuries in the EYFS are minor, the staff will manage these incidences themselves and seek advice from the school nurse/lead first aider, if necessary who will instigate the head injury policy if required.

2. Background

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

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

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

3. Process for managing a suspected head injury

All head injuries that occur on the school/nursery site must be referred to the School Nurse/Lead First Aider, 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 nurse/lead first aider. 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, he/she can return to lessons but must be kept under observation for the remainder of that day. This applies even if the pupil feels it is unnecessary. As concussion typically presents in the first 24-48 hours following a head injury, it is important that the pupil is monitored and assessed as above.

4. Recognising Concussion

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

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

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 IS SHOWING SIGNS OF CONCUSSION, HE/SHE SHOULD IMMEDIATELY BE REMOVED FROM TRAINING/PLAY FOR THE REST OF THE LESSON.

5. Emergency Management

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

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

6. Referral to Hospital

The School Nurse/Lead First Aider, 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, high-speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism.
- Any history of bleeding or clotting disorders (such as haemophilia) or if the injured person takes medicine to thin the blood.
- Current anticoagulant therapy such as warfarin.
- Current drug or alcohol intoxication or consumption of alcohol or drugs just before the injury.
- A change in behaviour, like being more irritable or losing interest in things around you (especially in children under 5)
- The child has been crying more than usual (especially in babies and young children)
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected).
- Continuing concern by the professional about the diagnosis.

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

- Irritability or altered behaviour, particularly in infants and children aged under 5 years.

- Visible trauma to the head not covered above but still of concern to the healthcare professional.
- No one is able to observe the injured person at home.
- Continuing concern by the injured person or their family/guardian about the diagnosis.

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 Nurse/Lead First Aider. For Boarders it is the responsibility of the House Parents if available. The procedure for taking pupils to hospital should be referred to in the staff code of conduct, with reference also to the safeguarding policy.

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

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

"Where are we now?"

"Is it before or after lunch?"

"What was your last lesson?"

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

"What Class are you in?"

8. DO's and DON'Ts

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

9. Head Injury Notifications

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

- The School Nurse/Lead First aider
- The pupil's parents/carers if a day pupil, unless this responsibility is taken by the School Nurse/Lead First aider
- The Pupil's Tutor/Class teacher
- Main Reception and Facilities & Estates Manager if an ambulance is called
- Head of Year/Prep/Senior/Sixth Form and Headteacher 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/nursery, for day pupils the parent/carers should be informed by the School Nurse/Lead first aider or the responsible adult and a Head Injury Letter given to take home and the pupil monitored carefully for potential deterioration of symptoms.

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

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

For return to exercise and sporting activities within school/nursery for pupils with concussion, the school/nursery follows the Rugby Union's Graduated Return to Play Pathway (which can be accessed here: GRTP). This requires an initial minimum two weeks' rest (including 24 hours complete physical and cognitive

rest) Pupils can then progress to Stage 2 only if they are symptom free for at least 48 hours, have returned to normal academic performance and have been cleared by the pupil's doctor or the School Nurse/Lead First Aider. This pathway must be adhered to regardless of the pupil's/parents'/carers' views. The reason for this is that a repeat head injury could have serious consequences to the pupil during this time.

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

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

A School Graduated Return to Play Pupil Progress Sheet (Appendix 8b) has been developed in order to monitor and communicate the pupil's progress and this outlines the 5 stages of the GRTP pathway to follow. It should be completed by the PE staff members or School Nurse/Lead First Aider in conjunction with the pupil's parents/guardian. For day pupils it is the parent/guardian's responsibility to inform the pupil's external sports clubs if the child has sustained a head injury and/or concussion. For boarding pupils, it is the responsibility of the House Parents.

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

Rugby; Football; Cricket; Basketball; Netball; Rounders

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

11. Reporting

An accident form will be completed by the witness to the event, first aider or School Nurse. If the incident requires reporting to RIDDOR this will be actioned by the School Nurse/Lead First Aider/Bursar.

12. References

Concussion – Headcase Resources England Rugby, available online at:

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

Head injury: assessment and early management National Institute for Health and Care Excellence (NICE Guidelines CG176 January 2014; last updated September 2019), available online at: https://www.nice.org.uk/guidance/cg176

World Rugby Concussion Guidance World Rugby Player Welfare, available online at: https://playerwelfare.worldrugby.org/concussion

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

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Appendix 8b: Graduated Return to Play Pupil Progress Sheet

Name of Pupil:_____ Supervising First Aider:_____

Pupil's Class _____ Date of Concussion _____

1. Overall Minimum Timescales

Age Group	Minimum Rest Period Post Concussion	GRTP Period	Minimum Time Out
All Pupils	14 rest days + 1 recovery day	8 Days	23 Days (where applicable, a minimum of 3 weekends of fixtures missed)

Pupils may not return to play in designated team and contact sports until:
1. all their symptoms have subsided.
2. they have followed the GRTP protocol.
3. they have been medically cleared to return.

2. GRTP Progress Sheet

This sheet is to be completed by the School Nurse/Lead First Aider, in consultation with parents and the pupil's medical practitioner. Pupils can move on to the next stage only once they have been symptom free during the full period of each stage. If they are not symptom free, they must have a minimum 48 hour rest period and then go back to the previous stage.

Rehabilitation Stage	Example exercise at each stage of rehabilitation	Objective of stage	Minimum timescale of Stage	Dated and signed by pupil/parent as comfortable to move to next stage	Dated and signed by school nurse/lead first aider as comfortable to move to next stage
Rest	None	Rest	14 days		
1. No activity	Complete physical and mental rest without symptoms	Recovery	1 day		
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity below 70% maximum predicted heart rate. No resistance training	Increase heart rate	2 days		
3. Sport-specific exercise	Running drills. No impact activities	Add movement	2 days		
4.Non-contact training drills	Progression to more complex training drills e.g. passing drills. May start progressive resistance training	Exercise, coordination and mental load	2 day		
5. Following medical clearance,	May participate in normal training activities	Restore confidence and assess functional	2 days		

full contact practice		skills by coaching staff			
6. After 24 hours, return to play	Player rehabilitated	Recovered	MINIMUM TOTAL: 23 days		

Appendix 8c: Sample Head Injury Letter

Date:

Dear Parent/Carer

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

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

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

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

Yours Faithfully

School Nurse/Lead First Aider

CHATSWORTH SCHOOLS

Appendix 9

Infectious Illnesses

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

ILLNESS	PERIOD OF EXCLUSION	COMMENTS
In this table, * denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) HPT of suspected cases of certain infectious diseases.		
Athlete's Foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife and inform them that they have been in contact with chickenpox. Any children being treated for cancer or on high doses of steroids should also seek medical advice.
Cold sores	None	Avoid kissing and contact with the sores
Conjunctivitis	None	Children do not usually need to stay off school with conjunctivitis if they are feeling well. If, however, they are feeling unwell with conjunctivitis they should stay off school until they feel better. If an outbreak or cluster occurs, consult your local health protection team (HPT).
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	48 hours from last episode of diarrhoea or vomiting	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see Managing outbreaks and incidents.
Diptheria*	Exclusion is essential. Always consult with your UKHSA HPT.	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT. For more information, see Managing outbreaks and incidents.
Glandular Fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head Lice	None once treated	Treatment is recommended for the pupil and close contacts if live lice are found
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local HPT will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.

Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal Meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed
Rubella* (German Measles)	For 5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet Fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your UKHSA HPT.
Slapped cheek/ Fifth disease/ Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsilitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB) Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers, and students.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

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