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

Review dates:

Last review Sept 2019
Next review Sept 2020
CONTENTS

INTRODUCTION.................................................................................................................. 3

INJURY RESPONSE........................................................................................................... 3

2.1 On campus..................................................................................................................... 3

2.1.1 Term time – normal school day hours ................................................................. 3

2.1.2 TERM time – Out of normal school DAY HOURS ........................................... 4

2.1.3 Out of term time – normal daytime hours (9am-5pm) excluding weekends ......... 4

2.1.4 Out of term time – Out of normal daytime hours (5pm-9am) or weekends ........ 4

2.1.5 Reporting accidents & other events ...................................................................... 4

2.1.6 Head injuries in the Pre-Prep (including EYFS). ................................................. 5

2.2 Off campus.................................................................................................................. 6

3 GENERAL ARRANGEMENTS.......................................................................................... 6

3.1 First aiders .................................................................................................................. 6

3.2 First aid Training ......................................................................................................... 7

3.2.1 Early Years Foundation Stage (Nursery & Pre Nursery) .................................... 7

3.3 First aid provision for off campus trips................................................................. 7

3.3.1 First aid kits for off campus trips ..................................................................... 7

3.3.2 First aiders for off campus trips ..................................................................... 8

3.4 Legal liability of First aiders ....................................................................................... 8

3.5 Principal First aider ..................................................................................................... 8

3.6 First aid Kits................................................................................................................ 8

3.7 Emergency Adrenaline Auto Injectors (AAI’s) and Emergency Asthma Kits .......... 9

3.8 First aid/Recovery Room ........................................................................................... 9

3.9 Automated External Defibrillator (AED) .............................................................. 9

3.9.1 AED Location .................................................................................................... 9
3.9.2 Trained AED operators ................................................................. 9
3.9.3 AED inspection ................................................................. 10
3.9.4 AED use on children ................................................................. 10
3.9.5 AED use during pregnancy ................................................................. 10
3.10 Students with particular medical conditions ................................................................. 10
3.10.1 Personal Emergency Evacuation Plans (PEEP) ................................................................. 11
3.11 Disposal of bodily fluids ................................................................. 11
4. POLICY COMMUNICATION ................................................................. 11
Appendix 1 - Responsibilities of Principal FIRST AIDER ................................................................. 12
Appendix 2 - Responsibilities of Compliance and Projects Manager ................................................................. 13
Appendix 3 - Responsibilities of First aiders ................................................................. 14
Appendix 4 – Location of First aid kits ................................................................. 15
Appendix 5 - Administering Asthma inhalers with acu-chamber ................................................................. 17
Appendix 6 - Dealing with Head Injuries / Concussion ................................................................. 18
Appendix 7 - When to Call an Ambulance ................................................................. 23
Appendix 8 - HPA Good Hygiene Practice ................................................................. 24
Appendix 9 - Serious Response Flowcharts ................................................................. 25
Appendix 10 - Personal Emergency Evacuation Plans (Peeps) ................................................................. 33
Appendix 11 - Pre-Prep letter to parents regarding head injuries ................................................................. 35
Appendix 12 - Pre-Prep Head injury Advice leaflet ................................................................. 36
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.

All head injuries must be reported to the Health Centre so that follow up assessments can be undertaken in accordance with Appendix 6 – Dealing with head injuries / concussion.

### 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 12 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 cowshed 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 2019

<table>
<thead>
<tr>
<th>School / Dept</th>
<th>Approx Numbers staff/students</th>
<th>Minimum required First aiders based on numbers</th>
<th>Number available to each school/dept at Sept 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Prep pupils and staff</td>
<td>Pupils: 104 Staff: 24 Subtotal: 128</td>
<td>2</td>
<td>10 (plus 2 in Health Centre during term time)</td>
</tr>
<tr>
<td>Prep School pupils &amp; Staff</td>
<td>Pupils: 305 Staff: 42 Subtotal: 347</td>
<td>4</td>
<td>20 (plus 2 in Health Centre)</td>
</tr>
<tr>
<td>Senior School pupils and staff</td>
<td>Pupils: 590 Staff: 104 Subtotal: 694</td>
<td>7</td>
<td>59 (plus 2 in Health Centre)</td>
</tr>
<tr>
<td>Support Services staff &amp; peripatetic staff on campus</td>
<td>S/Services: 164 Peri Staff: 19 Subtotal: 183</td>
<td>2</td>
<td>EFAW: 8 FAW: 9 Total 17</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td></td>
<td>106 (excluding Health Centre during term time)</td>
</tr>
</tbody>
</table>
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 order a first aid kit via the Room Booking software which provides 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 Director of Sport 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 four AED’s available at the following locations:

1. Outside the small sports hall
2. Outside the rear of Standgrove Cottage (Astro area)
3. Outside the front of 9 Acre pavilion
4. Inside the dining hall cloister

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 every 6 months. Records of inspection are kept by the Health Centre.

### 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 to 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 on 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Responsibility for checking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Astro Pitch</td>
<td>Health Centre</td>
</tr>
<tr>
<td>Tennis Shed</td>
<td>Health Centre</td>
</tr>
<tr>
<td>Old Gym</td>
<td>Health Centre</td>
</tr>
<tr>
<td>OA Room</td>
<td>Health Centre</td>
</tr>
<tr>
<td>Main Gym</td>
<td>Health Centre</td>
</tr>
<tr>
<td>Fitness Gym boat house</td>
<td>Health Centre</td>
</tr>
<tr>
<td>Nine Acre Pavilion</td>
<td>Health Centre</td>
</tr>
<tr>
<td>Senior School Sports Department</td>
<td>Director of Sport (Senior School)</td>
</tr>
<tr>
<td>Swimming Pool</td>
<td>Swimming Pool Manager</td>
</tr>
<tr>
<td>Godwin Hall</td>
<td>Matron</td>
</tr>
<tr>
<td>Woodlands</td>
<td>Matron</td>
</tr>
<tr>
<td>Mertens</td>
<td>Matron</td>
</tr>
<tr>
<td>Hilton</td>
<td>Matron</td>
</tr>
<tr>
<td>Toynbee / Woodard</td>
<td>Matron</td>
</tr>
<tr>
<td>Crosse Day House</td>
<td>HoMM</td>
</tr>
<tr>
<td>Rhodes Day House</td>
<td>HoMM</td>
</tr>
<tr>
<td>Prep Boarding</td>
<td>Prep Matron</td>
</tr>
<tr>
<td>Music</td>
<td>Music Secretary</td>
</tr>
<tr>
<td>Laundry</td>
<td>Domestic Manager</td>
</tr>
<tr>
<td>Senior School Art Department</td>
<td>Art Technician</td>
</tr>
<tr>
<td>Science Department eyewash stations &amp; First aid kits</td>
<td>Science Technicians</td>
</tr>
<tr>
<td>D &amp; T Department</td>
<td>D&amp;T Technician</td>
</tr>
<tr>
<td>Prep School Office</td>
<td>Prep School Receptionist</td>
</tr>
<tr>
<td>Prep School Matron Office</td>
<td>Prep Matron</td>
</tr>
<tr>
<td>Prep School Art Department</td>
<td>Art Technician</td>
</tr>
<tr>
<td>Prep School Sports Department</td>
<td>Prep Matron</td>
</tr>
<tr>
<td>Pre Prep Office</td>
<td>Pre-Prep Secretary</td>
</tr>
<tr>
<td>Pre Prep Pigsty</td>
<td>Pre-Prep Secretary</td>
</tr>
<tr>
<td>Pre Prep Cowshed</td>
<td>Pre-Prep Secretary</td>
</tr>
<tr>
<td>Location</td>
<td>Responsibility for checking</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Pre Prep Farmhouse</td>
<td>Pre-Prep Secretary</td>
</tr>
<tr>
<td>Main Office</td>
<td>Office Manager</td>
</tr>
<tr>
<td>Grounds Department</td>
<td>Head of Grounds</td>
</tr>
<tr>
<td>Cleaners Office</td>
<td>Cleaning Supervisor</td>
</tr>
<tr>
<td>Stewards Office</td>
<td>Head Steward</td>
</tr>
<tr>
<td>Maintenance Department</td>
<td>Maintenance Manager</td>
</tr>
<tr>
<td>Catering Department</td>
<td>Catering Manager</td>
</tr>
<tr>
<td>Minibuses</td>
<td>Transport Manager</td>
</tr>
<tr>
<td>Old boat shed (Solar car project space)</td>
<td>Solar car project lead</td>
</tr>
</tbody>
</table>
APPENDIX 5 - 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 6 - 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 (GRTP) 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 GRTP, 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.
### Stages 2-4

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.

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

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Head injury advice sheet

Head Injury Advice Sheet
Advice for parents and carers of children

How is your child?

**RED**
If your child has any of the following during the next 48 hours:
- Vomits repeatedly (i.e. more than twice (at least 10 minutes between each vomit))
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help
Go to the nearest Hospital Emergency (A&E) Department or phone 999

**AMBER**
If your child has any of the following during the next 48 hours:
- Develops a persistent headache that doesn’t go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today
Please ring your GP surgery or call NHS 111 - dial 111

**GREEN**
If your child:
- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping
- If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP

Self Care
Continue providing your child’s care at home. If you are still concerned about your child, call NHS 111 — dial 111

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

www.what0-18.nhs.uk
This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight
Head Injury Advice Sheet
Advice for parents and carers of children

Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven’t been “knocked out”.
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don’t allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child’s brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child’s school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsEBXz
Football: goo.gl/AbgMx

For further support and advice about head injuries, contact:

- Call their helpline on 0303 303 2248
- Download factsheet from website: goo.gl/SPv4RJ
- Visit their support page: goo.gl/r9PZih

www.what0-18.nhs.uk
This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight
APPENDIX 7 - 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.
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.
APPENDIX 9 - SERIOUS RESPONSE FLOWCHARTS

Adult Basic Life Support

1. Unresponsive and not breathing normally
2. Call 999 and ask for an ambulance
3. 30 Chest compressions
4. 2 Rescue breaths
5. Continue CPR 30:2
6. As soon as AED arrives switch it on and follow instructions
Adult Choking

Assess severity

Severe
Airway obstruction
(ineffective cough)

Unconscious
Start CPR

Conscious
5 back blows
5 abdominal thrusts

Mild
Airway obstruction
(effective cough)

Encourage cough
Continue to check for
deterioration to ineffective cough
or until obstruction relieved
Paediatric Basic Life Support

Unresponsive

Call 999 and ask for an ambulance

Open airway

Not breathing normally

5 Rescue breaths

No signs of life

15 Chest compressions

2 Rescue breaths
15 Chest compressions

As soon as AED arrives switch it on and follow instructions
Paediatric Chocking

Assess severity

Ineffective cough
- Unconscious
  - Open airway
  - 5 breaths
  - Start CPR

- Conscious
  - 5 back blows
  - 5 thrusts
    (chest for infant)
    (abdominal for child > 1 year)

Effective cough

Encourage cough
- Continue to check for deterioration to ineffective cough or until obstruction relieved
Anaphylactic reactions Initial treatment

Anaphylactic reactions – Initial treatment

Anaphylactic reaction?

Airway, Breathing, Circulation, Disability, Exposure

Diagnosis - look for:
- Acute onset of illness
- Life-threatening Airway and/or Breathing and/or Circulation problems
- And usually skin changes

- Call for help
- Lie patient flat
- Raise patient’s legs (if breathing not impaired)

Intramuscular Adrenaline

1 Life-threatening problems:
Airway: swelling, hoarseness, stridor
Breathing: rapid breathing, wheeze, fatigue, cyanosis, $\text{SpO}_2 < 92\%$, confusion
Circulation: pale, clammy, low blood pressure, faintness, drowsy/coma

2 Intramuscular Adrenaline
IM doses of 1:1000 adrenaline (repeat after 5 min if no better)
- Adult: 500 micrograms IM (0.5 mL)
- Child more than 12 years: 500 micrograms IM (0.5 mL)
- Child 6-12 years: 300 micrograms IM (0.3 mL)
- Child less than 6 years: 150 micrograms IM (0.15 mL)
Autoinjector use

How to use an adrenalin autoinjector (Epipen, Jext or Emerade)

1. Hold in your dominant hand
2. Remove the cap with your other hand
3. Swing and jab the tip of the autoinjector into your upper, outer thigh (with or without clothes, but avoiding seams)
4. Hold the injection in place for 10 seconds
5. Massage the injection site for 10 seconds
6. Phone for an ambulance

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Epileptic seizures

EPILEPSY & SEIZURES:

Know What To Do!

DO  ❤️

- Cushion the person's head and remove dangerous obstacles.
- Turn the person on his side.
- Time the seizure.
- Loosen tight clothing, especially ties and collars.

DON’T  ❌

- Hold the person down.
- Put anything in the person's mouth.
- Panic. Stay calm, and call 911 if necessary.

© TheDiabetesCouncil.com
Asthma response flowchart

Mild Asthma Attack
- Increase in coughing
- Slight wheeze
- Able to speak in a sentence
- Not distressed

Help the child to:
- Breath slowly
- Sit upright or lean forward
- Loosen tight clothing
- Take Reliever Inhaler (blue) preferably through a spacer
- Repeat as required, up to a maximum of 4 puffs, until symptoms resolve

Is the child responding?
- NO
  - Reassure child
  - Stay with child until attack has resolved then return to class if able
  - Inform parent/carer
  - Offer a drink to relieve mouth dryness

While waiting for the ambulance:
- Continue to give reliever inhaler through a spacer.
- DO NOT attempt to put your arm round the child’s back or “cuddle” the child.
- Help the child to:
  - Breath slowly
  - Sit upright or lean forward
  - Loosen tight clothing

Severe Asthma Attack
- Using tummy muscles or muscle at the throat?
- Tell you that the blue inhaler at the normal dose is not working?
- Cough/audible wheeze/complaining of tight chest

Multi dose Reliever (BLUE) inhaler giving 10 puffs over 10 minutes through a spacer device

Is the child responding?
- YES
  - Reassure child
  - Contact parent/carer - child to be sent home

- NO
  - Distressed and gasping or struggling for breath
  - Unable to speak in a sentence
  - Showing signs of fatigue or exhaustion
  - Pale, sweaty and may be blue around the lips
  - Reduced level of consciousness

- Dial 999 for ambulance
- Follow instructions given by ambulance control staff
- Stay with child
- Reassure child
- Contact parent/carer
APPENDIX 10 - 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**

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/House</td>
<td></td>
</tr>
<tr>
<td>HoMM/Line Manager</td>
<td></td>
</tr>
<tr>
<td>Date PEEP is required for</td>
<td></td>
</tr>
<tr>
<td>Condition restricting mobility</td>
<td></td>
</tr>
</tbody>
</table>

**DESIGNATED ASSISTANCE**

The following people have been designated to give assistance in the following buildings:

**Consider:**
- HoMMs, matron, teachers and other staff, prefects or other students in House or class sets who can assist

**METHODS OF ASSISTANCE**

The following assistance will be provided:

**Consider:**
- Locating their boarding or day room on the ground floor next to the fire exit
- Checking the boarding or day room first to ensure they have evacuated
- Locating lessons, offices or meetings to ground floor locations if possible
- Informing teachers to allow extra time to move between lessons and allowing them to leave first should the fire alarm activate
- Asking other pupils to assist with their belonging

**OTHER POINTS TO CONSIDER**

**Consider other aspects of college activities that may be affected such as:**
- Queuing for meals
- Walking long distances between lessons and House
- Registrations
- Morning drop off & Afternoon pick up locations
APPENDIX 11 - 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 12 - PRE-PREP HEAD INJURY ADVICE LEAFLET

Caring for your child at home & / or on discharge from hospital

- 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.

Useful numbers

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, Shipney Road, Bognor Regis, PO22 5QF
  Open 8am - 8pm, 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 8am - 8pm, Monday – Friday (excluding bank holidays)
- Queen Victoria Hospital Minor Injuries Unit (MIU), East Grinstead
  Highfield Road, East Grinstead RH19 3DZ
  Open 8am - 8pm, 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/Mid Sussex area: HSCCG.contactus-horshamandmidsussexccg@nhs.net

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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