



First Aid Policy

This policy applies to:

All Staff and all Students

Person responsible for the policy:

Health, Safety, Environment and Compliance Advisor & Lead Nurse

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INTRODUCTION

The Health and Safety at Work Act 1974 etc 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 Health and Safety (First Aid) Regulations 1981 require employers to assess first aid needs and provide adequate arrangements.

Ardingly College Family of Schools (ACFS) is committed to providing enough 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.

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 or Health Centre. On receipt of this notification the school reception or Health Centre 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 office.

2.1.2 TERM TIME – OUT OF NORMAL SCHOOL DAY HOURS

All injuries during this time 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 can check All Staff Teams – Health and Safety Channel for 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. Students accidents are to be recorded on the student online accident form. The form is available in the all staff- Health and Safety section of Microsoft Teams. Staff and visitor accidents are to be recorded on the Staff and Visitors online accident Form and forwarded it to the Health, Safety, Environment and Compliance Advisor within 24 hours. The Staff and Visitors Accident form is available in the All Staff - Health and Safety Section of Microsoft Teams.

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

If the injured person is taken to hospital for treatment the Health, Safety, Environment and Compliance Advisor 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 Lead Nurse 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 Lower Prep Campus children who suffer an injury will be notified by the Lower Prep Campus School.

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

All head injuries must be reported via the online head injury / concussion form, if in any doubt take the student 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 AND CONCUSSION

A head injury is defined as a trauma to the scalp, skull, or brain.

A suspected concussion is a head injury along with one or more of the common symptoms of a concussion. Suspected concussion may be treated by the Health Centre and does not always require hospital treatment.

A concussion is defined as a traumatic brain injury that affects your brain function, as diagnosed by a medical professional.

The College follow the guidance as set out in the UK Government document UK Concussion Guidelines for Non-Elite (Grassroots) Sport.

Any student with a head injury or suspected concussion must be assessed by the supervising adult using the concussion tool, available on the Medical Centre Teams page. The concussion tool guides you through the initial assessment, with advice on whether a student can return to play or normal activities or needs further assessment by the health centre. If referring a student to the Health Centre they must be accompanied there by an adult. The Health Centre will then complete a full assessment and seek further medical advice if required.

Students with suspected concussion or concussion must rest for 24-48 hours and avoid screen time, as this has been shown to improve recovery. They must also be supervised for 24-48 hours to check for any signs of deterioration. They must not undertake sporting activities for 14 days and must not participate in sporting competitions for 21 days. Information will be issued by the Health Centre to parents or HoMMs for each student affected. See Appendix 6 for more information.

2.1.7 HEAD INJURIES IN THE LOWER PREP CAMPUS (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 using the concussion tool, available on the medical centre teams page and 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 is completed online and sent to parents via Tapestry 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 Lower Prep Campus but should be monitored for the signs indicated on the leaflet in Appendix 12 which is given to all staff and displayed in the Lower Prep Campus staff room. If the child remains within the Lower Prep Campus 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.

Lower Prep Campus

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 must consider first aid arrangements as part of the trip risk assessment process.

3 GENERAL ARRANGEMENTS

3.1 FIRST AIDERS (INC. MENTAL HEALTH FIRST AIDERS)

A first aid needs assessment has been carried out to determine the number of first aiders required and the level of training they need. First aiders are employees who have been selected by the Health, Safety, Environment and Compliance Advisor and the Lead 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 in the All Staff - Health and Safety Section of Microsoft Teams, 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 DoFE 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 are required, however considering 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.

In addition to general first aiders the College has a number of Mental Health First Aiders, whose primary role is to provide support and, where required to signpost someone experiencing mental health concerns to the support available to them. A list of current first aiders and mental health first aiders is retained by the Health Centre.

Note: Figures are accurate as of Sept 2023

School / Dept	Approx Numbers staff/students	Minimum required First aiders based on numbers	Number available to each school/dept at Sept 2023
Prep pupils and staff	Pupils: 260 Staff: 34 Subtotal: 294	10	31 (Plus Health Centre during term time)
Senior School pupils and staff	Pupils: 814 Staff: 96 Subtotal: 910	16	96 (Plus Health Centre during term time)
Support Services staff & peripatetic staff on campus	S/Services: 345 Subtotal: 345	7	EFAW: 39 FAW: 9 Total 48
Total		33	175 (Plus Health Centre during term time)

3.2 FIRST AID AND MENTAL HEALTH FIRST AID TRAINING

All staff nominated as first aiders will attend either a 1 day first aid course or a 3-day first aid at work course if more appropriate. As a minimum each boarding house must have either a house master / mistress or assistant house master /mistress trained. The Maintenance, Grounds and Catering departments must have staff trained in 3-day first aid at work.

In addition, the Health Centre provides mental health first aid, emergency first aid and de-fib training, anaphylactic shock, epilepsy, catastrophic bleeds, and other training as required for staff and students. This training 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 (AAI's) by the Lead Nurse in Charge of the Health Centre as required.

3.2.1 EARLY YEARS FOUNDATION STAGE (NURSERY & PRE-NURSERY)

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 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, First Aid at Work 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 Lead 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. The first aid kits are routinely checked and restocked twice a year and labelled as having been done so.

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 receptions
- Lower Prep Campus staff room
- Nursery
- Catering department
- Health Centre

These can be administered to a student that has a diagnosis of Anaphylaxis or Asthma, and whose parents have consented to its use. This list is kept with the emergency kits and is updated annually. These can be administered by any member of staff in an Emergency.

If the student has not got a diagnosis of Asthma or Anaphylaxis, nor is on the consent list, but it is felt necessary they need this medication, then on calling an ambulance permission can be sought from the call handler to administer.

The emergency kits are checked monthly during term time and documentation is held by the Health Centre.

3.8 FIRST AID/RECOVERY ROOM

A fully equipped first aid and recovery room is provided in the Health Centre. A private room can also be made available within the Health Centre 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 five AEDs equipped **with both adult and paediatric pads**, 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
5. Health Centre
6. Ardingly Activity Centre (owned by South East water and in locked cabinet. Code 0000)

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 run on site include a section on AED training. In addition, the Lead Nurse 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 AEDs 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, and during term time they are checked monthly. 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. The Resuscitation Guidelines state that if the standard AED is the only defibrillator available its use should be considered for children. Standard AED pads are suitable for children aged 8 years and above. Paediatric pads should be used for children aged between 1 – 8 years both are available in the AED case. If paediatric pads are not available, for example if you are off site, standard adult pads can be used and should be fitted on the back and chest.

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 the College their parents complete a medical questionnaire which identifies all medical conditions. To ensure medical information is current at the start of the Lent & Trinity Terms an e-mail is sent to parents requesting notification of new medical conditions. Students identified with medical needs are added to the medical conditions list and Medical Alert cards, detailing the condition, response and student's photo are completed and provided in various locations either on display boards or within a designated folder. 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 Room Booking software. Staff are trained in how to administer emergency medication by the Lead Nurse 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 and Lower School students or Form Tutor for Prep & Lower Prep Campus students will complete a PEEP using the form in Appendix 10. A copy of the PEEP will be copied to the Health, Safety, Environment and Compliance Advisor and the Health Centre for storing in the student's medical file.

3.11 DISPOSAL OF BODILY FLUIDS

All first aid kits contain a yellow clinical waste bag for items soiled with bodily fluid. 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 in the All Staff – Policies section of Microsoft Teams 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 Health, Safety, Environment and Compliance Advisor, 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 the online accident forms completed and forwarded to the Health, Safety, Environment and Compliance Advisor.
- Ensure, as required, medical alert cards are completed and updated as required. These are available on the all-staff channel on TEAMS.

APPENDIX 2 - RESPONSIBILITIES OF HEALTH, SAFETY, ENVIRONMENT AND COMPLIANCE ADVISOR

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

APPENDIX 3 - RESPONSIBILITIES OF FIRST AIDERS

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

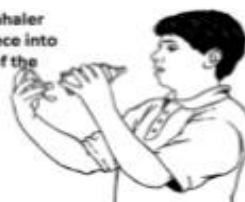
APPENDIX 4 – LOCATION OF FIRST AID KITS

Location	Responsibility	Staff Name/Date last checked
Astro Pitch	Health Centre	Becky Dobson
Tennis Shed	Health Centre	Becky Dobson
Old Gym	Health Centre	Becky Dobson
OA Room	Health Centre	Becky Dobson
Main Gym	Health Centre	Becky Dobson
Fitness Gym boat house (solar)	Health Centre	Becky Dobson
Nine Acre Pavilion	Health Centre	Becky Dobson
Senior School Sports Department	Director of Sport (Senior School)	Ross Millard
Swimming Pool	Swimming Pool Manager	Karen Pickering
Neale	House Supervisor	Yulia Mazna
Burgess	House Supervisor	Terisa Tuffin
Aberdeen	House Supervisor	Sheila Watt
Mertens	House Supervisor	Helen Gillings
Hilton	House Supervisor	Melanie Flowers
Toynbee	House Supervisor	Sandra McKay
Woodard	House Supervisor	Gaby Lethbridge/Ilona Day
Crosse Day House	House Supervisor	Tim Heavens
Rhodes Day House	House Supervisor	Emma Elwood
Pearson Day House	House Supervisor	Charlene Cannon
Lower School Boarding	Prep Matron	Karen Norman
Music	Music Secretary	Tracey Milne
Laundry	Laundry Supervisor	Margaret Thomas
Senior School Art Department eyewash stations & First aid kit	Art Technician	Berni Baker
Science Department eyewash stations & First aid kits	Science Technicians	Julian Chan & Angela Haines
D & T Department	D&T Technician	Lara Gosling
Prep School Office	Prep School Receptionist	Sam Davies

Location	Responsibility	Staff Name/Date last checked
Prep School Matron Office	Prep Matron	Donna Rutt
Prep School Art Department	Art Technician	Donna Rutt
Prep School Sports Department	Sports Department	Patrick Skinner
Pre Prep Lower Prep Campus	Lower Prep Campus	Helen Rhodes
Pre prep Pigsty	Lower Prep Campus	Helen Rhodes
Pre prep Cowshed	Lower Prep Campus	Helen Rhodes
Main Office	Office Manager	Gabriella MacLennan
Grounds Department	Head of Grounds	Ian Gosling
Cleaner's Office	Cleaning Supervisor	Lorraine Cooper
Steward's Office	Head Steward	Michael Cooper
Maintenance Department	Maintenance Manager	George Bacon
Catering Department	Catering Manager	Andy Cockram
Minibuses	Transport Manager	Helen Moore
Dance Studio	Head of Dance	Lindsay-Willis- Wood
Drama Office	Head of Drama	?
Ardingly Activity Centre	Head of Outdoor Education and Principal of AAC	Tom Booth

APPENDIX 5 - ADMINISTERING ASTHMA INHALERS WITH A SPACER

Know How to Use Your Asthma Inhaler Using a metered dose inhaler with a spacer

1 Take the cap off the inhaler and make sure the mouthpiece and spray hole are clean. 	6 Put the mouthpiece of the spacer in your mouth and above your tongue. 
2 Shake the inhaler 10-15 times. 	7 Close your lips around the spacer. 
3 Put the inhaler mouthpiece into the end of the spacer. 	8 Tilt your head back slightly toward the ceiling. Press the top of the inhaler to spray one dose of medicine. Slowly breathe in all the air you can and hold for 5-10 seconds. 
4 Inhale a deep breath and breathe out all the way. 	9 Open your mouth... 
5 Hold the inhaler and spacer between your index finger and thumb. 	10 ...and breathe out slowly. 

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). Concussion 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 UK Concussion Guidelines for Non-Elite (Grassroots) Sports

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:-

- Students will be seen by the Health Centre as soon as possible and advice followed.

- 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 14-day rest from sport. Therefore “Off Games” will be instituted for that period. If the student is symptom free they can then start a graduated return to play after 14 days, this will be assessed and cleared by the doctor.

If concussion is confirmed students are not to undertake competitive sports for 21 days.

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 (24-48 hours) then each stage will require the student to be symptom free before proceeding to the next stage. If symptoms occur the player will return to the previous stage, progressing again when symptom free.

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 1	Relative rest period (24-48 hours)	Take it easy for the first 24-48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
Stage 2	Return to normal daily activities outside of school or work.	• Increase mental activities through easy reading, limited television, games, and limited phone and computer use. • Gradually introduce school and work activities at home. • Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly.	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
	Physical Activity (e.g. week 1)	• After the initial 24–48 hours of relative rest, gradually increase light physical activity. • Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms.	
Stage 3	Increasing tolerance for thinking activities	• Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block. • Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours each week from home	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Light aerobic exercise (e.g. weeks 1 or 2)	• Walking or stationary cycling for 10–15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance. • If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptom exacerbation. • Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training.	

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 4	Return to study and work	May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-days, breaks, avoiding hard physical work, avoiding complicated study).	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Non-contact training (e.g. during week 2)	Start training activities in chosen sport once not experiencing symptoms at rest from the recent concussion. It is important to avoid any training activities involving head impacts or where there may be a risk of head injury. Now increase the intensity of exercise and resistance training.	
Stage 5	Return to full academic or work-related activity	Return to full activity and catch up on any missed work.	Individuals should only return to training activities involving head impacts or where there may be a risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days. Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.
	Unrestricted training activities (not before week 3)	When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury.	
Stage 6	Return to competition	This stage should not be reached before day 21* (at the earliest) <u>and</u> only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days <u>and</u> now symptom free during pre-competition training. * The day of the concussion is Day 0 (see example below).	Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury. Approximately two-thirds of individuals will be able to return to full sport by 28 days but children, adolescents and young adults may take longer. Disabled people will need specific tailored advice which is outside the remit of this guidance.

Example:

- Concussion on Saturday 1st October (Day 0)
- All concussion-related symptoms resolved by Wednesday 5th October (Day 4)
- No less than 14 days is needed before the individual returns to sport-specific training involving head impacts or where there may be a risk of head injury (Stage 5) on Wednesday 19th October (Day 18)
- Continue to be guided by the recommendations above and, if symptoms do not return, the individual may consider returning to competitive sport with risk of head impact on Wednesday 26th October (Day 25)

If symptoms continue beyond 28 days – remain out of sport and medical advice should be sought from a GP (which may in turn require specialist referral and review)

Stages 2-4 can be undertaken by the students with appropriate guidance and supervision by the Health Centre and the Director of Sport.

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 Lower Prep Campus pupils will be notified to parents in accordance with section 2.1.6.

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/1fsBXz



Football: goo.gl/zAgbMx



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/r9PZth



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 do not 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 or CPR until the ambulance arrives.

When it is 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 like contacting the health centre for advice before you dial 999.

APPENDIX 8 - HPA GOOD HYGIENE PRACTICE

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea 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 are also available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

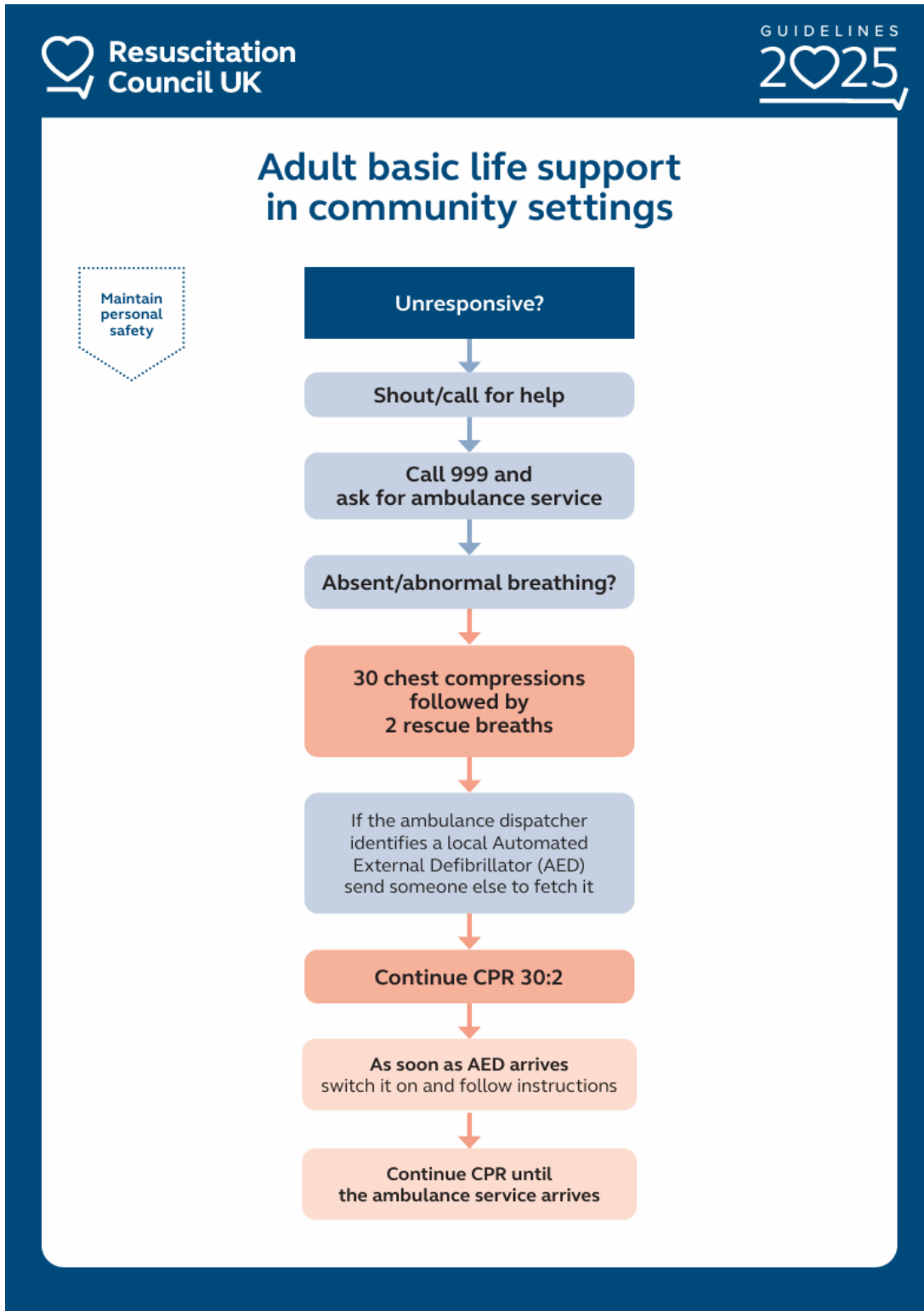
Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access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

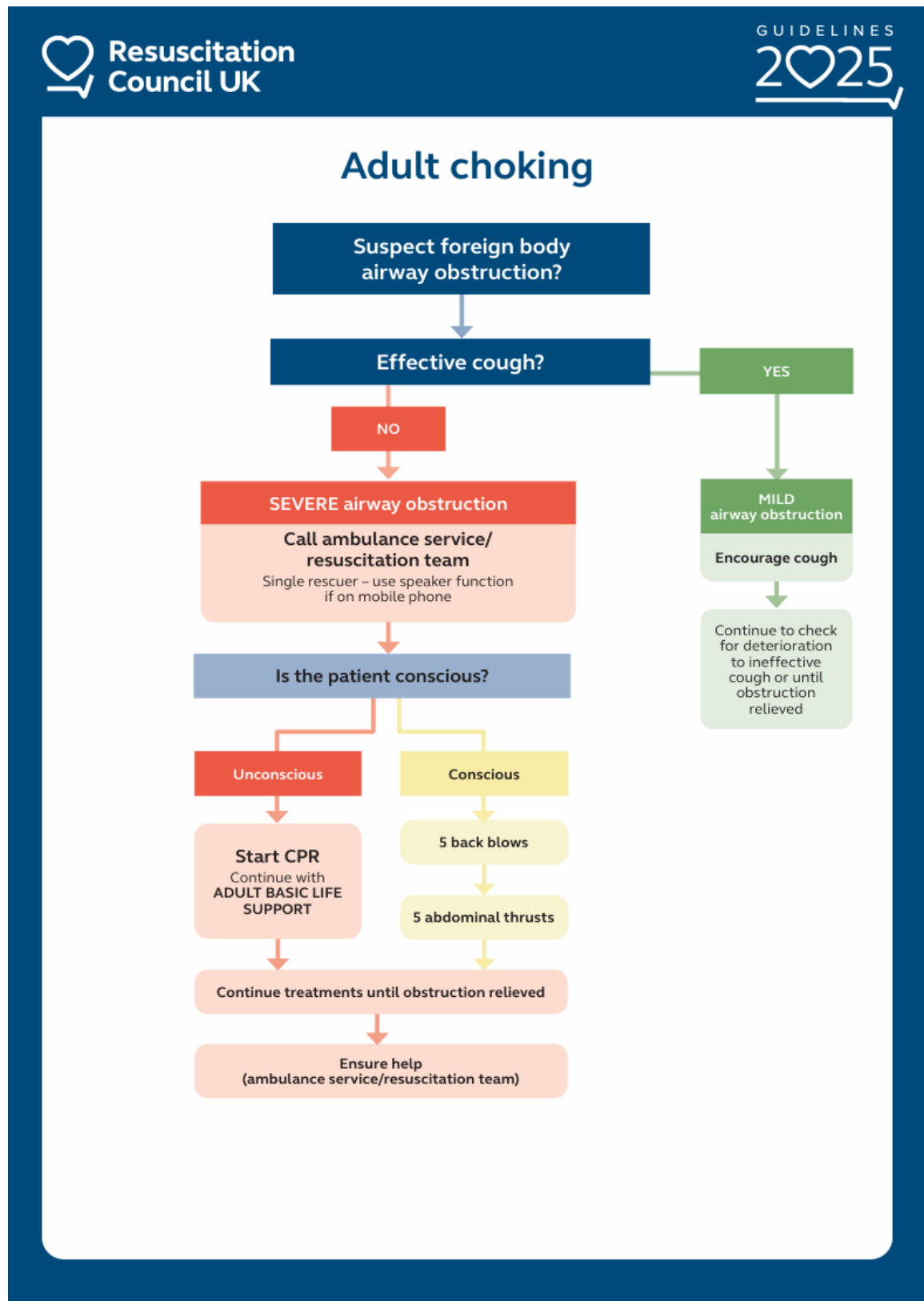
Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

APPENDIX 9 - SERIOUS RESPONSE FLOWCHARTS

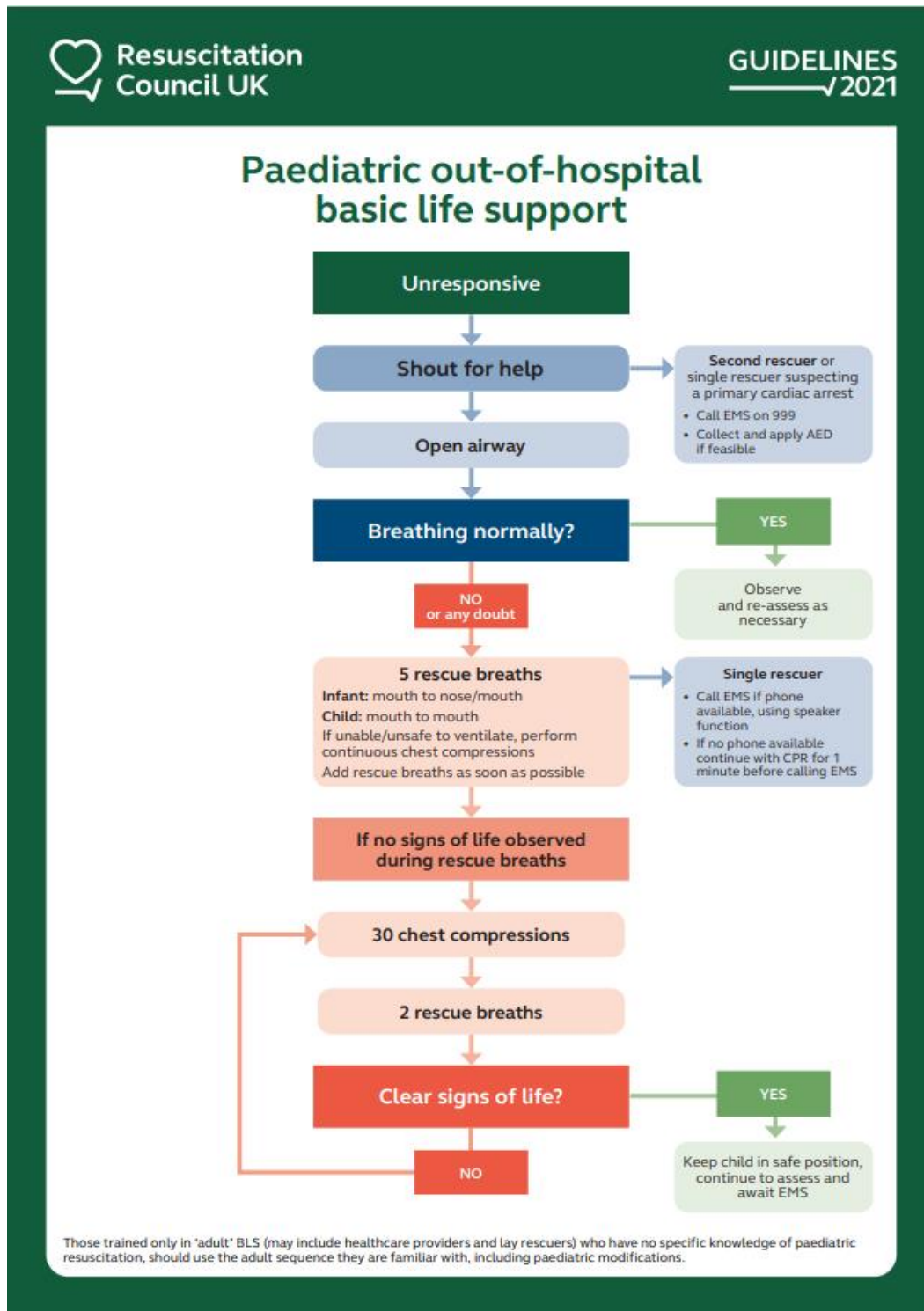
Adult Basic Life Support



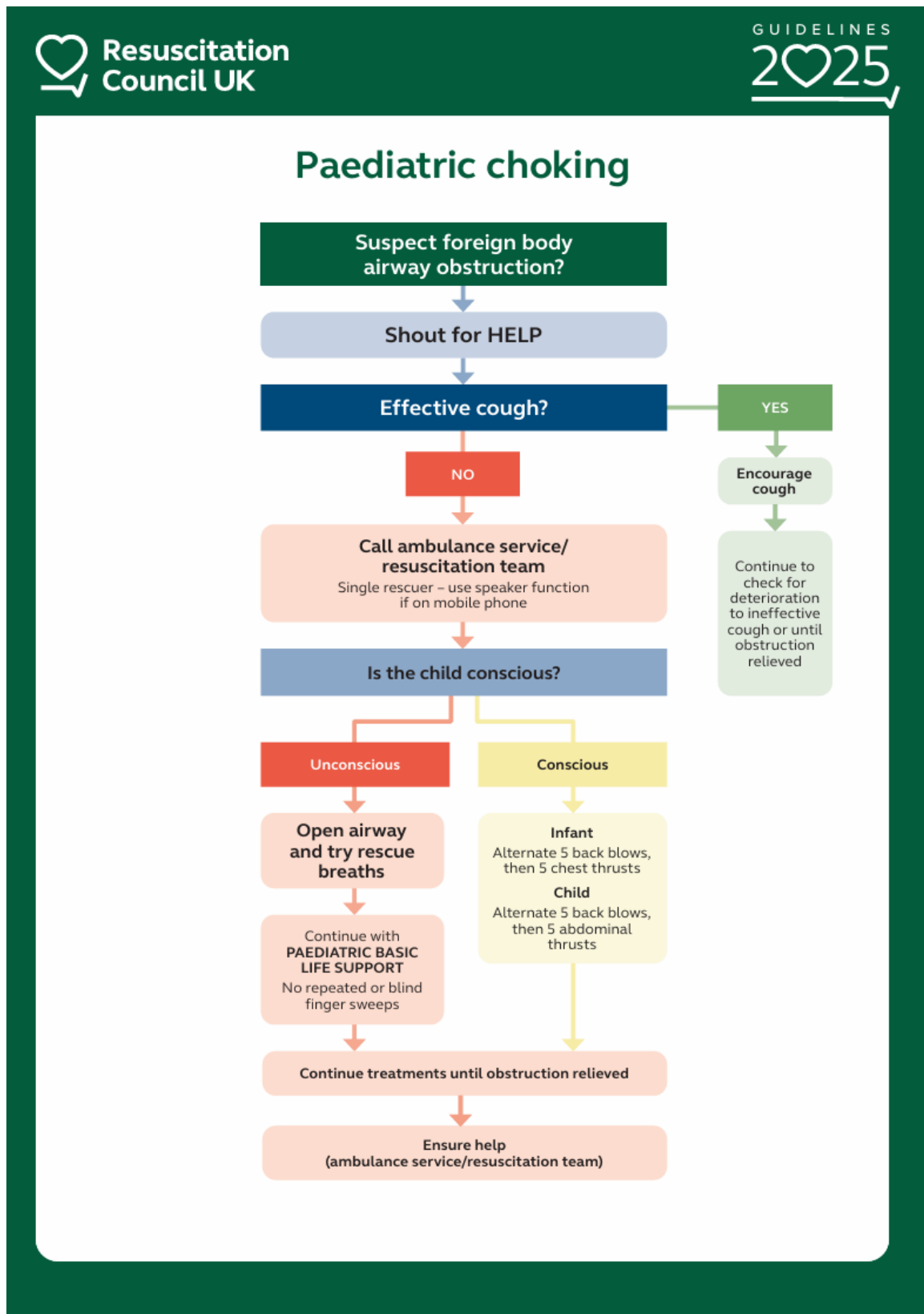
Adult Choking



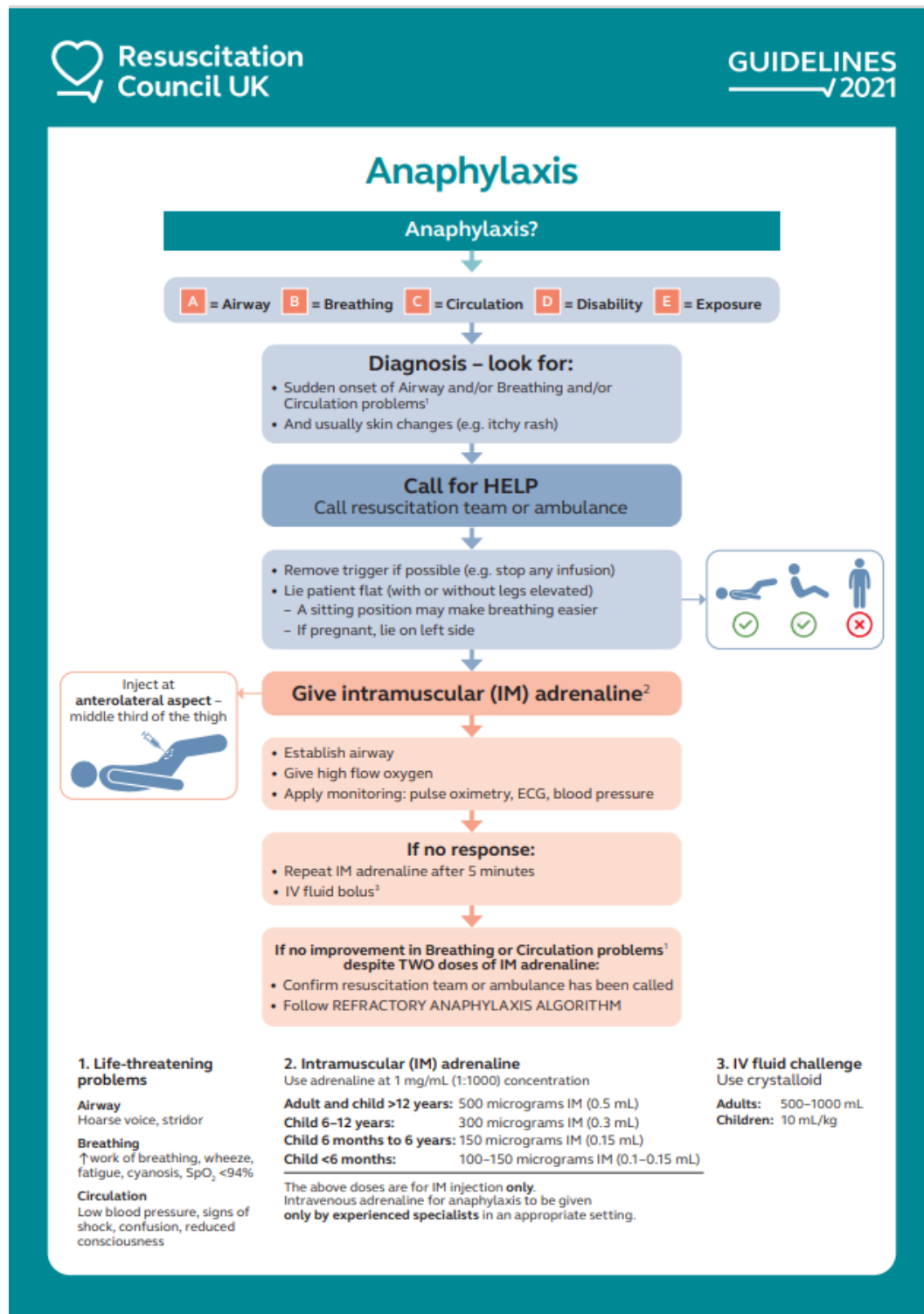
Paediatric Basic Life Support



Paediatric Choking



Anaphylactic reactions Initial treatment



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**

What to do if someone has a seizure (fit)

If you see someone having a seizure or fit, there are some simple things you can do to help.

It might be scary to witness, but do not panic.

If you're with someone having a seizure:

- only move them if they're in danger, such as near a busy road or hot cooker
- cushion their head if they're on the ground
- loosen any tight clothing around their neck, such as a collar or tie, to aid breathing
- turn them on to their side after their convulsions stop – read more about the recovery position
- stay with them and talk to them calmly until they recover
- note the time the seizure starts and finishes

If the person is in a wheelchair, put the brakes on and leave any seatbelt or harness on. Support them gently and cushion their head, but do not try to move them.

Do not put anything in their mouth, including your fingers. They should not have any food or drink until they have fully recovered.

When to call an ambulance

Call 999 and ask for an ambulance if:

- it's the first time someone has had a seizure
- the seizure lasts longer than is usual for them
- the seizure lasts more than 5 minutes, if you do not know how long their seizures usually last
- the person does not regain full consciousness, or has several seizures without regaining consciousness
- the person is seriously injured during the seizure
- the person has difficulty breathing after the seizure

People with epilepsy do not always need an ambulance or to go to hospital every time they have a seizure.

They usually have a care plan agreed with doctors and their family or carers that says what to do when they have a seizure, such as giving emergency medicine. If you know what to do and have been trained then you can follow their care plan.

Some people with epilepsy wear a special bracelet or carry a card to let medical professionals and anyone witnessing a seizure know they have epilepsy.

Epilepsy Action has more information about seizures that last longer than 5 minutes.

Make a note of any useful information

If you see someone having a seizure, you may notice things that could be useful for the person or their doctor to know:

- What were they doing before the seizure?
- Did the person mention any unusual sensations, such as an odd smell or taste?
- Did you notice any mood change, such as excitement, anxiety or anger?
- What brought your attention to the seizure? Was it a noise, such as the person falling over, or body movements, such as their eyes rolling or head turning?
- Did the seizure happen without warning?
- Was there any loss of consciousness or altered awareness?
- Did the person's colour change? For example, did they become paler than usual, flushed, blue or grey? If so, where – the face, lips or hands? On brown or black skin, changes in colour may be easier to see on the palms of the hands, soles of the feet, lips, gums and inside the eyelids.
- Did any parts of their body stiffen, jerk or twitch? If so, which parts?
- Did the person's breathing change?
- Did they perform any actions, such as mumble, wander about or fumble with clothing?
- How long did the seizure last?
- Did the person lose control of their bladder or bowel?
- Did they bite their tongue?
- How were they after the seizure?
- Did they need to sleep? If so, for how long?

The Royal College of Paediatrics and Child Health (RCPCH) also has useful leaflets you can download about a first seizure without a fever in children and young people.

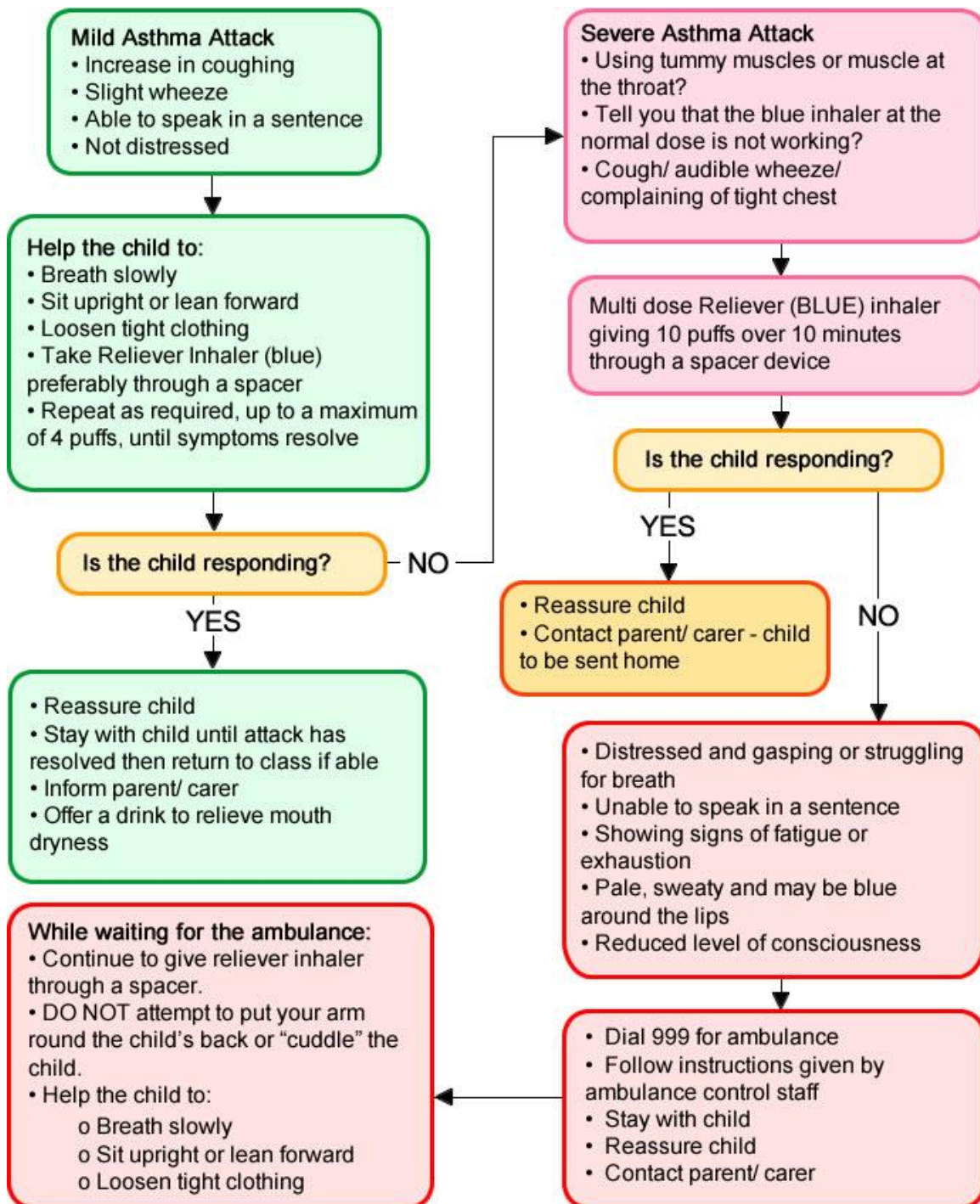
Keeping a seizure diary

If you have epilepsy, it can be helpful to record the details of your seizures in a diary.

Read more about seizure diaries and download one for free from:

- Epilepsy Action: keeping a seizure diary
- Epilepsy Society: seizure diaries

Asthma response flowchart



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 students 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 adjust 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 and to the Health, Safety, Compliance and Environment Manager.

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

Guidance

Guidance on completing a PEEP can be sought from the Health, Safety, Environment and Compliance Advisor if required.

Personal Emergency Evacuation Plan (PEEP) Form

Name	
Department/House	
HoMM/Line Manager	
Date PEEP is required for	
Condition restricting mobility	
DESIGNATED ASSISTANCE	
The following people have been designated to give assistance in the following buildings: Consider: • <i>HoMMs, matron, teachers and other staff, prefects or other students in House or class sets who can assist.</i>	
METHODS OF ASSISTANCE	
The following assistance will be provided: Consider: • <i>Locating their boarding or day room on the ground floor next to the fire exit</i> • <i>Checking the boarding or day room first to ensure they have evacuated.</i> • <i>Locating lessons, offices, or meetings to ground floor locations if possible.</i> • <i>Informing teachers to allow extra time to move between lessons and allowing them to leave first should the fire alarm activate.</i> • <i>Asking other pupils to assist with their belongings.</i>	
OTHER POINTS TO CONSIDER	
Consider other aspects of college activities that may be affected such as: • <i>Queuing for meals</i> • <i>Walking long distances between lessons and House</i> • <i>Registrations</i> • <i>Morning drop off & Afternoon pick up locations.</i>	

APPENDIX 11 - LOWER PREP CAMPUS 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 Lower Prep Campus Secretary in the school office.

Yours sincerely,

ARDINGLY LOWER PREP CAMPUS

Dear Lower Prep Campus 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 - LOWER PREP CAMPUS 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.

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

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

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

Shripney Road, Bognor Regis, PO22 9PP

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

Crawley Urgent Treatment Centre

Crawley Hospital, West Green Drive, Crawley RH11 7DH

Open 24 hours, 7 days a week

Horsham Minor Injuries Unit

Horsham Hospital, Hurst Rd, Horsham RH12 2DR

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

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

Holtye Road, East Grinstead RH19 3DZ

Open 8am- 10pm, 7 days a week

West Sussex - Family Information Service

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

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

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

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

Horsham/Mid Sussex area:

HSCCG.contactus-horshamandmidsussexccg@nhs.net



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

Designed by Door 22 Creative
Date of Publication: August 2014 / Review Date: August 2016

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.

APPENDIX 13 – RESUSCITATION GUIDANCE

Whenever CPR is carried out, particularly on an unfamiliar person, there is risk of cross infection particularly associated with giving rescue breaths. Normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given.

If you are in a situation where someone may require resuscitation:

Check for danger in the immediate vicinity

Check for a response from the casualty, do they respond to your voice or touch?

Shout for help.

Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth, but you may notice if their chest is rising and falling from a safer distance.

Call the ambulance on 999. Advise them you have an unconscious casualty who is not breathing.

Send someone to get the defibrillator and someone else to guide the ambulance to your location.

If there is a perceived risk of infection, rescuers should place a cloth/towel over the victim's mouth and nose and attempt compression only CPR and early defibrillation until the ambulance arrives.

Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.

Take turns administering CPR if possible, changing every 2 minutes and keep a note of how long you have been working.

If the rescuer has access to any form of personal protective equipment (PPE) this should be worn.

After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

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**
- **Allergy and Anaphylaxis Policy**