First Aid Policy

This whole school policy also applies to the Prep School

Contents

1. Introduction

1.1 First aid can save lives and prevent minor injuries from becoming major. First aid provision, to include both adequate numbers of appropriately trained staff and the provision of proper equipment, must be available at all times while people are on school premises and also for off-site activities such as school visits.

1.2 It is the responsibility of the Governing Body to ensure the correct provision of first aid in school. The day-to-day responsibility for this is delegated to the Head and the Director of Finance & Operations.

2. Scope

2.1 Tormead is committed to supplying appropriate emergency first aid provision, in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment.

2.2 The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors.

2.3 This policy aims to:

- Ensure that the school has adequate, safe and effective first aid provision for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident and injury, no matter how major or minor.
- Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

2.4 Nothing in this policy will affect the ability of any person to contact the emergency services in an event of an emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

3. Legal Framework

3.1 This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2015) 'Supporting pupils at school with medical conditions'

- DfE (2019) 'Automated external defibrillators (AEDs)'
- DfE (2023) 'Statutory framework for the early years foundation stage'
- DfE (2022) 'First aid in schools, early years and further education'.

3.2 The policy is implemented in conjunction with the following school policies:

- Health and Safety Policy
- Records Management Policy
- Behaviour Policy
- Safeguarding Policy
- Visits Policy.

4. Roles and Responsibilities

4.1 The governing board is responsible for:

- The overarching development and implementation of this policy and all corresponding procedures.
- Ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.
- Ensuring that there is a sufficient number of appointed first aiders within the school, based upon these assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for pupils and others complies with the relevant legislation and guidance.
- Ensuring that an 'appointed person' such as the Health Care Lead, is selected to lead in first aid arrangements and procedures for the school.

Note: Some of these responsibilities may be delegated to the Head or Director of Finance & Operations.

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4.2 The Head and the Director of Finance & Operations are responsible for:

- The development and implementation of this policy and its related procedures.
- Ensuring that all staff and parents are made aware of the school's policy and arrangements regarding first aid.
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- Ensuring that all pupils and staff are aware of the identities of the school first aiders and how to contact them if necessary.

4.3 Staff are responsible for:

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Securing the welfare of the pupils at school.
- Making pupils aware of the procedures to follow in the event of illness, accident or injury.

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4.4 First aid staff are responsible for:

- Completing and renewing training as dictated by the governing board.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools.

4.5 Health Care Lead (HCL)

The responsibility for first aid provision on the school premises rests primarily with the School Health Care Lead (HCL).

4.5.1 The key activities of the HCL include:

- Ensure that the Wellbeing Centre is correctly equipped and that medicines are kept up to date and safely stored.
- Ensure that first aid kits are correctly equipped (in accordance with DfE guidelines) and are available in designated areas of the School.
- Provide appropriate first aid kits for School visits.
- Prepare health care plans for all pupils with serious or potentially life-threatening health needs
- Display medical information and photographs for all pupils with serious or potentially life-threatening health needs on OneDrive and in hard copy in the Treatment Room of the Wellbeing Centre. Senior School and the Prep School staff should familiarise themselves with the health care needs of these pupils.
- Provide the Catering Manager with pupil allergen information which is displayed to catering staff in their work area.
- Obtain and keep accurate records of parental consent forms for administration of medicines, which are updated as and when further updated information is provided by parents.
- Liaise with the School Office staff and Heads of Year so that medical details about pupils recorded on ISAMS (the school's management information system for pupils) are up to date and correct and that all pupils with serious health needs (e.g., anaphylactic allergy, asthma, epilepsy, diabetes) are indicated as such (i.e. with a red 'flag'). (Only information given in writing by parents may be entered on the system).
- Keep accurate records of all first aid treatment and other treatment administered. Records should clearly state when parents are contacted.
- Inform the Head, other relevant members of SMT or the Prep School Head of any serious medical/ first aid issues as they arise.

- Ensure that accident forms are completed without delay, when appropriate (for pupils, staff and visitors). All accident forms should be copied to the Director of Finance & Operations who will follow the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 ('RIDDOR') guidelines to report relevant incidents to the Health and Safety Executive, where necessary.
- Keeps an accurate record of staff first aid training and organises renewal training and ensures the appropriateness' of training courses and training providers.

5. General provision and principles

5.1 Senior School pupils may go directly to the Wellbeing Centre at break times; permission should be sought from the responsible member of staff at all other times. Prep School pupils should be taken or sent to the Prep School office, where first aid can be administered. If necessary, the Health Care Lead will be contacted and/or the pupil taken to the Wellbeing Centre.

5.2 In Senior School, if the Wellbeing Centre is not open, staff and pupils should go to the School Reception and the staff there will arrange for a First Aider to attend to any problems. It is the responsibility of the Health Care Lead or Pupil Support and Attendance Officer to arrange for parent(s) or designated carer to be contacted if appropriate (e.g., if a pupil is unwell and needs to go home).

5.3 First Aid boxes are located in several locations around the School including each of the Prep School buildings, Senior school reception (with AED), Wellbeing Centre, Design and Technology room, science block, JCS and Sports Hall (with AED). The First Aid boxes are green and meet HSE guidelines.

5.4 In the event of an emergency, all teaching rooms have a green (urgent medical attention needed) or red (life threatening situation) card which should be removed, and a pupil sent with it to the School Reception where they should immediately show it to one of the office staff who will arrange for immediate and appropriate action to be taken.

5.5 Provision of first aid for after-hours events and non-school events is covered by the Premises Team or a suitably qualified first aider associated with the event. Suitable and sufficient first aid cover should be considered in the event risk assessment (with the first aider named) including temporary relocation of one of the AEDs.

5.6 First aid will be provided to staff as required by the HCL, a member of the School Office team or another member of staff on-site at the time who is suitably qualified in first aid. First aid should only be administered by qualified staff unless a delay would result in deterioration of the casualty, in which case best endeavours should be used and every effort made to locate qualified staff.

6. First-aiders and first aid training

6.1 Overview / Guiding Principles

6.1.1 Tormead is committed to providing first aid cover at a level which comfortably meets those guidelines stipulated by both the Health & Safety Executive (HSE) and Independent Schools Inspectorate (ISI).

6.1.2 The following approach has been drawn up to take into account the needs of all members of the school community both on site and during educational visits.

6.2 Qualifications

6.2.1 Tormead staff may be required to undertake one or more of the following first aid qualifications, depending upon their role.

Qualification	Duration	Requalification
First Aid at Work (FAW)	3 days	3 years
Emergency First Aid at Work (EFAW)	1 day	3 years
Paediatric First Aid (PFA)	2 days	3 years
REC (Remote Emergency Care)	2 days	3 years

6.3 Levels of Training

6.3.1 Roles which carry a first aid training element are detailed in the table and the paragraphs below. It should be noted that, while we aim to train staff to the levels stated below, it may not always be possible. In such cases, the level of risk will be assessed, and any necessary measures put in place to mitigate.

6.3.2 Staff in the roles outlined below are welcome to complete further training should they wish to do so. Similarly, any member of staff is welcome to join one of the first aid courses run at Tormead, especially if they will be running or accompanying visits.

6.3.3 There should be a number of key staff trained in First Aid at Work (FAW) to cover when the nurse is absent. There should be sufficient staff in EYFS trained in Paediatric First Aid(PFA). For other staff the minimum requirement is Emergency Paediatric First Aid (EPFA) and /or Emergency First Aid at Work(EFAW). However, the preferred in-house training is the First Aid for Schools course which is a blended course comprised of the Paediatric First Aid (PFA) and the EPFA/EFAW. The UK Resuscitation Council identifies a child as age 1-18 years and the CPR protocol is different. It is recommended that first aiders undertake The First Aid for Schools course to provide them with the higher level of training which may be required for trips, sport and school events.

Job title	FAW	EFAW and/or EPFA	PFA	Remote Emergency Care
Nurses		✓	✓	
Front Office x1	✓			
Head of Estates & Facilities	✓			
Premises Team x1	✓			
Senior School Head of Department (x2/Department or x1 for Department ≤ 3)		✓		
SMT		✓		
Senior School HoY		✓		
Prep School Senior Team		✓		

EYFS Team			✓	
KS1 Teaching Assistants		✓		
Technicians		✓		
PE Staff		✓		
Premises Team		✓		
Expedition Staff				✓

6.4 Visits

6.4.1 All visits must have appropriate first aid cover in the form of suitably qualified staff. Careful consideration should be given at the planning stage to the level of cover needed, taking into account the location and activities of the visit, transport arrangements, and the specific needs of the pupils in the party: for example, travel via two coaches would demand two first aiders. The appointed first aiders should discuss the specific needs of individual pupils beforehand with the Health Care Lead.

6.4.2 Local visits, where the pupils are travelling by foot, do not necessarily require a first aider to be in accompaniment. After considering the needs of the pupils involved as well as the destination and the level of first aid provision provided, staff planning such visits should make a proposal on their planning documentation which will then be approved or declined by the Assistant Head: Co-curricular.

6.4.3 In the Senior School, first aiders on visits must hold either an EPFA/EFAW, FAW or REC 2/3 qualification. Staff accompanying adventurous visits such as Sixth Form expeditions, may undertake specific first aid training for these situations.

6.4.4 In the Prep School, first aiders on visits must hold a PFA/EPFA qualification; this person will also act as the appointed person for adult first aid incidents.

6.5 Duke of Edinburgh's Award

6.5.1 Staff accompanying the Duke of Edinburgh's Award expeditions may undertake either of the following two-day (16 hour) qualifications:

- Expedition Care Program (ECP) Exploration Medicine
- Rescue Emergency Care (REC) Outdoor First Aid

6.5.2 The appropriate level of cover required for each expedition will be determined by the Assistant Head: Co-curricular

6.6 PE Department

6.6.1 Tormead PE teachers are all qualified in first aid, either at EFAW, FAW or PFA level. All training, matches and visits are carefully risk assessed with first aid provision considered specifically.

6.6.2 Sports coaches must be trained in a first aid qualification at the level required by their professional body. The existence of this qualification is confirmed by the Director of Sport upon appointment.

6.7 Delivery of Training

6.7.1 Most of Tormead's first aid training is delivered on-site by a suitable provider. . Any such course delivered at Tormead also includes defibrillator training and the use of auto-injector trainings.

6.7.2 If external training in EFAW, FAW or PFA is required, a suitable course should be sourced in consultation with the Health Care Lead.

6.7.3 Staff holding other qualifications will have their level of training assessed individually by the Director of Finance & Operations.

6.7.4 Refresher training is delivered to staff annually. This training covers:

- use of auto-injectors and inhalers (HCL) for all staff
- care plans (HCL) where appropriate.

6.8 Administration and Record Keeping

6.8.1 Accurate records of staff training are maintained on One Drive by the Health Care Lead who also oversees the schedule for retraining. Certificate originals are kept by the member of staff, with copies kept on file in the Health Care Lead's office.

6.9 Recruitment and Induction

6.9.1 It is the responsibility of the member of staff making the appointment to ensure that the necessary first aid qualification is undertaken. This will normally be the Director of Finance & Operations or Director of Sport. The Assistant Head: Co-curricular is responsible for ensuring that staff accompanying expeditions are appropriately qualified.

7. Infection Control

7.1 In the event of a pupil needing to be excluded from the classroom due to an infectious illness, the pupil will be escorted to the Wellbeing Centre and placed in the care of the Health Care Lead or, School Nurse a member of the Wellbeing Team

7.2 It is the responsibility of the Health Care Lead to arrange for parents or the designated carer to collect the pupil.

7.3 If the School has any reason to believe that a pupil is suffering from a notifiable disease as published by the Public Health Regulations 1988, the School will inform UKHSA Surrey and Sussex HPT (South East) 0344 225 3861. The email address for NON Covid-19 infection control outbreaks/queries is Se.acuteresponse@ukhsa.gov.uk All pupils with vomiting and / or diarrhea may not be in school until 48 hours after the last episode Tormead School will follow the UKHSA guidance on public health exclusions to indicate the time period an individual should not attend the school to reduce the risk of transmission during the infectious stage https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources

7.4 Precautions to avoid the spread of infection should be followed at all times

a) Hand hygiene

- Hands should be washed frequently with soap and water e.g. before eating or taking

medicine, after using the WC

- Pupils and staff should be encouraged to use antiseptic hand gel where provided

b) Procedures for dealing with the spillage of body fluids

- No-one should treat a person who is bleeding without protective non-latex gloves if it is at all avoidable (in medical centre and first aid kits)
- All body fluid spillages (vomit, blood, diarrhea) must be cleaned immediately. Gloves must be worn for this purpose. Separate sets of rubber gloves should be kept for this purpose and must be cleaned after each use by the Premises Team
- Absorbent granules should be dispersed over the spillage and left to absorb for a few minutes then swept up into paper. A designated dustpan and brush should be kept for this purpose. The paper should be put into a black dustbin bag, which should be sealed and placed in the external dustbins. The dustpan and brush must be washed after use.
- The area should then be washed with water and detergent by the Premises Team and left to dry.
- Hands must be washed thoroughly and dried afterwards.
- Anyone who is accidentally exposed to body fluids should alert the Health Care Lead immediately.

8. Sharps

8.1 Definition

8.1.1 For the purposes of this policy, "**sharps**" is defined as sharp objects such as needles, scalpels, razor blades and broken glass which pose a risk of an accidental penetrating injury or laceration or puncture to skin.

8.1.2 Sharps are not likely to be found commonly on school premises; however, staff will be vigilant towards the following circumstances in which sharps may be found:

- During school-based vaccination programmes.
- Where an individual within the school requires injections to manage a health condition.
- Where a pupil brings a sharp into the school.
- Where glass is broken within the school, or broken glass is found on or around the school premises.
- Where drug paraphernalia, e.g. heroin needles, is found on or around the school premises (highly unlikely).

8.1.3 In the context of this policy, offensive weapons are not considered sharps.

8.2 Handling and disposing of a sharp

8.2.1 All staff members will receive health and safety training as part of their induction, which will be refreshed annually. This training will include:

- The safe collection and disposal of sharps.
- Assembling sharps boxes and verifying that they are compliant with the accepted standards.
- The procedure to log incidents and who to inform.

- Immediate action in the event of sharps or needlestick injury.

8.2.2 Where an individual brings a sharp onto the school premises, e.g. a needle to manage a health condition, they will be responsible for its disposal. The use of needles for medication for an individual on the school premises will be managed in line with this policy.

8.2.3 The Head will ensure that all pupils are informed that, where they see a sharp, they must alert the nearest staff member immediately and avoid touching the sharp.

8.2.4 Where a sharp is found, the nearest staff member will move all pupils away from the area in order to prevent accidental injuries and will guard the sharp while alerting the Health Care Lead or the School Nurse to bring the sharps retrieval kit. Sharps retrieval kits will contain:

- Protective gloves.
- A pair of long-stemmed tongs.
- A pincer tool, e.g. tweezers.
- Brush and pan.
- Sharps box for disposal.

8.2.5 Sharps boxes will be marked 'Danger: Contaminated Sharps' and 'Destroy by Incineration'. They will be kept off the floor and out of the reach of pupils. Sharps boxes must not be filled above the designated fill line on the outside of the box. Once filled, boxes will be sealed immediately and removed by a clinical waste contractor or a specialist collection service.

8.2.6 The staff member will check the surrounding area carefully to ensure that no other sharps are in the vicinity. Where the sharp cannot be removed immediately, e.g. due to a delay in obtaining the sharps retrieval kit, the nearest staff member will place a cone or box on top of the sharp to prevent anyone from touching or finding it.

8.2.7 The following procedure will be followed in the event that sharps are found on the school premises:

- Health Care Team staff will wear protective gloves and will not handle sharps with bare hands.
- Staff will not handle sharps while barefoot or wearing open shoes, as injury may occur if the sharp is dropped on feet.
- Only one sharp will be handled at a time and, where there are multiple, sharps will be carefully separated using the pair of tongs.
- Sharps will be picked up using the relevant equipment, e.g. pair of tongs or brush and pan for broken glass, and place it into the sharps box, which will be brought to the sharp rather than the other way around.
- The appropriate staff, including the Head and the Head of Facilities and Estates, will be informed.
- The incident will be recorded, with details of when, where and by whom the sharp was found.
- Sharps will be disposed of quickly and safely into the school's sharps bin.

8.3 Sharps injury

8.3.1 First aid staff will be trained in handling sharps injuries, and will adhere following guidelines in case of injury from a contaminated sharp:

- Encourage the wound to bleed gently, ideally by holding it under running water
- Wash the wound using water and soap
- Avoid scrubbing the wound while washing
- Avoid sucking the wound
- Dry the wound and cover it with a waterproof dressing
- Seek medical advice
- Injuries will be handled in line with the First Aid Policy.

9 Administration of Medicines

9.1 Prescribed Medicine

9.2.1 Parents of Senior School pupils should contact the Health Care Lead to request the administration of prescription medicine in school. The medicine should be sent into school in its original packaging, together with a completed "Consent to Administer Medication" form . Pupils should go to the Wellbeing Centre to take their medicine under the Health Care Lead's supervision. Medication is stored in a locked cupboard.

9.2.2 For Prep School pupils, the medicine should be handed to the pupil's class teacher or the Prep School Secretary together with a completed "Consent to Administer Medication" form.

9.2.3 It is the parent's responsibility to ensure that medicine is available for their daughters as needed and that it is within date. Parents are also responsible for the collection of medicines no longer required and for the disposal of date-expired medicines.

9.2.4 Pupils who are prescribed adrenaline autoinjectors are required to carry one (preferably two) in date devices in their school bags. Generic adrenaline auto-injectors are available in the case of an emergency where a pupil's own adrenaline auto-injector is damaged, lost, out of date or a subsequent dose is needed during an anaphylactic reaction.

9.2.5 All pupils with prescribed adrenaline-autoinjectors are able to access the school's generic emergency adrenaline auto-injectors. The generic emergency boxes are orange and marked 'allergy response'. The generic boxes are located in the Prep School Staffroom, Senior School Reception, the Treatment Room of the Wellbeing Centre and the Food and Nutrition Classroom

9.2.6 Staff have a right to periodically check to see pupils are carrying their adrenaline auto-injector. Parents are responsible to ensure the products are in date, non-damaged and available with their child daily.

9.2.7 Pupil who are prescribed salbutamol (Ventolin) inhalers are required to carry one (preferably two) in date inhalers in their school bags. Generic salbutamol (Ventolin) inhalers are available in the case of an emergency where a pupil's own inhaler is damaged, lost, out of date or a subsequent dose is needed during an asthma attack.

9.2.8 All pupils with prescribed with Salbutamol (Ventolin) are able to access the school's generic emergency Salbutamol (Ventolin) inhalers. The generic emergency boxes are clear or yellow and marked 'asthma inhaler kit'. The generic boxes are located in the Prep School Staffroom, Senior School Reception, the Treatment Room of the Wellbeing Centre and the PE office. Staff has a right to periodically check to see pupils are carrying their inhaler. Parents are responsible to ensure the products are in date, non-damaged and available with their child daily.

9.2.9 Pupils with insulin and diabetic equipment must keep one supply of products on themselves and one in the Treatment Room of the Wellbeing Centre.

9.3 Non-Prescription Medicine

9.3.1 A limited number of non-prescription medicines or remedies (paracetamol, ibuprofen, bite and sting cream and antihistamine tablets) may be given to pupils whose parents have signed the necessary consent form when joining Tormead. Any pupil requiring these during the School day must be sent to the Wellbeing Centre to see the Health Care Lead or the school nurse or, if in the Prep School, to their class teacher, Prep School Secretary or the Prep School member of staff on duty, who will consult the pupil's records and take appropriate action.

9.3.2 If a parent requests any non-prescription medication other than these to be administered to their daughter, this must be handed directly to the Health Care Lead to be kept in a locked cupboard in the Wellbeing Centre. In the Prep School, non-prescription medicines should be handed to the Class Teacher or Prep School Secretary. These are then placed in the medicine fridge in the staff room or in the lockable storage also in the staffroom. Any such medicine must be clearly named in an appropriate container and be accompanied by s "Consent to Administer Medications" form. It is the parents' responsibility to ensure medication does not exceed its expiry date. The School will work in partnership with parents to supervise the administration of medicines.

9.3.3 No medication may be carried by pupils during the school day but must be securely stored in the Wellbeing Centre in a locked cupboard or refrigerator. The only exception to this is such emergency medication as asthma inhalers, adrenaline auto-injectors and insulin injections, which pupils must carry in their school bag. Non-prescription medicines are usually given to pupils in school by the Health Care Lead, the School Nurse or the Pupil Support and Attendance Officer in the Wellbeing Centre.

9.3.4 In the event of both the Health Care Lead and Pupil Support being unavailable, the Senior school office secretaries may dispense non-prescription medications. Medications are normally given by the Prep school secretary or teacher in their absence. An digital record of any such dispensing in Senior school is made to the Health Care Lead for official recording in the Wellbeing Centre.

9.3.5 Prep School medications are recorded in the medications record book and parents are informed of the dose and time any medication is given via the child's written school diary, email or iPad depending on the child's age and communication preferences of parents.

9.4 Storage of Medicines

9.4.1 The following procedure should be followed:

- Medicines should only be stored in their original containers and in accordance with product instructions.
- The container should be clearly marked with the name of the pupil, the name and dose of medicine and the frequency of administration
- In the Senior School medicines are stored in a locked cupboard or locked fridge which is temperature controlled. The fridge temperature is checked daily when in use.
- In the Prep School medicines are stored in the lockable storage or the Staff Room medicine fridge both of which are located in the staff room.
- Controlled medicines are stored in a locked cabinet inside a locked cupboard fixed to a wall in the Treatment Room of the Wellbeing Centre. 'Controlled medicines' are classified (by law) based on their benefit when used in medical treatment and their harm if misused: https://www.nhs.uk/common-health-questions/medicines/what-is-a-controlled-medicine-drug/
- Medicines that pupils may need immediate access to are stored in the Treatment Room of the Wellbeing Centre or in the Prep School staff room and can be accessed via a locked door.
- The key to the Treatment Room, the medication cupboard and the controlled medication box are kept on the key ring of the Health Care Lead. The key ring is kept in the reception of the Wellbeing Center, in a locked drawer when the Health Care Lead is not onsite. In event of emergency the estates department has copies of the keys.

10 School Visits or Out of School Activities

10.2 If a pupil is required to take a prescribed medicine, e.g. antibiotics, during an out of school visit or activity, the Visit Leader should be informed.

10.3 All prescription and non-prescription medication required on a school trip needs to be presented to the Visit Leader along with a recording form completed by the parent that states the medication name, dose and dosing schedule for regular medications (e.g. antibiotics) and medication name, dose and frequency allowed of as required medications (e.g. allergy tablets or creams). Generally, all medications provided by a pupil will remain with the Visit Leader who will dispense to the pupil at the times required or if needed for non-regular medications. Exceptions may occur such as when staying with a host family.

10.4 The appointed first-aider on school trips will carry paracetamol and a short-acting antihistamine for use in the event of acute pain or allergic reaction on a school outing. The first-aider will have available a dosing guidelines chart, a medical information and contact details record and a recording form for any medications dispensed on a school outing.

10.5 A record must be kept on the form provided in the visits pack of all medicines administered on a visit and this form returned to the Health Care Lead.

10.6 Pupils who need for example asthma inhalers, adrenaline auto-injectors and insulin injections are required to have these available for use on any visits. One asthma inhaler and/or one adrenaline auto injector is required on a day trip and two asthma inhalers and/or two autoinjectors for residential trips. Failure to provide prescribed emergency medication as above, will result in the pupil staying behind from a trip.

10.7 The PE department has first aid bags to provide sports appropriate first aid care both

onsite and off. The bags are red and orange in colour and are stored in the PE office. The PE staff are responsible for checking and maintaining the contents of their travelling first aid bags. The HCL orders and stores extra first aid supplies for the PE department.

11 Automated External Defibrillators

11.2 There are three automated external defibrillators (AEDs) in School. .The first AED is located in the Senior School Office. The second AED is located in the Sports Hall inside a white, unlocked and unalarmed box to the left inside the main door. The third AED is in the entrance to the Prep School on the right hand wall. AEDs are visually inspected regularly by the nurse or, during the holidays, the premises team and the AEDs sound an alarm when battery levels are low / in need of replacement. The following procedure is based on guidance from the Resuscitation Council (UK) (https://www.resus.org.uk/resuscitation-guidelines/adult-basic-life-support-and-automated- external-defibrillation/).

11.3 AEDs are for use on casualties in cardiac arrest and greatly increase the chance of survival. ***The chances of survival diminish quickly when the application of the defibrillator is delayed.*** The aim is to apply the defibrillator in three minutes or less. Cardiac arrest is uncommon but can happen to anyone, although some people have higher risk than others.

11.4 Casualties in cardiac arrest will:

- Be unconscious
- Be unresponsive
- Not be breathing normally or not breathing at all
- A short period of seizure-like movements can occur at the start of cardiac arrest.

11.5 If cardiac arrest is suspected, the procedure below must be followed without delay:

11.6 If help is available (from any source):

- An ambulance must be called **immediately**. Send a red first aid card to the front office without delay.
- The front office will call an ambulance and will dispatch help to the scene.
- If an ambulance is called by other means, the School Office must be notified without delay, so they can send the defibrillator to you and can direct the ambulance on arrival.
- If you are near the Sports Hall, then in addition, send someone to fetch the closest defibrillator.
- In the meantime, commence CPR if you have been trained.
- Once the defibrillator arrives, and if you feel confident to do so, remove it from the case and switch it on. Follow the voice prompts. Otherwise await the arrival of trained staff while you continue with CPR.
- While training is ideal, AEDs may be used by people without training.
- It is **essential** that no one is touching the casualty when a shock is delivered.

11.7 If you are alone and the casualty is an adult :

- Call an ambulance immediately and fetch the nearest defibrillator
- Follow the voice prompts.

11.8 If you are alone and the casualty is below the age of 18:

- Undertake CPR for one minute before following the steps above.

11.9 For casualties below the age of eight, insert the paediatric key into the defibrillator located inside the case.

12. Medical Alerts

12. 1 Pupils with Medical Alert

12.1.1 Pupils with asthma, epilepsy, diabetes and other chronic conditions, who may need urgent medication or treatment at certain times, are identified by a red flag on the ISAMS system. Many of the pupils will have an agreed individual health care plan.

12.1.2 Individual Health Care Plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on a child's case. The aim is to ensure the School knows how to support the child effectively and to provide clarity about what needs to be done, when and by whom. IHCPs are available in the Allstaff shared drive.

12.1.3 Pupils with a suspected concussion will be treated under the Concussion Protocol which is outlined in Appendix 1.

12.2 Asthma

12.2.1 There are emergency Salbutamol (Ventolin) Inhaler kits in the Senior School reception, Prep School office, Medical Room of Wellbeing Centre and PE office. The kits contain an asthma inhaler and spacer to deliver the medication if required. The kits are bright yellow or clear with a green coloured label 'Emergency Asthma Kit'. Emergency Salbutamol (Ventolin) may be given to any pupil with a diagnosed condition of asthma. The kits are available as a safety measure if the pupil has a missing, empty or damaged inhaler. In event of any other child experiencing shortness of breath, 999 should be called and the Health Care Lead contacted if she is present in the building.

12.3 Emergency procedure – asthma attack

12.3.1 In the event of an asthma attack the following guidelines should be followed:

a) Recognising an asthma attack:
- Persistent cough
- Wheezing sound when breathing
- Difficulty breathing
- Unable to talk or complete sentences.
- May report a 'tight chest'.

b) Severe signs: CALL 999 immediately
- Appears exhausted
- Blue or white appearance around lips
- Loss of consciousness or reduced level of consciousness

c) Action:
- Give salbutamol (Ventolin) 2 puffs of their own inhaler if available or use the School Emergency inhaler with the spacer. Keep child sitting up if possible.
- Continue to give salbutamol (Ventolin) 2 puffs with the spacer every 2 minutes up to 10 puffs. If the child is not improving or you are concerned call 999.

- Continue to give another 10 puffs of Ventolin as above if needed if the ambulance has not arrived.

12.3 Anaphylaxis

12.3.1 There are Emergency Adrenaline Auto-Injector Kits (also known as Anaphylaxis Kits) in the Senior School Office, Prep School office, Medical Room of Wellbeing Centre and Food & Nutrition room. The kits contain an adrenaline auto-injector. The kits are orange and labelled 'Emergency Allergy Response'. Emergency auto-injectors may be given to any pupil with a prescribed auto-injector. The kits are available as a safety measure if the pupil has a missing or damaged auto-injector, or if they require a subsequent dose of adrenaline during an anaphylaxis. In the event of any other child experiencing symptoms of anaphylaxis, 999 should be called and the HCL contacted if she is present in the building.

12.3.2 Please see below further details for the emergency procedure *(adapted from allergy action plan (2013) www.bsaci.org)*

12.3.3 In event of anaphylaxis the following guidelines should be followed:

a) Mild-moderate allergic reaction

Signs & Symptoms:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with child, call for help if necessary
- Give antihistamine (Piriton or other)
- Contact parents

b) Life-threatening allergic reaction (ANAPHYLAXIS)

- Airway: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- Breathing: Difficult or noise breathing, wheeze or persistent cough
- Consciousness: Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

Action:

- Lie child flat. If breathing difficult, allow to sit
- Give adrenaline auto-injector
- Dial 999 for an ambulance and say ANA-FIL-AX-IS
- If in doubt, give EpiPen

After giving adrenaline auto-injector:

- Stay with child, contact parent
- Commence CPR if there are no signs of life
- If no improvement after 5 minutes, give a further adrenaline auto-injector

12.4 Calling an Ambulance

12.4.1 During school hours and on school premises the School Reception or Health Care Lead would normally be responsible for calling an ambulance. Out of school hours, on a visit, or **if the situation is life threatening**, the member of staff in charge should dial 999 without delay and call an ambulance. Please speak clearly and slowly. A member of SMT should be informed immediately. The following information should be given to the emergency services:

- Your telephone number (01483 575101 Senior School office, 01483 769073 Prep School office)
- Your location (Tormead School, Cranley Road, Guildford, GU1 2JD)
- Exact location within the school *(e.g. first floor in the sports hall)*
- Your name
- Brief description of pupil's symptoms, emphasising the reasons for calling
- Instructions to come to the main entrance at the front of school
- Confirm the ambulance crew will be met and taken to the pupil
- Listen carefully to any instructions given
- Call the parents
- Inform Reception
- A member of staff should accompany a pupil taken to hospital and stay until the parent arrives
- Staff should not take a pupil to hospital in their own car without prior consultation with a member of SMT.

13. Confidentiality

13.1 On admission, parents are requested to provide full information concerning their daughter's health.

13.2 The Head may at any time require a medical opinion or certificate as to a pupil's general health where the Head considers that necessary as a matter of professional judgment in the interests of the pupil and/or the School. If the pupil is of sufficient age and maturity, they are entitled to insist on confidentiality which can nonetheless be overridden in the pupil's own interests or where necessary for the protection of other members of the school community.

13.3 Throughout the pupil's time as a member of the School, the Health Care Lead has the right to disclose **confidential** information about the pupil, if considered to be in the pupil's own interests or necessary for protection of other members of the school community. Such information will be given and received on a **confidential** *"need to know"* basis.

13.4 The Health Care Lead provides medical services to pupils and staff, brief details of which are recorded in a daily log and on ISAMS. Information obtained as part of these services will be given and received on a **confidential** *"need to know"* basis.

13.5 The Health Care Lead will observe the rules on confidentiality set out in the Code of Conduct on professional standards for nurses and midwives issued by the Nursing and Midwifery Council.

13.6 The Health Care Lead is able to advise pupils about such matters as contraception and sexual health on a confidential basis, provided that she is satisfied that the pupil has sufficient maturity

and understanding to make such decisions. She will always encourage pupils to confide in their parents. **If there are concerns or disclosures of abuse, the School's Safeguarding Policy will apply, and concerns will be reported to the Designated Safeguarding Lead or the local children's safeguarding board.**

Date of Last Review: February 2024

By Resolution of the Governing Body:

MR MATTHEW HOWSE
Chair of Governors

MR D BOYD
Head

March 2024

APPENDIX 1 – Head Injury and Concussion Protocol

Concussion Recognition and Management

Introduction

Pupils' health and welfare is of the utmost importance both on and off the sports field and this document is intended to outline the protocols that must be followed in the event of a head injury in any sport or activity. Concussion must be taken extremely seriously to safeguard the short- and long-term health and welfare of pupils. This document is created in line with the UK Concussion Guidelines for Non-Elite (Grassroots) Sport April 2023.

What is Concussion, It's Causes and Consequences?

- A traumatic brain injury caused by a blow to the head or the body which causes shaking of the brain
- Leads to a disturbance in brain function which can affect a pupil's thinking, memory, behaviour, mood or level of consciousness. It can also produce physical symptoms e.g. headache, dizziness and unsteadiness, nausea and vomiting.
- Can occur without loss of consciousness.
- Any pupil who displays one or more observable signs or symptoms of concussion, should be removed from play/activity immediately (**If in doubt, sit them out**). The pupil should be assessed by an appropriate on-site Healthcare Professional or by accessing the NHS by calling 111 within 24 hours of the injury.
- Most will recover following physical and mental rest (80-90% of concussions resolve within a 7-10 day period).
- Children and adolescents:

- May be more susceptible to concussion.
- Take longer to recover and returning to education too early may exacerbate symptoms and prolong recovery.
- Are more susceptible to rare and dangerous neurological complications, including death caused by a second impact before recovering from a previous concussion.

Roles and Responsibilities

Sport coaches/ First Aider/ School Nurse

Coaches have an integral role in the prevention and management of concussion. All coaches should be able to recognise suspected concussion and are in the best position to remove the pupil from play. Sports coaches and the nurses are trained to recognise the symptoms and signs of concussion and the danger signs of a potentially more serious brain injury. Training is provided through an online programme and will be renewed annually.

Pupils with any symptoms following a blow to the head or whiplash type injury will be removed from playing or training (if in doubt, sit them out). Notify parent(s) of all head injuries by phone, email or a note in the homework diary (Prep), dependent on seriousness. This will be done by the sport coach/first aider or the school nurse dealing with the initial injury. Provide a concussion advice leaflet to Parents (Appendix 1). Arrange for the pupil to get home safely. Notify Director of Sport and School Nurse. Follow a graduated return to activity (education) and sport programme.

The School Nurse will assist with confirmation of a concussion if within 24 hours of injury. Pupils with a confirmed concussion injury will be added to the Off Games Register available to all Sport Coaches. The pupil's teachers will be notified of the concussion injury by email via iSAMS.

Parents

For all cases of suspected concussion the parent should seek further medical advice, within 24 hours of injury, via an appropriate healthcare practitioner on site or by accessing the NHS by calling 111.

It is important that all signs and symptoms of a suspected concussion are noted and communicated to the Healthcare Practitioner directly or via the player/parents to pass on. Signs and symptoms are often short lived and may only be witnessed at the time of injury or immediately afterwards. If this is the case, even if the Healthcare Practitioner confirms that there are no underlying issues, and the player has no ongoing symptoms the player should undertake the Return to Play. Healthcare practitioners should avoid ruling out a concussion in players who are asymptomatic at the time, where there is even a suggestion of signs/symptoms at the time of injury, regardless of how brief these symptoms may have been.
Do not leave your child alone for the first 24 hours. Monitor your child for worsening signs and symptoms of concussion for at least 24-48 hours. Encourage initial rest/sleep as needed and limit smartphone/ computer and screen use for the first 24-48 hours. Inform school and other sports clubs of the suspected concussion. Support your child to follow a graduated return to activity (education) and sport programme.

Sport Coach, Teachers, Parents and Pupils
Players are encouraged to report all concussions whether they occur during games and training sessions or outside of school. If staff become aware that a pupil sustained a concussion playing for another organisation (e.g. a club) and this has not been logged on the "Off Games Register" you should inform the School Nurse immediately who will confirm details with the pupil or their parents and record the injury. If he/she is not available then contact the Director of Sport.

Recognising a concussion and what to do
The first symptoms of concussion typically appear immediately or within minutes of injury but may be delayed and appear over the first 24-48 hours following a head injury. Over the next several days, additional symptoms may become apparent (e.g. mood changes, sleep disorders, problems with concentration).
The typical signs and symptoms of concussion are outlined in the table below.

Visible clues (signs) of concussion What you see Any one or more of the following visible clues can indicate a concussion:	**Symptoms of concussion at or shortly after injury What you are told/what you should ask about Presence of any one or more of the following signs & symptoms may suggest a concussion:**
• Loss of consciousness or responsiveness • Lying motionless on ground/slow to get up • Unsteady on feet/balance problems or falling over/ incoordination • Dazed, blank or vacant look • Slow to respond to questions • Confused/not aware of plays or events • Grabbing/clutching of head • An impact seizure/convulsion • Tonic posturing – lying rigid/ motionless due to muscle spasm (may appear to be unconscious) • More emotional/irritable than normal for that person • Vomiting	• Disoriented (not aware of their surroundings e.g. opponent, period, score) • Headache • Dizziness/feeling off-balance • Mental clouding, confusion or feeling slowed down • Drowsiness/feeling like 'in a fog'/ difficulty concentrating • Visual problems • Nausea • Fatigue • 'Pressure in head' • Sensitivity to light or sound • More emotional • Don't feel right • Concerns expressed by parent, official, spectators about a player

Initial Management

- Remove pupil from play
- Ensure they are kept warm
- Do not leave pupil alone

- Accompany the player to the school nurse if during the school day or a first aider immediately
- Seek medical attention if at an Away match
- Provide the parent/guardian with concussion advice leaflet. If parents not present, contact them by telephone to advise of the suspected concussion, any concerns and that no sport should be undertaken until seen by the school nurse. If cannot see the school nurse within 24 hours of injury the pupil should be assessed by accessing the NHS by calling 111.

"Red Flag" Symptoms

<table>
<tr><td colspan="2">Should any of the following 'red flag' signs or symptoms be present following a head injury or should any of these symptoms arise in the period following a head injury, the player should receive urgent medical assessment (either from an appropriate Healthcare Professional onsite, or in a hospital Accident and Emergency (A&E) Department) using emergency ambulance transfer if necessary.</td></tr>
<tr><td>• Any loss of consciousness because of the injury
• Deteriorating consciousness (more drowsy)
• Amnesia (no memory) for events before or after the injury
• Increasing confusion or irritability
• Unusual behaviour change
• Any new neurological deficit e.g.
—Difficulties with understanding, speaking, reading or writing
—Decreased sensation
—Loss of balance
—Weakness
—Double vision</td><td>• Seizure/convulsion or limb twitching or lying rigid/ motionless due to muscle spasm
• Severe or increasing headache
• Repeated vomiting
• Severe neck pain
• Any suspicion of a skull fracture (e.g. cut, bruise, swelling, severe pain at site of injury)
• Previous history of brain surgery or bleeding disorder
• Current 'blood-thinning' therapy
• Current drug or alcohol intoxication</td></tr>
</table>

Concussion Recovery - Graduated return to activity and sport (GRAS) programme

A short period of relative rest (24 - 48 hours) followed by a gradual stepwise return to normal life (education, work, low level exercise), then subsequently to sport is advocated for effective recovery.
It is recognised that, in some children, returning to academic work while they are still symptomatic can cause a significant delay in recovery and a deterioration in academic achievement. It is advised that a pupil should not come to school if they are still experiencing debilitating symptoms. All staff should monitor the pupil's academic performance and raise concerns with the pupil's tutor. If a pupil is struggling with concentration in school following a concussion she should see the School Nurse. Sometimes it may be necessary to reduce the pupil's workload or allow extra time for assignments.
Progression through the stages in the following table is dependent upon the activity not more than mildly exacerbating symptoms. Medical advice from the NHS via 111 should be sought if symptoms deteriorate or do not improve by 14 days after the injury. Those with symptoms after 28 days should seek medical advice via their GP.
Participating in light physical activity is beneficial and has been shown to have a positive effect on recovery after the initial period of relative rest. The focus should be on returning to normal daily activities of education in advance of unrestricted sporting activities.
An initial period of relative rest for 24-48 hours is advised followed by some self-directed light activity and then low risk exercise and training possible from day 8 (Stage 4). Apart from running, this is usually static training with a focus on fitness. It may be that this cannot take place in School Games sessions for supervision reasons.

Once free of symptoms at rest from the recent concussion for 14 days a pupil may consider commencing training activities involving head impacts or where there may be a risk of head injury i.e. no earlier than 15 days post-concussion injury. During this 7 day stage a pupil is required to gradually build up the amount of exercise until they are back to full play. Recurrence of concussion symptoms will require moving back to a previous stage where level of activity/exercise does not more than mildly worsen symptoms.
A pupil may return to competition/matches from day 21 at the earliest (see table for guidance).

Graduated return to activity (education/work) and sport programme (see UK Concussion Guidelines for Non-Elite (Grassroots) Sport)

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.	
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
	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.	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.
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
		• 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) and only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days and 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)

Head Injury and Concussion Information for Parents

What is Concussion?

Concussion is a traumatic brain injury typically resulting from a blow to, or a shaking of, the head. The symptoms can present immediately and be short lived or the onset of symptoms may be delayed and start to occur sometime after the initial injury.

Signs and symptoms of concussion

There are many signs and symptoms that may suggest a concussion has occurred. There is no single definitive list of signs or symptoms that prove that a concussion has occurred. There may be one symptom present, or there may be multiple signs and symptoms.

One or more of the following symptoms may be present:

- Disoriented (not aware of their surroundings e.g. opponent, period, score)
- Headache
- Dizziness/feeling off-balance
- Mental clouding, confusion or feeling slowed down
- Drowsiness/feeling like 'in a fog'/ difficulty concentrating
- Visual problems
- Nausea
- Fatigue
- 'Pressure in head'
- Sensitivity to light or sound
- More emotional
- Don't feel right

Pupils suspected of sustaining a concussion should be assessed by an onsite Healthcare Professional or by accessing the NHS by calling 111 within 24 hours of the injury. If there are concerns about other significant injury or the presence of 'red flags' then the player should receive urgent medical assessment onsite or in a hospital Accident and Emergency (A&E) Department using ambulance transfer by calling 999 if necessary.

WORRYING SYMPTOMS – If any of the following signs or symptoms develop you should seek medical attention *immediately*.

- Deteriorating consciousness (more drowsy)
- Increasing confusion or irritability
- Unusual behaviour change
- Any new neurological deficit e.g.
  - Difficulties with understanding, speaking, reading or writing
  - Decreased sensation
  - Loss of balance
  - Weakness
  - Double vision
- Seizure/convulsion or limb twitching or lying rigid/ motionless due to muscle spasm
- Severe or increasing headache
- Repeated vomiting
- Severe neck pain
- Weakness or tingling/burning in arms/legs
- Unusual behaviour change

Recovery and Return to Sport

Early rest, with plenty of sleep, is key to making a good recovery. You should reduce screen time and workload in the first 48 hours after injury.

Feeling better, while reassuring, is not the same as the brain having recovered. All players should follow a graduated return to sport. Further guidance on this can be found at:

https://www.sportandrecreation.org.uk/policy/research-publications/concussion-guidelines

No player should take part in matches/competition, for any sport, until a minimum of 21 days after injury. A return to sport pathway will be followed within school. Medical advice from the NHS via 111 should be sought if symptoms deteriorate or do not improve by 14 days after the injury. Those with symptoms after 28 days should seek medical advice via their GP.

To be completed by Sports Coach:

Sport/Activity and Date	
Details of Injury	
Concussion signs/symptoms observed reported	
Parent informed and Concussion Advice Sheet given or emailed. **Safe arrangements made for leaving activity *(no student to leave fixture unless accompanied by responsible adult. Students must not drive post injury)***	
Coach/ Staff Member Name	