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First Aid Policy

Aims

The aims of this policy are to:

- Ensure the health and safety of all staff, students, and visitors.
- Ensure that staff are aware of their responsibilities with regards to health and safety.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety (First Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel.
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees.
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which states that some accidents must be reported to the Health and Safety Executive (HSE) and set out the timeframe for this and how long records of such accidents must be kept.
- Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records.
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of students.

This policy complies with our funding agreement and articles of association.

Roles and responsibilities

In schools with Early Years Foundation Stage provision, at least 1 person who has a current Paediatric First Aid (PFA) certificate must be on the premises at all times when students are present and must accompany students on outgoings.

Beyond this, in all settings, employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. The number of trained first aiders schools need will depend on your assessment of first aid needs that will need to take into account:

- The number of employees and the nature of their work
- The layout and location of the school

If your assessment of need shows that a designated first aider is not needed, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements. The 'appointed person' does not need to be a qualified first aider, but it is good practice for them to get emergency first aid training.

The section below sets out the expectations of appointed persons and first aiders as set out in the 1981 first aid regulations and the DfE guidance listed in 'Legislation and guidance' section above. If you do not have an appointed person you will need to re-assign the responsibilities listed below accordingly.

Appointed person(s)/First Aid Lead(s)

The school has appointed Jackie Bright with the support of the leadership team. They are responsible for:

- Making a formal assessment of First Aid requirements using the Assessment of First Aid Provision Calculator (Appendix 4), maintaining the completed form, and monitoring the adequacy of the provision including specific health conditions and first aid needs
- Reviewing the assessment annually in the light of significant changes or validity.
- Taking charge when someone is injured or becomes ill.
- Ensuring there is an adequate supply of in-date medical materials in first aid kits and replenishing the contents of these kits.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Ensuring that an appropriate number of trained staff are present in the school at all times.
- Ensure all First Aiders have appropriate access to record entries for staff on Bromcom via the Head of Data & Insights
- Ensure all First Aiders are aware of the correct procedure for logging a first aid event on Bromcom for both students and staff.
- Ensure all incidents linked to safeguarding are logged on CPOMS and that the Designated Safeguarding Lead is alerted promptly.

First Aiders

First Aiders are trained, competent and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Sending students home to recover, where necessary with the explicit agreement of the Headteacher.
- Completing an accident report via Bromcom the same day as, or as soon as is reasonably practicable after an event.
- Keeping their contact details up to date.

- Ensure all incidents linked to safeguarding are logged on CPOMS and that the Designated Safeguarding Lead is alerted promptly.

Our school's appointed person and first aiders are listed in Appendix 1. Their names will also be displayed prominently around the school site

The Trust

The Trust has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Headteacher and staff members.

The Anthem insurers confirm that the employer's liability insurance policy provides indemnity for staff acting as First Aiders or Emergency Aiders as defined in this policy. Treatment must be given in accordance with the training received. Whether or not employees receive payment for acting as first aiders is irrelevant in this respect and has no effect on the provision of insurance cover.

The Headteacher

The Headteacher is responsible for the implementation of this policy, including:

- Appointing a First Aid Lead.
- Supporting the First Aid Lead with making a formal assessment of First Aid requirements using the Assessment of First Aid Provision Calculator (Appendix 4), maintaining the completed form, and monitoring the adequacy of the provision including specific health conditions and first aid needs.
- Ensuring that an appropriate number of appointed people and trained first aid personnel are in school at all times.
- Ensuring that first aiders have appropriate qualifications, keep training up to date and remain competent to perform their role.
- Ensuring all staff are aware of first aid procedures.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or making sure that leaders undertake risk assessments, as appropriate, and that appropriate measures are put in place.
- Ensuring that adequate space is available for catering to the medical needs of students.
- Notifying the Anthem Health & Safety Lead, immediately about any HSE incidents to ensure the correct report can be filed with the authorities.
- Notify Ofsted of any serious accident, illness, or injury to, or death of, a student while in the school's care.
- Ensuring specified incidents are reported to the RPA when necessary.

Staff

School staff are responsible for:

- Ensuring they follow First Aid procedures.
- Ensuring they know who the First Aiders in school are.
- Completing minor incident reports on Bromcom for all incidents they attend to where a First Aider is not called. If the First Aid is called, it will be up to the first aider to complete the report.
- Informing the Headteacher or line manager of any specific health conditions or first aid needs.

NB staff can deal with minor cuts and grazes without the need for a First Aider. Head injuries require the assistance of a First Aider.

First Aid procedures

In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified First Aider, if appropriate, who will provide the required First Aid treatment. *NB Minor cuts and grazes can be treated by any member of staff. First Aiders will always deal with major injuries.*
- The First Aider, if called, will assess the injury and decide if further assistance is needed from a colleague **or the emergency services**. They will remain on scene until help arrives.
- If the injured person (or their parents/carers, in the case of student) has not provided their consent to the school to receive first aid, the first aider will act in accordance with the alternative arrangements (for example, contacting a medical professional to deliver the treatment).

NB: Where an auto-adrenaline pen has been used for a severe allergic reaction, an ambulance must be called, and the word anaphylaxis must be used when calling emergency services.

NB. Where an asthma attack does not abate following treatment with a salbutamol inhaler, an ambulance must be called, and the word asthma must be used when calling the emergency services.

- The First Aider will also decide whether the injured person should be moved or placed in a recovery position.
- If the First Aider judges that a student is too unwell to remain in school, parent/carers will be contacted and asked to collect their child. Upon arrival, the first aider will recommend next steps to the parent/carers.
- If the emergency services are called, the First Aider will instruct a member of staff to contact parent/carers immediately.
- The First Aider will complete an accident report on Bromcom for students and staff on the same day or as soon as is reasonably practical after an incident resulting in an injury.

The decision will vary from case to case, but it is strongly advised to administer First Aid and **call an ambulance if someone**:

- Appears not to be breathing.
- Is having chest pain, difficulty breathing or experiencing weakness, numbness or difficulty speaking.
- Experiencing severe bleeding that you are unable to stop with direct pressure on the wound.
- Is struggling for breath, possibly breathing in a strange way appearing to ‘suck in’ below their rib cage as they use other muscles to help them breathe?
- Is unconscious or unaware of what is going on around them?
- Has a fit for the first time, even if they seem to recover from it later.
- If they are having a severe allergic reaction accompanied by difficulty in breathing or collapse – get an ambulance to you, rather than risk things getting worse whilst you are in the car.

- If a student is burnt and the burn is severe enough that you think it will need dressing – treat the burn under cool running water and call an ambulance. Keep cooling the burn until the paramedics arrive and look out for signs of shock.
- If someone has fallen from a height, been hit by something travelling at speed or has been hit with force.
- If you suspect that someone may have sustained a spinal injury – do not attempt to move them and keep them still whilst awaiting an ambulance.

This is guidance, not an exhaustive list.

- In the case that a student needs to be assessed at hospital, but the student's contact cannot be reached, then a member of senior staff and a First Aider will transport the student to hospital whilst the office team continue to attempt to contact family members. (See protocol for taking students out on visit).
- There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

On-site Outdoor Education procedures

When delivering activity on site, away from the school building (for example: Forest School) an outdoor risk assessment will be undertaken. A green grab bag will be taken outside for all activities. If necessary, due to lone working or limited staff numbers, a walkie talkie should be made available for use to allow for rapid communication with school.

Infection Control & Prevention

We follow national guidance published by Public Health England (PHE) when responding to infection control issues and encourage staff and students to routinely follow good hygiene practice. During an outbreak of an infectious illness, epidemic or pandemic, additional measures and procedures will be put into practice minimising the spread of the infection and ensure our schools are safe. These will include daily cleaning procedures that follow national guidance and are compliant with the COSHH. Enhanced cleaning will be undertaken where required.

Off-site procedures

When taking students off the school premises, staff will ensure they always have the following as a minimum:

- A school mobile phone
- A portable First Aid kit including, at a minimum:
    - A leaflet giving general advice on first aid
    - 6 individually wrapped sterile adhesive dressings
    - 1 large sterile unmedicated dressing
    - 2 triangular bandages – individually wrapped and preferably sterile
    - 2 safety pins
    - Individually wrapped moist cleansing wipes
    - 2 pairs of disposable gloves
- Information about the specific medical needs of students
- Parent/carers' contact details

- Risk assessments will be completed by the visit leader prior to any educational visit that necessitates taking students off school premises, in accordance with the Educational Visits Policy.

When transporting students using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm x 20cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors.

There will be at least one First Aider who has a current paediatric First Aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

There will always be at least one First Aider on school trips and visits.

First aid equipment

A typical first aid kit in school will include the following:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressing (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

No medication is kept in first aid kits.

First aid kits are stored in:

- The office (front desk)
- The school hall
- The downstairs library
- Outside/ playground
- Classrooms have a basic kit

Use of Automated External Defibrillators (AEDs)

An AED delivers an electric shock to help restore a normal heart rhythm when a person is in cardiac arrest. Rapid action—early recognition, CPR, and defibrillation—significantly increases survival rates.

The Chain of Survival

Defibrillation should occur as part of the recognised chain of survival:

- **Early recognition and call for help** – Dial 999 immediately and follow the operator's instructions.

- **Early CPR** – Begin chest compressions to maintain blood flow to vital organs.
- **Early defibrillation** – Use the AED as soon as possible to attempt to restore a normal heart rhythm.
- **Early post-resuscitation care** – Support the person until emergency services arrive.

Use and Access

AEDs are designed for use by anyone, with clear step-by-step voice instructions. However, certain staff are provided with awareness training to build confidence in their use. The school's AED is located in the school office, clearly signed and accessible during the school day.

Maintenance

The school ensures that the AED undergoes a 6-monthly inspection. The **Lead First Aider** is responsible for visually checking the device regularly to ensure it is in working order and that accessories (pads, battery) are in date. Any faults or missing consumables must be reported and rectified immediately.

Further information can be found via Automated external defibrillators (AEDs) in schools.

Record Keeping and Reporting

Bromcom

- A first aid event must be logged on Bromcom for staff and students on the same day, or as soon as possible after an incident resulting in an injury that is managed within school. For students, these must be recorded as a neutral Behaviour Event, and for staff, this must be recorded on their staff profile as a Medical Event.
- As much detail as possible should be included within the entry.
- Records will be retained by the school in accordance with the Retaining Records Policy.
- For first aid entries that are not linked to safeguarding, an automatic notification will be sent to parents/carers via the MyChildAtSchool (MCAS) app and by email, providing details of the incident and any further instructions where necessary.

The report will be considered a formal document and so all details must be clear so that, if referenced at a later stage, the person reading it has a clear understanding of who is involved and what occurred and the rationale for any decisions made.

Incidents Linked to Safeguarding

Where a first aid incident for a student is linked to a safeguarding concern, such as those involving eating disorders, self-harm, or other indicators of significant emotional distress etc. staff must ensure that the event is recorded on CPOMS, in addition to Bromcom. While Bromcom will capture the treatment provided, the CPOMS entry must follow the procedures outlined in the Child Protection and Safeguarding Policy, including appropriate chronology, context, and escalation.

These incidents will not trigger an automatic notification to parents/carers via email or the My Child At School app, as given the nature of some of these events, this may place the student at further risk. Instead, communication with parents/carers must be managed in accordance with safeguarding protocols, ensuring that any contact is made with due consideration to the student's safety and wellbeing.

Reporting to the Trust

The First Aid Lead will report serious incidents to the Trust in accordance with the Health and Safety Policy - Appendix A (Incident Category Matrix) available on SharePoint (Staffroom).

All category 1, 2, 3 and 4 incidents must be reported to the Trust using the Anthem Incident Report Form. This is in addition to the school completing their own accident log on Bromcom.

Notifiable events on Bromcom will automatically notify the Regional Operations Managers and/or Operation Leads and the Head of Estates & Sustainability who will oversee and support the school in reporting and investigating incidents in line with the Health & Safety Policy.

Reporting to the Health and Safety Executive (HSE)

The Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013 (RIDDOR), require any workplace to notify the Health & Safety Executive (HSE) in the event of certain injuries, diseases or dangerous occurrences that happen at their premises.

There is a stringent time frame within which Anthem must legally notify the HSE.

- Death/specified Injuries – report immediately to the HSE (without delay).
- Work-related accident resulting in over seven-day absence needs to be reported within 15 days.

Therefore, it is vital that schools notify the Anthem Health & Safety Lead to ensure the correct report can be filed with the authorities.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

Death

Specified injuries, which are:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
    - Covers more than 10% of the whole body's total surface area; or
    - Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Anthem Health & Safety Lead will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident.

Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
- Hand-arm vibration syndrome
- Occupational asthma, e.g. from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Students and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment
- *An accident “arises out of” or is “connected with a work activity” if it was caused by:
- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Notifying parent/carers

The class teacher/appropriate adult will inform parent/carers of any accident or injury sustained by a student, and any First Aid treatment given, on the same day, or as soon as reasonably practicable.

Reporting to Ofsted and child protection agencies (early years only)

The Headteacher will notify Ofsted of any serious accident, illness, or injury to, or death of, a student while in the school’s care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The First Aid Lead will also notify the LADO of any serious accident or injury to, or the death of, a student while in the school’s care.

Training

Staff will be trained in accordance with the outcomes of the Assessment of First Aid Provision, including whether there is an Early Years Foundation Stage in school.

All First Aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained First Aiders, what training they have received and when this is valid until (see Model training log Appendix 1).

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

At all times, at least one staff member will have a current pediatric First Aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every three years.

Monitoring arrangements

This policy will be reviewed every two years.

Links with other policies

- Health and Safety Policy
- Educational Visits Policy
- Administering Medicines and Supporting Students with Medical Conditions Policy
- Retaining Records Policy
- Asthma Policy

Other useful documentation/links

Guidance on First Aid for Schools:

First aid in schools, early years and further education

HSE - first aid

Incident reporting in schools (accidents, diseases and dangerous occurrences) EDIS1

Appendix 1: List of First Aiders

Our school has an Early Years Foundation Stage and so we have [number of staff] trained in Paediatric First Aid.

Our schools First Aid Lead is: Jackie Bright

The person who calls the emergency services is: school office- Zahraa Miah

The people who contact parent/carers (in discussion with the Head) is: in most cases, this is by the person delivering first aid. This will be done via phone call or on the MCAS app or email.

Staff Member's Name	Name/Type of Certification	Date attended	Date for training to be updated
Jackie Bright	Paediatric first aid	11.11.2025	10.11.2028
Zahrah Miah	Paediatric first aid	16.5.2025	16.5.2028
Joana Almeda	Paediatric first aid	8.6.2024	7.6.2027
Nas Ali	Paediatric first aid	14.12.2023	13.12.2026
Alaya Begum	Paediatric first aid	2.12.2025	1.12.2028
David Diaz	Paediatric first aid	14.6.2024	13.6.2027
Alice Page	Paediatric first aid	1.9.2023	31.8.2026

Appendix 2 Anthem Incident report form

See the Anthem SharePoint link:

Incident Report Form

Appendix 3: Anthem Incident Category Matrix

(See Appendix A of the Health and Safety Policy)

NOTE: Safeguarding incidents involving the loss, kidnap or abduction of a child, dangerous occurrences involving equipment and building structure, security, theft and violence related incidences are also covered by the matrix.

Health and Safety Policy - Appendix A (Incident Category Matrix).docx

Appendix 4: Assessment of First Aid Provision

The assessment identifies the level and type of first aid provision required to ensure adequate and appropriate first aid arrangements for staff, students, and visitors.

The HSE provides **indicative benchmarks** for numbers of trained first aiders. These are **not mandatory** but are the **expected starting point**.

HSE Indicative Benchmarks

Risk Category	Number of Employees	Suggested Provision
Medium risk	25–50	At least **1 FAW**
Medium risk	50–100	At least **1 FAW** for every 50 employees
Medium risk	>100	**1 FAW per 100 employees** (minimum)

Particular thought should be given to what will happen outside of normal operating hours, consideration of lone workers, contractors on site and to any events being run, such as open evenings.

Department	Specific Risk/Risk Level	Level of Training Required (by at least one staff member) and any additional measures required
General Academic & Support Departments (low risk)	Lower risk activities (teaching, training in classroom environments)	Emergency First Aid at Work
DT/Art	Higher risk activities	Emergency First Aid at Work – Access to first aid at work eyewashes and burns dressings in First Aid Kits, plus any other items considered necessary by the Head of Department. All staff should be able to assist in an emergency until First Aid support arrives.
Facilities Management incl. Grounds	Higher risk activities, lone working	First Aid at Work. Emergency First Aid at Work. Any vehicles used must carry First Aid Kits and these must contain all necessary items for work being carried out.
Sciences	Higher risk activities	Emergency First at Work – Access to First Aid at Work eye washes and burns dressings in first aid kits plus any other items considered necessary by the Head of Department. All staff should be able to assist in an emergency until First Aid support arrives.
Sport (on and off site)	Higher risk activities	Emergency First Aid at Work – Any additional First Aid training advised or required by the relevant sporting

		body. Additional items within First Aid Kits should include ice packs and sprays plus any other items considered necessary by the Head of Department.
Sport Centre	General public, higher risk activities	First Aid at Work & Emergency First Aid at Work Defibrillator present and staff in its use. Ice packs plus any other items considered as necessary by the Manager.
Catering in in house	Higher risk activities, long working	First Aid at Work & Emergency First Aid at Work. Catering vans must carry First Aid kits. First Aid kits should contain burns dressings, eye washes and many additional dressings and catering plasters. The kit may also contain any other items considered necessary by the Head of Department.
Cleaning Staff in house	Lone working, working with chemicals	Emergency First Aid at Work for the on-site manager. Staff members must know where First Aid kits are held in their relevant departments. Where work may not be carried out in easy reach of a first aid kit, one must be carried with the staff member. Porterage vehicles must carry a First Aid kit.
Specific on or off-site activities/trips – medium to high-risk activities	Falls, heat, exhaustion, contact with water, hypothermia, road accidents	First Aid at Work & Emergency First Aid at Work. Any additional First Aid training advised or required by the relevant governing body. First Aid kits should include all relevant and additional items such as foil survival blankets and heat packs plus any other items considered necessary by the Activity Leader/Head of Department.
Lone workers (general)	Falling ill or being injured whilst alone at work	Emergency First Aid at Work. Where work may not be carried out in easy reach of a First Aid kit, one must be carried with the lone worker.
Early Years	Any first aid incident	Paediatric First Aid for administration of first aid to Early Years students.

Qual Safe First Aid Requirements Assessment

Appendix 5: Contents and location of First Aid Kits

A typical first aid kit in our school will include the following:

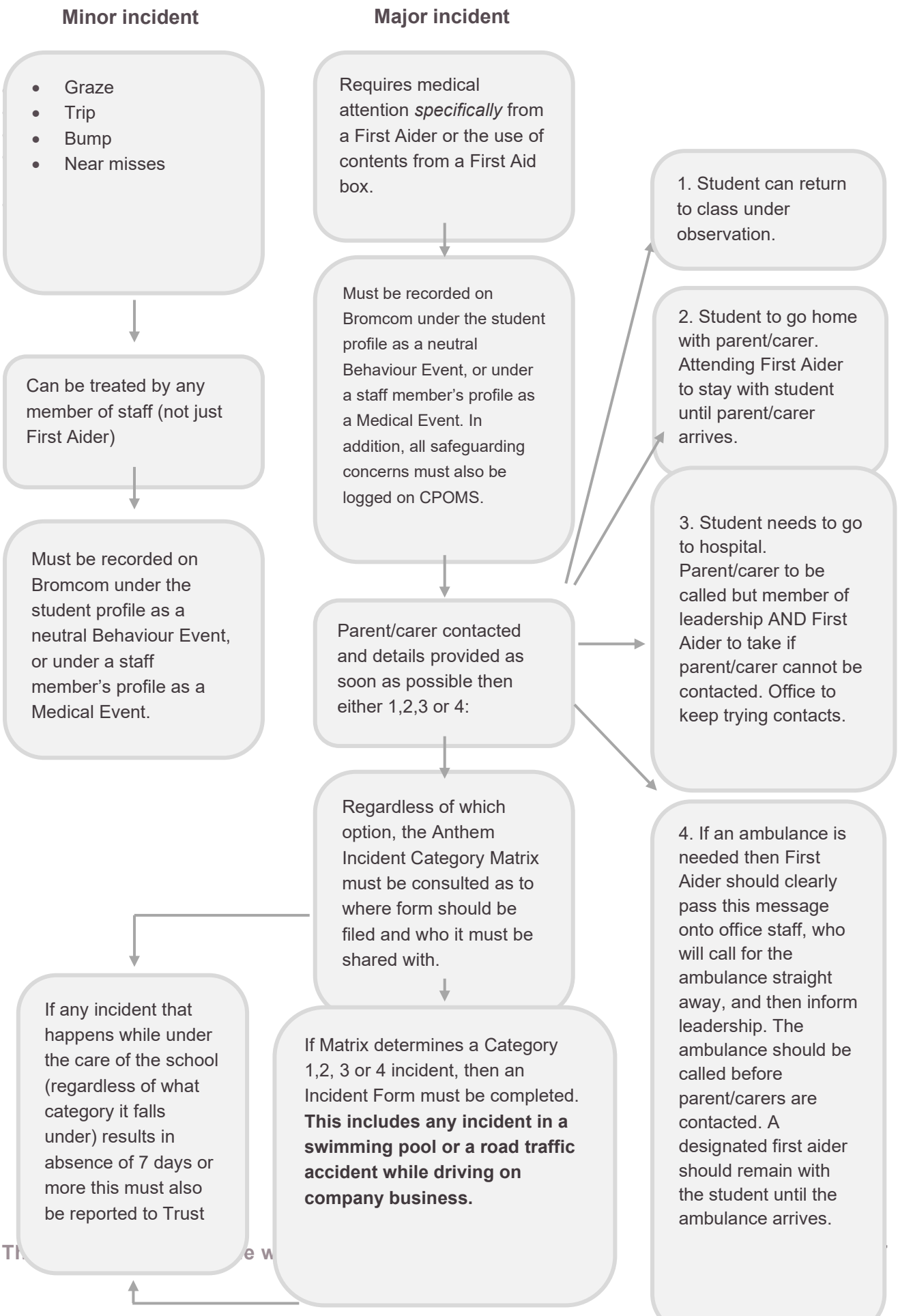
- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First Aid kits are stored in:

- The office (front desk)
- The school hall
- The downstairs library
- Outside/ playground
- Classrooms have a basic kit
- School buses have a basic kit

Appendix 6: Flowchart



Appendix 8: Model Head Injury Letter

Dear Parent/Carer,

[Student Full Name] experienced a bump to the head today in school. The details are as follows:

Description - [Event Description]

Location - [Event Location]

Outcome - [Event Outcome Name]

Further information - [Event Comments]

The incident was promptly attended to by staff, and [Student's Forename] was monitored closely following our standard first aid procedures. At this time, they are doing well and have not shown any concerning symptoms. However, as a precaution, we request that you observe your child for the next 48 hours for any of the following symptoms:

- Blurred vision
- Drowsiness
- Nausea or vomiting
- Severe headache
- Confusion
- Slurred speech
- Unresponsive
- Staggering or dizziness
- Bleeding from ears or nose
- Changes in behaviour

Contact your GP or the nearest Accident and Emergency Department if you notice any of the above

On your child's return to school, please inform us whether signs of concussion occurred, so that we can provide appropriate support.

Yours sincerely,

The School Office

Appendix 9: Procedure for suspected concussion

The following has been created in line with the UK Concussion Guidelines for Non-Elite (Grassroots) Sport and NHS Head injury and concussion guidance.

Concussion is a traumatic brain injury resulting in a disturbance of brain function. It affects the way a person thinks, feels and remembers things.

Loss of consciousness occurs in less than 10% of concussions and is not required to diagnose concussion. However, anyone who loses consciousness because of a head injury has had a concussion

Anyone with suspected concussion should be immediately removed from whatever activity they are partaking and assessed by an appropriate Healthcare Professionals.

Concussion can affect people in four main areas:

- Physical e.g., headaches, dizziness, vision changes
- Mental processing e.g., not thinking clearly, feeling slowed down
- Mood e.g., short tempered, sad, emotional
- Sleep e.g., not being able to sleep or sleeping too much

All those suspected of sustaining a concussion should be assessed by the First Aid Lead who will contact 111. If there are concerns about other significant injury or the presence of 'red flags' then the individual must undergo an urgent medical assessment at a hospital without delay, and the school will contact 999.

Red flags – requiring urgent medical assessment:

- Any loss of consciousness because of an injury
- Deteriorating consciousness (drowsier)
- Amnesia (no memory for events before or after the injury
- Increasing confusion or irritability
- Unusual behaviour change
- Any new neurological deficit e.g.,
    1. Difficulties with understanding, speaking, reading or writing
    2. Decreased sensation
    3. Loss of balance
    4. Weakness
    5. Double vision
- Seizure/convulsion or limb twitching or lying rigid/motionless due to muscle spasm
- Severe or increasing headache
- Repeating 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
- Fallen from a height more than 1 metre or 5 stairs
- Problems with vision or hearing

- A black eye without direct injury to the eye
- A clear fluid coming from their ears or nose
- Bleeding from their ears or bruising behind their ears
- Numbness or weakness in parts of their body
- Hit their head at speed
- A head wound with something inside it or a dent to the head.

Onset of symptoms

The initial 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.

How to recognise a concussion

It is the responsibility of all staff to watch out for individuals with suspected concussion and ensure that they are immediately provided with support and removed from any activity for an assessment by a first aider.

If any of the following visible symptoms are present following a head injury, the individual should be suspected of having a concussion and immediately evaluated by a lead first aider.

Visible Signs

- 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 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 individual
- Vomiting

Symptoms shortly safter an injury

- Disoriented
- 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
- Do not feel right

- Concerns expressed by member of staff, parent/carer/ student etc.

Immediate management of a suspected concussion
Anyone with a suspected concussion should be:

- An assessment must be carried out by a member of staff with first aid training
- A member of staff with first aid training must contact 111 as soon as possible
- Parents/carers must be informed as soon as possible
- Must not be left alone
- Arrange for appropriate supervision of the individual for the next 24-48 hours
- Complete all injury documentation

Parents should ensure that their child is not left alone for the first 24 hours, encourage their child to rest and limit smartphone/computer/screen use for the first 24-48 hours and monitor their child for worsening signs and symptoms for at least 24-48 hours and seek medical attention as required.