

LUCTON SCHOOL



FIRST AID POLICY

AMENDMENTS & REVIEW DATES

Ser	Amendment / Review	Date	Remarks / Details
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INTRODUCTION

Aims

01001. The aim of this policy is to set out clear direction for all personnel at Lucton School with regards to the implementation and access to First Aid. The aim of First Aid at Lucton School is to save lives and to ensure minor injuries and illnesses do not escalate into major ones. Lucton School is committed to providing a safe environment for all pupils, visitors and staff. We will achieve this by:

- a. Administering appropriate First Aid treatment as required
- b. Providing a fully qualified Matron / First Aider on each site
- c. Providing sufficient numbers of suitably qualified paediatric First Aid staff to be deployed on site at each of our EYFS settings at all times when children of EYFS are in session, including Summer School, and to accompany all trips and outings where EYFS children are involved.
- d. Arranging mandatory training and three yearly updates for First Aiders, including those trained in paediatric First Aid (those who work with under 8s)
- e. Keeping copies of all First Aid certificates
- f. Providing facilities for the provision of First Aid at appropriate locations around the School
- g. Maintaining a list of information about pupils with medical conditions for staff
- h. Keeping parents and any other significant persons informed as necessary
- i. Ensuring confidential recording of action taken
- j. Following the correct procedures for the reporting of accidents to RIDDOR
- k. Providing the Health and Safety Committee with a list of accidents each term
- l. The school's policy on Equality & Diversity.
- m. Reviewing the First Aid policy annually.

Scope

01002. The scope of this document will cover First Aid for all school property including:

- a. Main School
- b. Prep School & Nursery
- c. Summer School & Extra Curricular

Personnel included in this are:

- a. Students / Nursery attendees
- b. Adult staff – teaching, administration and maintenance
- c. Visitors – parents, siblings, contractors

The document will also cover the Administration of Medicines. It will not cover the Automated External Defibrillator (AED) Policy. AED Policy and Procedure will have its own documentation.

ACCIDENT, INJURY OR ILLNESS

Procedure in Case of Accident, Injury or Illness

02001. If you witness an accident ask the Office to send for the Matron or a First Aider. The main office should know if the Matron is on campus or visiting the doctors. Any pupil, visitor or staff member sustaining an injury whilst at School should be seen by the Matron or First Aider who will provide immediate First Aid and summon additional help as needed. Do not leave any injured person unattended. In all cases of serious injury or death, in the UK or abroad, the Head Teacher must be informed. They will ensure that the Matron or First Aider is then instructed to report to the authorities, whether that be through RIDDOR, the Child Protection Agency, OfSTED and / or other agencies.

02002. The Matron or First Aider will organise an injured person's transfer to hospital in the case of an emergency. Parents / Emergency contacts should be informed as necessary by telephone by the Matron, First Aider or member of office staff as appropriate. In Nursery or Prep School this can be done by the class teacher.

**For pupils in the Nursery & Prep School
all accidents and injuries need to be reported to parents.**

02003. A written record must be kept of all accidents and injuries using SchoolBase for all injuries and an Incident Report Form to be filed with the Operations Manager.

Contacting Parents

02004. Parents / Emergency Contacts should be informed by telephone as soon as possible after an emergency or following a serious / significant injury including:

- a. Head Injury. A Head Injury Advice Sheet, (in Chapter 8 – HEAD INJURY MANAGEMENT) should be given to any person who sustains a head injury, along with a Graduated Return to Play Advice sheet if sustained through a sporting injury
- b. Suspected spinal injury
- c. Suspected sprain or fracture
- d. Dental injury
- e. Anaphylaxis and following administration of an Epipen
- f. Epileptic seizure (see notes)
- g. Severe hypoglycaemia / hyperglycaemia
- h. Severe asthma attack
- i. Difficulty breathing
- j. Bleeding injury
- k. Loss of consciousness
- l. Eye injuries
- m. Any other condition which renders a pupil / person unable to return to class / work

02005. Parents of Prep School pupils can be informed of smaller incidents at the end of the school day by the Form Teacher, Matron or First Aider. Senior pupils should be encouraged to inform their parents at the end of the school day.

Contacting the Emergency Services

02006. An ambulance should be called for any condition listed above or for any injury that requires emergency treatment. Any pupil taken to hospital by ambulance must be accompanied by a member of staff until a parent arrives – unless permission is granted by a parent or guardian that they may travel unaccompanied. All cases of a person becoming unconscious (not including a faint) or following the administration of an EpiPen must be taken to hospital. **If in doubt, call an ambulance!**

Accident Reporting

02007. An Incident Form must be completed for any person sustaining accident or injury occurring on or off school premises i.e. off site activities, school trips etc. Incident Forms are kept in the Staff Shared Area. All completed forms must be returned to the Office / Operations Manager as soon as possible as certain injuries require additional reporting to RIDDOR or HSE¹.

Pupils Unwell in School

02008. Any pupil unwell in school is advised to see the Matron / First Aider. The pupil should be accompanied if teaching staff have any concerns. A pupil may be allowed time to rest in the sick bay at the Matron's / First Aider's discretion. This is a temporary measure until the pupil feels better or is collected by a parent. It is the responsibility of the Matron / First Aider to inform the School Office to call a parent.

02009. Any pupil not well enough to attend lessons should be collected as soon as possible by a parent. In certain cases Sixth Form pupils can travel home independently after consent has been given by a parent. Any pupil leaving School must sign out at the School Office via Reception.

02010. All pupils seen by the Matron / First Aider must have this documented in Matron's Treatment Book.

First Aid Equipment and Materials

02011. Lucton School provides a 'Medical Room' on site, within Croft House containing: a medical couch, sink, drinking water, cups, disposable gloves, paper towels, fridge, eyewash facility and storage for extra First Aid supplies. Washing and toilet facilities are also nearby. Eyewash facilities are also available in the science labs.

02012. Matron is responsible for stocking and checking the First Aid equipment in the Medical Room and main School Offices. Mobile First Aid Kits are available from the Staff Room for School trips. Kits for injuries to visitors are kept in the School Offices on each site. Teaching staff are responsible for notifying the Matron / Operations Manager if any First Aid Kits have been utilised so that restocking can be efficient.

First Aid Box Contents

02013. Below is a suggested list of what a First Aid Kit should contain:

¹ <https://www.hse.gov.uk/pubns/edis1.pdf>

First Aid Bag / Box – as issued	Adhesive Tape	1 Resuscitation Face Mask	Conforming Bandage
40 Adhesive Hypoallergenic Plasters - blue for kitchen staff	2 Sterile Eye Pads	2 Finger Dressings	Kool Packs – instant cool packs
2 Triangular Bandages	1 Large Sized Un-medicated Dressing	Foil Blanket	Blank Lucton School Incident Forms
6 Safety Pins	4 Medium Sized Un-medicated Dressings	Burn Dressing	First Aid guidance leaflet
20 Cleaning Wipes	6 Pairs of Disposable Gloves	Scissors	Specific Equipment – for example: Epipen, Personal Medication

First Aid for School Trips

02014. The trip organiser must ensure an appropriate level of First Aid cover is provided following a risk assessment as detailed in the Lucton School Out-of-School Activity Planning Pack.

02015. First Aid Kits for School Trips are situated in the Staff Room. The bag must be returned to the Staff Room immediately on return and the Matron / Operations Manager notified of any items used so they can be replenished. Any accidents / injuries must be reported to parents and documented on an Incident Report as soon as possible and RIDDOR guidelines adhered to.

Pupils Using Crutches or with Limited Mobility

02016. Parents should inform School of the nature of injury and anticipated duration of immobility. Their Form Tutor should arrange for a 'buddy' to carry books, open doors etc. Information about the pupil and their limitations should be communicated by email to all relevant staff immediately and updates given at the weekly pastoral staff meeting.

Communication of Pupils with Significant Medical Conditions

02017. Staff are to be made aware of all pupils with any significant medical condition in the first instance by staff email detailing condition and relevant treatment. All pupils should have a 'medical alert' on the front page of SchoolBase.

02018. Students with a severe allergy / allergies should be known to the Matron and Kitchen Staff as these are the members of staff who will be at the point of incident.

Pupils with medical conditions

02019. Pupils who have serious allergies must always carry their own Epipen around School and supply the Medical Room with a spare, which must be named and in date. These are kept in an unlocked box in the Medical Room or Kitchen. These are prescription only for that specific child and should not be used by any other pupil. Parents must complete the 'Administration of Medicine Request' form for all medications that the School may be required to administer.

02020. Pupils who use an inhaler for asthma and other related breathing conditions must always carry their inhaler with them at all times and supply a spare named inhaler for the Medical Room (Early Years up to Year 4 keep their inhalers in the Prep School. Year 5 & 6 may be able to carry their own at Matron's discretion). Parents must complete an 'Administration of Medicine Request' form. Nursery pupils' inhalers / spacers are kept in the classroom locker with the teacher.

Pupils with life threatening allergies and asthma must always show their medication to their teacher before leaving school for any off site activity including sport, and before leaving on a School trip. It is the teacher's responsibility to ensure the pupil has their emergency medication. Pupils with life threatening allergies and asthma who do not supply the appropriate medication to School will be asked to go home or parents must bring in their medication immediately.

Dealing with Body Fluids

02021. In order to protect ourselves from disease all body fluids should be treated as infectious. To prevent contact with body fluids the following guidelines should be followed:

- a. Disposable gloves should always be worn where exposure to body fluids is likely. Gloves are always available in the sick bay
- b. Wash hands thoroughly with soap and warm water after contact. Dry thoroughly
- c. Keep all abrasions covered with a plaster
- d. Clean up spills of blood, faeces, nasal and eye discharges, saliva and vomit immediately. The 'Yellow Bucket' kept in the Domestic Cleaning cupboard must be used for medium to large spills.

Never use a mop for cleaning up blood and body fluid spillages

- e. If body fluids do come into contact with eyes, nose, mouth, skin or any open sores, wash the area well with soap and water or in the case of open sores irrigate well with saline and cover.

Medication in School

02022. The Matron / First Aider – if qualified to administer medication, will always administer essential medication to a pupil provided the 'Administration of Medicine Request' form has been completed by the parent. This gives written consent by the parent and also ensures that the correct drug is administered at the correct dosage. Every effort must be made to administer the drug at the correct time, although this cannot be guaranteed. Parents are requested where absolutely possible to arrange drug administration outside of the school day.

No child under 16 years of age may be given any medication without their parents' written consent.

02023. In the Early Years Department a confirmation of each and every medicine administered will be given to the parents at the end of the school day.

Non-Prescription Medication

02024. Only to be administered by the Matron / Qualified First Aider. A teacher may administer paracetamol on a School trip. Travel sickness medication may be given if parental written consent has been received by the School in advance. Medication must be provided by the parent.

02025. Written consent must be obtained for all medications (Administration of Medicine Request Form). All medication must be documented and signed for as given.

Prescription-only medication

02026. Prescribed medication may be given to a pupil by Trained Personnel provided the 'Administration of Medicine Request' form has been completed and signed by the parent. A teacher may also give prescribed medications on a School trip provided written consent and instructions have been received

from the parent in advance. Any teacher who has attended training may administer an EpiPen if required. The Matron has a strict procedure, details of which are on the notice board in the Medical Room.

02027. Administration of Medicine Request forms should be made available from the School Office.

Administration of a Medicine

02028. The parent must have given written consent to include:

- a. Name of child
- b. Name of medicine
- c. Dose of medicine
- d. Time medicine to be administered

02029. The medicine should be brought to School in its original container, pharmacy label with child's name attached and expiry date clearly visible. The person administering the medication must:

- a. Wash their hands
- b. Confirm the identity of the child
- c. Administer the medicine

02030. Document the administration of medicine on SchoolBase. Written documentation may occasionally be required and should be filed in the pupils notes.

02031. Medicines should be stored locked and out of reach of children in the Medical Room. Antibiotics and other medicines requiring cold storage should be kept in the locked fridge. This is in the Medical Room, Croft House. Additionally, Prep School pupil's medicines will be kept in the Prep School Staff Room fridge. There is a Controlled Drug cupboard located in the Medical Room, Croft House.

Emergency Named EPIPENS and Inhalers are Kept Unlocked in the Medical Room & Kitchen

02032. The following procedure should be adhered to with regards to the use of EPIPENS and inhalers:

- a. Parents should dispose of out of date medication.
- b. Parents are responsible for making a note of when EPIPENS and inhalers expire and provide a new one in plenty of time.
- c. Any used needles / syringes should be disposed of in the sharps box kept in the Medical Room or Swimming Pool Office

Responsibilities

School Office

02033. The school office staff are responsible for:

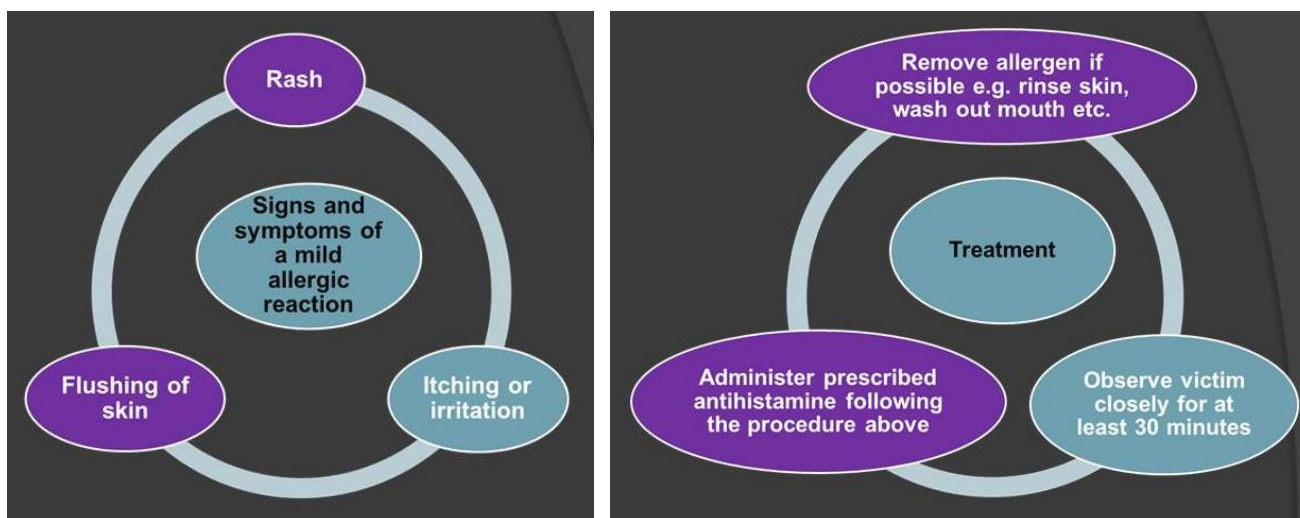
- a. Receiving emergency medical calls from internal locations
- b. Using an established Medical Emergency checklist to assess emergency and determine appropriate level of response

- c. Contacting the external emergency services as required. However, any member of staff should call an ambulance if delay in doing so would cause the casualty's situation to worsen.
- d. Deploying AED-trained employees to emergency location if required
- e. Assigning someone to meet responding Emergency Services and direct Emergency Service personnel to site of medical emergency.

EMERGENCY CARE PLANS

Allergic Reactions Management

03001. Teaching staff will be made aware of any child with life threatening allergies at Inset Day prior to the beginning of term by the Matron.



Anaphylaxis

Recognising Anaphylaxis

04001. An anaphylactic episode is a medical emergency. Its most severe form is life threatening. Each pupil will have his own ICP (Individual Care Plan) detailing his triggers, symptoms and management to be followed; however, in general the signs and symptoms of anaphylaxis are:

- a. Swollen lips, tongue, throat or face
- b. Nettle type rash (Hives) anywhere on the body
- c. Difficulty swallowing and/or speaking
- d. Alteration in heart rate - pounding heart - pulse rapid but weak
- e. Abdominal pain, nausea and/or vomiting
- f. Sense of impending doom
- g. Sudden feeling of weakness (due to drop in blood pressure)
- h. Collapse and unconsciousness

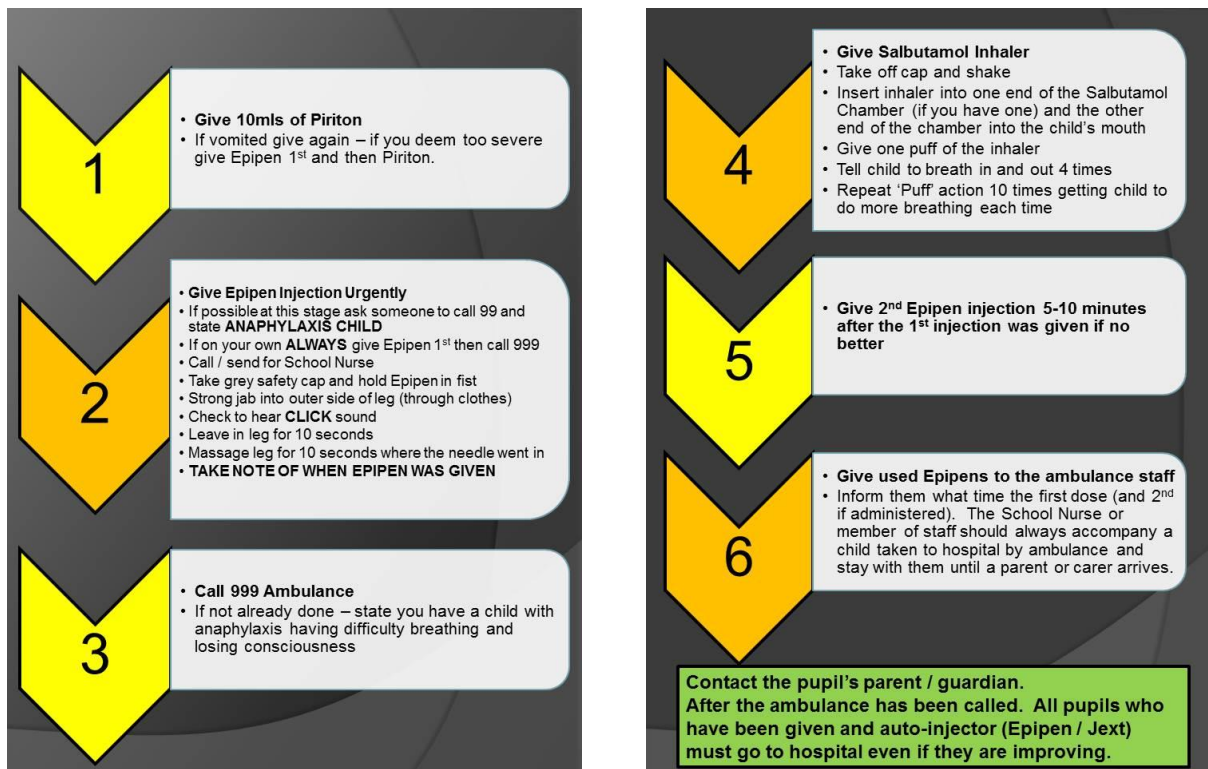
Anaphylaxis Management

DO NOT PANIC

04002. Mild symptoms, including tingling lips and or itching – a qualified person may give Piriton either:

1 x tablet or 10mls liquid

04003. If in doubt, treat as **SEVERE** – do not leave pupil. Unless directed otherwise act as follows:



Position of Pupil

04004. The position of the pupil is very important because anaphylactic shock involves a drop in blood pressure. If the pupil is feeling faint, weak, or looking pale lay them down with their legs raised. They should not be standing. If there are signs of vomiting, lay them on their side, in the recovery position to avoid choking. If they are having difficulty breathing caused by asthma symptoms or swelling of the airways, they need to be supported sitting up.

After the emergency

04005. Document events. This should include where and when the emergency occurred, how much medication was given and by whom. Carry out a debriefing session with staff members involved. Ask parents / guardian to replace any used medication.

04006. A bi-annual staff training update is carried out by a qualified person. The Matron / First Aider is always available to update any member of staff on the use of an EPIPEN. Trainer pens are available for practice.

Asthma Management

05001. Teaching staff will be made aware of any child with severe asthma by email at or before the beginning of term by the Matron / First Aider.

05002. Lucton School recognises that asthma is a serious condition which can be life threatening. We ensure that all pupils with asthma can and do fully participate safely in all aspects of school life including out of school activities.

05003. Trigger factors for asthma may include: change in weather conditions, animal fur, viral or chest infection, exercise, pollen, chemicals, air pollutants, emotional situations and excitement.

05004. Persons with asthma need immediate access to their reliever inhaler (usually blue). Younger pupils may need help / encouragement to administer their inhaler. It is the parent's responsibility to ensure that School is provided with a named, in date reliever / inhaler which is always accessible to the pupil. All pupils should carry their own inhalers except Nursery pupils whose inhalers are kept in the classroom locker with the class teacher. A named spare inhaler as above must also be provided by the parent for keeping in the Medical Room in case the pupil should forget or lose theirs.

05005. Pupils in Prep School and Senior School are encouraged to be responsible for their reliever / inhaler which is to be brought to School and kept on them at all times. It is the pupil's responsibility to take their inhaler on any out of school activities.

How to Recognise an Asthma Attack

05006. The signs of an asthma attack are:

- a. Persistent cough (when at rest)
- b. A wheezing sound coming from the chest (when at rest)
- c. Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- d. Nasal flaring
- e. Unable to talk or complete sentences. Some children will go very quiet.
- f. May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

05007. **Call an ambulance immediately and commence the asthma attack procedure without delay if the child:**

- a. Appears exhausted
- b. Has a blue/white tinge around lips
- c. Is going blue
- d. Has collapsed

What to do in the Event of an Asthma Attack

05008. The following procedures should be used when dealing with an asthma attack:

What to do in the Event of an Asthma Attack

1

- Keep Calm and reassure the child
- Encourage the child to sit up and slightly forward

2

- Use the child's own prescribed inhaler – if not available, use the emergency inhaler. This is kept in the Medical Room with the School Nurse

3

- Remain with the child while the inhaler and spacer are brought to them. Loosen tight clothing.

4

- Call for school nurse/first aider for help

5

- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs

6

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better

7

- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, ask the school office to CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

8

- The child's parents or carers should be contacted after the ambulance has been called

9

- The School Nurse or member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

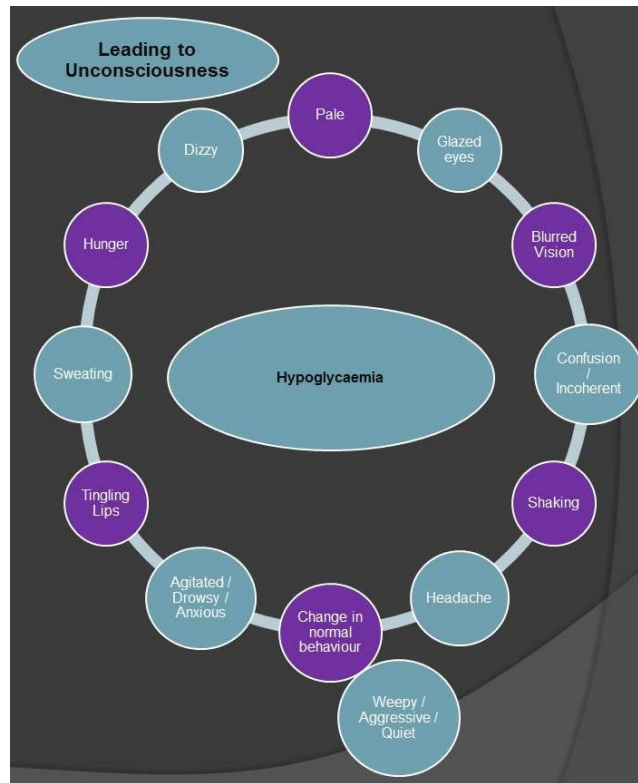
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- Document events. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom

DIABETES MANAGEMENT

Signs and Symptoms of Low Blood Sugar Level (Hypoglycaemia)

06001. Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment available. Symptoms include:



Action

06002. The following action should be taken for suspected hypoglycaemia:

- a. Give fast acting glucose (Lucozade drink or glucose tablets) – in an emergency the casualty may use the emergency supply from the School Office. Most individuals carry glucose tablets in their pocket. This will raise the blood sugar level quickly
- b. Call Matron / First Aider
- c. After 5 - 10 minutes follow this up with 2 biscuits, a sandwich or a glass of milk. Do not leave the casualty unaccompanied at any time
- d. Allow access to regular snacks and check blood sugar level again and as necessary
- e. Inform parents as soon as possible.

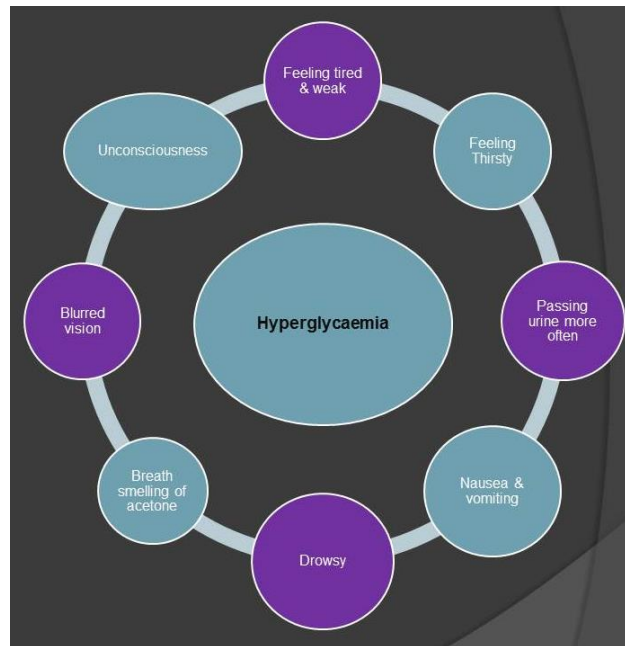
Action to be taken if the pupil becomes unconscious

06003. If the pupil becomes unconscious please carry out the following action:

- a. Place casualty in recovery position and call Matron / First Aider
- b. Do not attempt to give glucose by mouth as this may cause choking
- c. Telephone 999
- d. Inform parents / next of kin as soon as possible
- e. Accompany casualty to hospital and await arrival of parent

Signs and Symptoms of High Blood Sugar Level (Hyperglycaemia)

06004. This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal. Symptoms may include:



Action

06005. The following action should be taken for suspected hyperglycaemia:

- a. Inform Matron / First Aider at once
- b. Arrange for blood glucose testing if possible
- c. Inform parents / next of kin as soon as possible
- d. Call 999 and accompany casualty, await arrival of parents / next of kin

EPILEPSY MANAGEMENT

How to Recognise a Seizure

07001. There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- a. Casualty may appear confused and fall to the ground
- b. Slow noisy breathing
- c. Possible blue colouring around the mouth, returning to normal as breathing returns to normal
- d. Rigid muscle spasms
- e. Twitching of one or more limbs and/or face
- f. Possible incontinence

Action

07002. The following action may be considered if there is a casualty suffering a seizure:

- a. Try to help casualty to floor if possible but do not put yourself at risk of injury
- b. Move furniture etc. away from casualty in order to prevent further injury
- c. Place a cushion or something soft under the casualty's head
- d. Clear the area of students
- e. Call Matron / First Aider
- f. Cover casualty with a blanket as soon as possible in order to hide any incontinence
- g. Stay with casualty throughout duration of the seizure
- h. As the seizure subsides place casualty into recovery position
- i. Inform parents as soon as possible
- j. Send for ambulance if this is the casualty's first seizure or, if a casualty known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. Casualty must be accompanied until parent / guardian arrives
- k. Casualty to rest for as long as necessary
- l. Reassure other pupils and staff.

HEAD INJURY MANAGEMENT

Aim

08001. The aim of this section is to ensure that pupils at Lucton School receive a high standard of care following a Head Injury. The care will reflect current practice and national sporting recommendations. Head injuries often occur during contact sports such as rugby but they can also occur from a fall and as a result of an accident. Caring successfully for a pupil or adult with a head injury relies on good communication with colleagues and parents / guardians.

08002. Head injury is a trauma to the head that may or may not include injury to the brain. Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head.

Assessment

08003. All persons who receive a Head Injury at Lucton School should receive:

- a. An assessment in the Medical Room by Matron. If Matron is not onsite and there are any concerns then parents should be contacted to collect and be assessed by their GP. In cases of serious injury, the person may be assessed and transferred to hospital from the site of injury.
- b. The nurse assessment will include:
 - (1) Blood pressure, pulse, temperature and respiration rate

- (2) Examination of eyes- pupil reactions specifically
- (3) Glasgow Coma Scale (if not fully conscious)
- (4) Assessment of memory

These should be recorded on the pupil's medical record on SchoolBase and / or on an Incident Report.

- c. A record will be made of the mechanism of injury. A history of events will be obtained from witnesses of the accident, or the person and a Head Injury Form completed.
- d. The assessment and history should identify whether or not the pupil or adult has concussion.

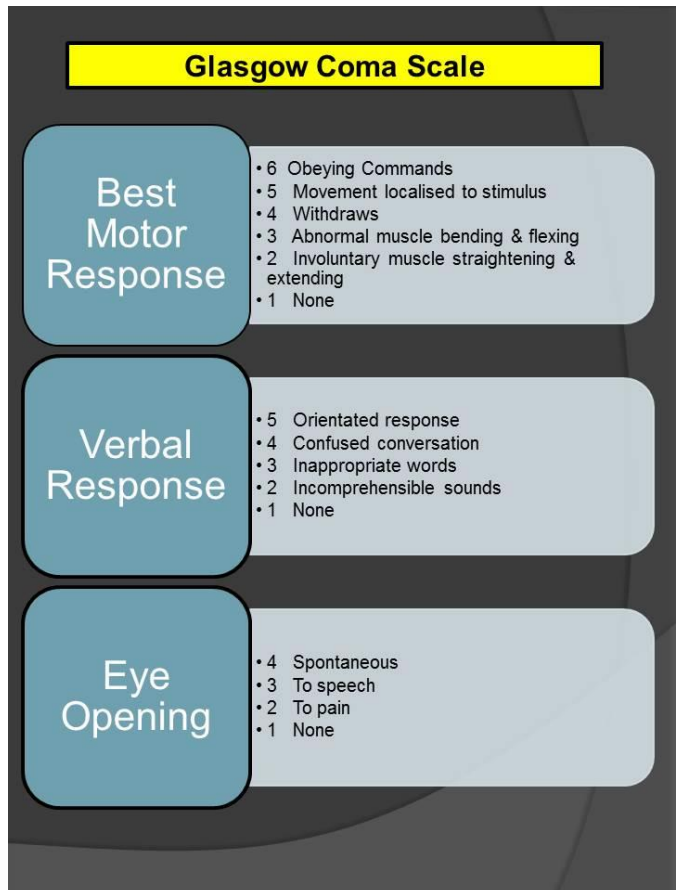
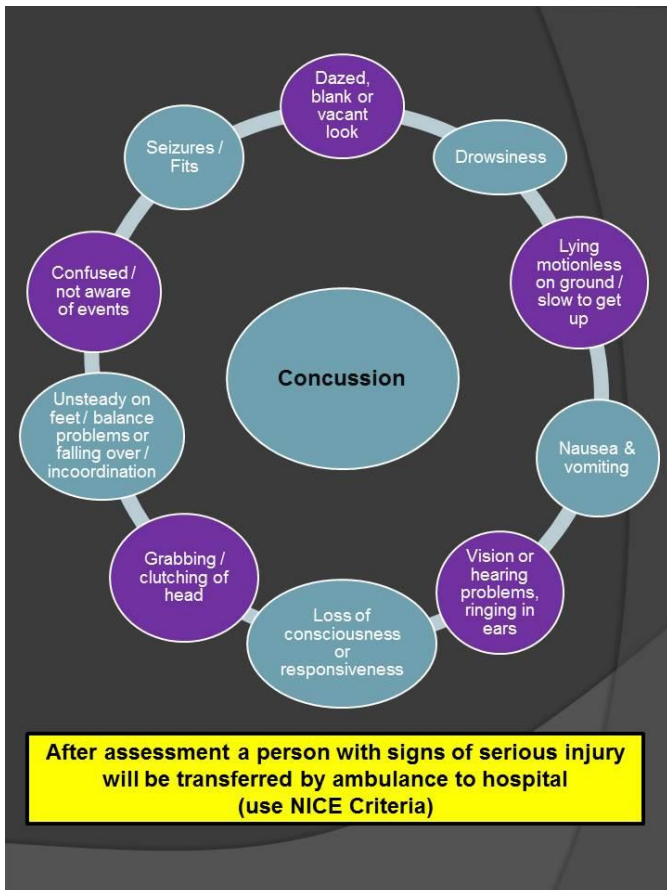
Recognising Concussion

08004. A temporary impairment of brain function usually caused by a blow that has shaken the brain within the skull. Please see overleaf for a diagram of visual clues that may indicate concussion.

08005. After assessment a person with signs of serious injury will be transferred by ambulance to hospital. See National Institute for Health & Care Excellence² (NICE) Criteria below:

NICE (2014) Criteria for Transfer to Hospital Following a Head Injury
<p>GCS score of less than 15 (Glasgow Coma Scale – See diagram) Any loss of consciousness Any focal neurological deficit since injury Any suspicion of a skull fracture or penetrating injury Amnesia for events before or after the injury Persistent headache since the injury Any vomiting episodes since the injury (clinical judgement should be used regarding the cause, especially in those under 12 years) Any seizure since the injury Any previous brain surgery A high-energy head injury Any history of bleeding or clotting disorders Anti-coagulation therapy Drug or alcohol intoxication Any safeguarding concerns Continuing professional concern</p>

² <https://www.nice.org.uk/guidance/cg176>



On Field Management of Suspected Concussion during Training or a Match

08006. Any pupil with a suspected concussion should be **IMMEDIATELY REMOVED FROM PLAY**, using appropriate emergency management procedures. Once safely removed from play, the injured player must not be returned to activity that day and until they have been assessed by a medical professional.

08007. If a neck injury is suspected, the player **should not** be moved, and the Matron should be called. In any doubt of a spinal injury, dial 999 keep the patient warm and **do not** move them. PE staff, match officials, parents and teammates who suspect a player may have concussion **must** do their best to ensure that the player is removed from the field of play in a safe manner.

08008. Less serious injuries will remain with the Matron until she is happy that the casualty is stable. Until it is clear that no significant injury has affected the brain the pupil will be regularly monitored and observations recorded. When the pupil is cleared by the Matron to return to school, or to return home accompanied, all pupils will receive a head injury advice form and be advised to attend A&E if symptomatic. The PE department must be informed if a pupil has sustained a head injury outside of sporting activities so that continuity of care is provided.

Communications

08009. All relevant personnel will be informed of events this includes parents, key members of staff at Lucton School and PE department. For all head injuries, an Incident Report Form must be completed by the member of staff present at the time or Matron. This should be given to the Head Teacher, Operations Manager and a copy given to the parents. The Head Teacher should be notified of any pupil being transferred to hospital.

08010. If a pupil has sustained a head injury at the weekend and has been diagnosed with concussion whilst playing at a rugby club outside of Lucton School, it is the responsibility of the parent or guardian to inform the school on return to school.

Concussion and Return to Play (RTP) & Graduated Return to Play (GRTP)³

08011. Following a concussive head injury, the advice from the IRB (International Rugby Board) should be adhered to. These have been incorporated into this policy and includes the Graduated Return to Play Protocol which act as mandatory 'guidelines' on the timing of return to training and match play for contact sport at Lucton School and emphasise the necessity for follow-up checks and supervision.

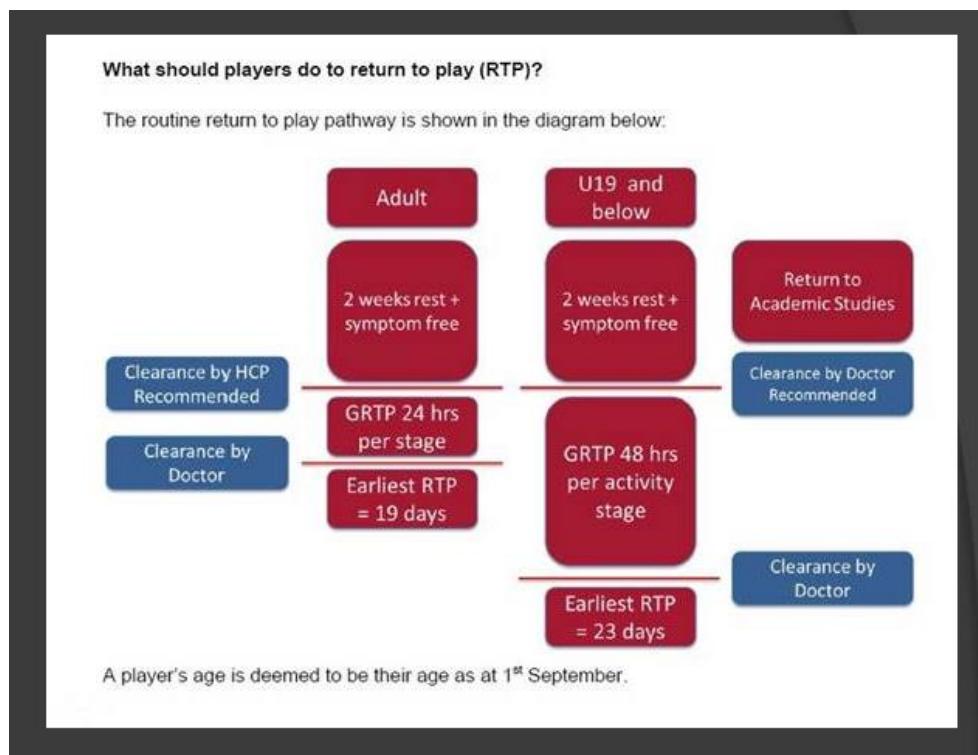
08012. The advice is currently a supervised return to sport over a period of 3 weeks. Any pupil diagnosed with concussion will be placed on the Concussion Register and relevant staff will be informed as soon as possible.

08013. The protocol is based around a period of minimum rest and then a supervised Graduated Return to Play (GRTP – see below). The GRTP will be carried out for all pupils by PE staff. PE staff will have access to the RTP and understand the importance of undertaking the stepped approach to returning to full match play and of discussing any concerns during this phase with the Matron and parents. On completion of GRTP, both the pupil and PE member of staff will sign the form, the original will be kept in the PE office, a copy given to the pupil, a copy to the Operations Manager and a copy given to the Matron to be filed.

Any pupil who has a head injury that produces signs / symptoms of concussion must be managed under the RTP / GRTP pathway, regardless of how the concussion occurred.

It is recognised that on occasion concussion may not be evident until several days after the event or injury.

08014. Return to Play (RTP) flowchart for adults and minors:



³ <https://www.englandrugby.com/dxdam/c0/c0424163-9a4d-4bb1-ad3d-228b157dfb66/PRINTER%20-%20HEADCASE%20U19%20Concussion%20Management%20Guidelines.pdf>

GRTP Programme

08015. A GRTP programme is a progressive exercise programme that introduces an athlete back to sport in a stepwise fashion. This should only be started once the athlete is symptom free and off treatments that may mask concussion symptoms, for example drugs for headaches. The GRTP programme consists of six distinct stages:

- a. The first stage is the recommended rest period
- b. The next four stages are training based restricted activity
- c. Stage 6 is a return to play

08016. Under the GRTP programme, the player can proceed to the next stage only if there are no symptoms of concussion during rest and at the level of exercise achieved in the previous GRTP stage. If any symptoms occur while going through the GRTP programme, the player must return to the previous stage and attempt to progress again after a minimum 24-hour period of rest without symptoms. The International Rugby Board recommends that a medical practitioner or approved healthcare professional confirm that the player can take part in full contact training before entering stage 5.

GRTP – Rest Periods:

08017. The following minimum rest periods (**no excessive physical exercises**) are to be followed by all players if diagnosed with a concussion or when a player is suspected of having concussion during a game or training at which there is no appropriately qualified person present. GRTP should only be commenced after the completion of the minimum rest period for each age group and only if the player is symptom free and off medication that modifies symptoms of concussion.

Any player with any symptoms following a head injury should not return to training or playing whilst symptoms persist.

A second head impact in a player who has not fully recovered from concussion could lead to dangerous neurological complications, including death.

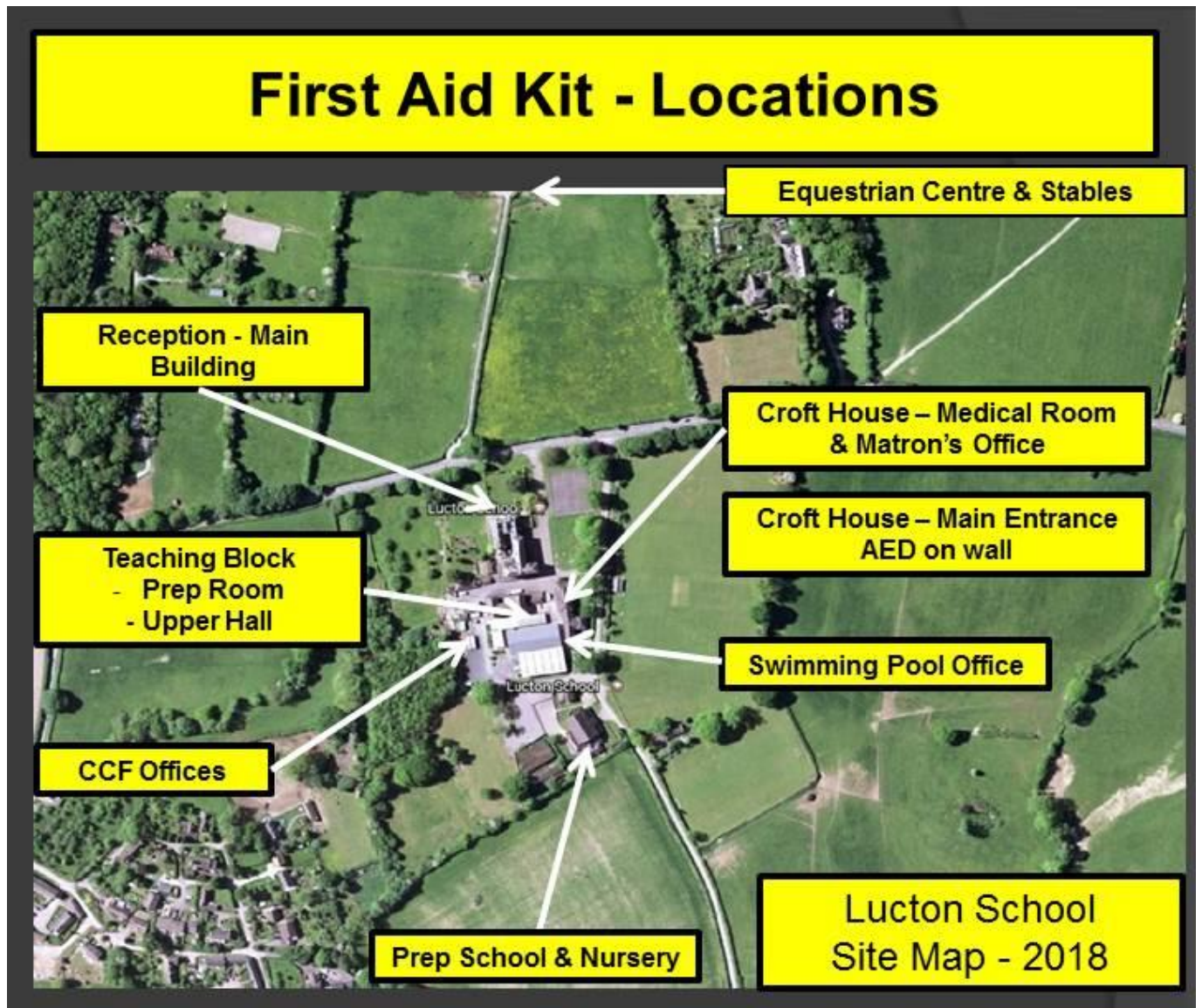
08018. The Lucton School – Pupil Graduated Return to Play (GRTP) Form is at Annex C and the Head Injury Management Flowchart is at Annex D.

Level 3 Award in First Aid at Work	
Name	Award Date
Richard Brown	Jan 2020
Craig Derrigan	Jan 2020
Emma Coates	Jan 2020
Rebecca Griffiths	Jan 2020

Certificate in Safe Administration of Medicines	
Name	Award Date
Lulu Parker	5 November 2017
Richard Brown	20 November 2017

Location of First Aid Equipment

B0001. First Aid Kits for general use and School Trips are located in the school buildings on each site. Each Minibus also carries an appropriate First Aid kit, and travelling teams should also take appropriate First Aid kits to all away fixtures. Other departments, such as Science, Technology and PE may have their own kits. See below for the main First Aid Kit locations:



**Annex C
To Lucton School
First Aid Policy
Dated 9 July 2020**

**Lucton School – Pupil Graduated return to play (GRTP) Form for Pupils:
Each stage is a minimum of 24 hours.**

Stage	Rehabilitation Stage	Exercise Allowed	Objective	Stage achieved (asymptomatic of any concussion symptoms) YES/NO	PE staff to sign & Date
1	Minimum rest period	Complete body and brain rest without symptoms (14 days off physical activity)	Recovery		
2	Light aerobic exercise	Light jogging for 10-15 mins, swimming or stationary cycling at low to moderate intensity. No resistance training. (Symptom free for 2 days)	Increase heart rate		
3	Sport specific exercise	Running drills. No head impact activities. (Symptom free for 2 days)	Add movement		
4	Non-contact training drills	Progression to more complex drills eg passing drills. May start progressive resistance training. (Symptom free for 2 days)	Exercise, coordination and cognitive load		
5	Full contact practice	Normal training activities (Symptom free for 2 days)	Restore confidence and assess functional skills by PE staff		
6	Return to play	Player rehabilitated (Day 23)	Recover		

In accordance with the RFU guidelines(Name)
has completed a programme of GRTP under supervision and can now return to play contact sports.
(Copy of GRTP to parents / Matron.)

Signed Pupil **Date**

PE Staff Member **Date**

**Annex D
To Lucton School
First Aid Policy
Dated 9 July 2020**

HEAD INJURY MANAGEMENT FLOWCHART

