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First Aid Policy

BETHANY SCHOOL
CURTISDEN GREEN
GOUDHURST
KENT

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Contents

1. Legislation

The Health and Safety (First Aid) Regulations 1981 as amended in 2013, require employers to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to employees if they become injured or unwell at work.
These regulations apply to all workplaces, no matter how small
They do not place legal obligation on employer to make first aid provision for non-employees such as public or pupils in school
It is strongly recommended by the Health and Safety Executive (HSE) strongly recommends that non-employees are included in a first aid needs assessment and in the school setting this is particularly pertinent

2. Responsibility

The Department of Education (DfE) states in its document 'Guidance on First Aid for Schools' that the employer is responsible for the health and safety for their employees and "anyone else on the premises".
The employer at Bethany School are the governors of the school. The governor responsible for First Aid is Alex Scott.
Where first aid is provided for staff and pupils, schools should ensure that:

- provision for employees does not fall below the required standard; • provision for pupils and others complies with other relevant legislation and guidance.

First aiders should complete a Health and Safety Executive approved course every three years. New staff will be trained at the next available training session.

2.1 Responsibility of Staff

Appointed person(s) and first aiders
The school's appointed persons are Rhiannon Eyre RN and Sam Sweatman RSCN.
They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of 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.

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports/recording on the form
- Informing the Headmaster, Senior Sister Rhiannon Eyre or their manager of any specific health conditions or first aid needs

The Wellness Centre

The Wellness Centre is manned 8am -5.30pm Monday- Friday during term-time and is an invaluable resource when dealing with accidents. The Wellness Centre does this in conjunction with its role of maintaining a service to pupils who have medical needs. It is expected that those members of staff who have a first aid qualification administer first aid in the first instance and seek medical help if required.

The Wellness Centre is staffed with Registered Nurses. Sister Sam Sweatman is a Paediatric Nurse specifically trained in the care of children and Senior Sister Rhiannon Eyre who is a previous Accident and Emergency Senior Sister also trained in the specific care and first aid in children.

Processes for accessing First Aid and medical cover from the Wellness centre out of hours is outlined in the Wellness Centre out of hours process available on Microsoft Teams, boarding section and is available to all boarding houses on their notice board.

3. Appointed Persons

Emergency first aid at work (EFAW) certificate training is held at Bethany School every three years. All staff at Bethany are expected to complete the EFAW certification. Records of who is trained to Emergency First Aid Standards are held with the Human Resources department. The nurses at Bethany Rhiannon Eyre RN and Sam Sweatman RSCN are both trained to First Aid at Work standard and are also trained in looking after children specifically. Appendix 3 details all current staff who are EFAW trained.

Summoning an ambulance

In the event of a life-threatening emergency, the first aider must summon an ambulance.

- Dial 999
- When asked which service is required, state clearly ‘Ambulance’
- When put through to the ambulance control room, state clearly what the emergency is and whether or not the casualty is breathing.

- Listen to the operator and follow the instructions given. Do not hang up the telephone until you are told to do so.
- Give the operator your *exact* location e.g. the slope pitch, Three Ponds or The Mount boarding house.
- Give your telephone number to the operator.
- Send a runner to the main school gate to wait for the ambulance and to direct the crew to the casualty. Inform the school office.
- If the casualty's condition worsens, it is acceptable to call the emergency services back.
- If a decision is made by the ambulance control to send an air ambulance, ensure that the school office informs the Estates Manager so that the Firs Pitch is vacated and prepared for a helicopter landing.

4. Recording of accidents/incidents and near misses

The Wellness Centre staff record details of every accident / incident that they deal with on a database. The records are confidential to Wellness Centre staff, and only disclosed if 'the permission for disclosure has been sought from the patient.

It is a statutory requirement to report serious accidents to the Health and Safety Executive, including those resulting in death or major injury and those which prevent the injured from doing their normal work for more than seven continuous days or over three must be recorded [RIDDOR].

All accidents should therefore be reported to the Wellness Centre so that the event can be recorded. An electronic accident reporting form is available on the intranet for staff to report accidents, incidents or near misses.

The full accident reporting process is outlined in our Health and Safety policy section 7. The Wellness Centre automatically receives the form and acts upon the information if indicated.

The Wellness Centre has a shared document with the Health and Safety Officer.
If there is an injury to a member of the public and they are taken directly to hospital for treatment of a visible injury, this too should be recorded.

The Health and Safety Officer reports all RIDDOR [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995] via an online form available on the weblink in Staff Team on Microsoft Teams.

The Wellness Centre staff will inform the pupil's parent or guardian in the event of a medical emergency or significant injury.

5. First Aid Kits

There are "resident" First Aid Kits across the entire site of Bethany School as well as 1 on each minibus. There are also plenty of "transient" First Aid Kits that can be requested (with at least 24 hrs notice) and signed out of the Wellness Centre for trips.
All kits are supplied and maintained by the Wellness Centre. See Appendix 2 for the location of the first aid kits.

The head (or nominated person) of each department that holds a First Aid Kit is responsible for informing the Wellness Centre if any contents have been used and therefore require replenishing.

All the First Aid kits at Bethany School are green and clearly labelled with the words 'First Aid' and a white cross. It is the duty of all staff to ensure that they know the location of the first aid kits [see appendix 2] and to familiarise themselves with the contents of the kits [see appendix 1].

Although schools are considered low risk establishments, special consideration has been given to practical departments, e.g. science and design/food technology and sporting activities.

Sports

First aid kits are stored in the Games department. If items have been removed from kits, they must be returned to the Wellness Centre to be re-stocked. It is the responsibility of each sports coach to ensure this happens.

First aid provision for sports and out of bounds activities needs special consideration and should be risk assessed. Team coaches or teaching staff responsible for such activities should have appropriate first aid qualifications and those responsible for outward bound activities or hazardous pursuits may require specialised training.

There should be a means of communicating or summoning help quickly, e.g. mobile phones at distant sites. For staff who do not have their own mobile phones, school phones are available from the Bursary.

The nursing staff can be summoned by telephoning extension 241 on the internal school telephone. The casualty should be accompanied to the Wellness Centre by a responsible person. In the case of serious injury, the casualty should not be moved, and the nurse should be asked to attend the casualty.

The nurse should be given a brief outline of the problem so that appropriate equipment can be brought to the casualty. If pupils are away from the Bethany School campus, first aid must be delivered by the nearest provider or Accident and Emergency department.
Following this, the staff member in charge of the trip must inform the Wellness Centre as soon as able.

6. Spillages

If spillages occur in the science department, the Science technicians and teaching staff will implement the first aid procedures outlined in the Science Health and Safety Policy [available from the science technicians].

In the event of a spillage of body fluids, a supply of Sanitaire is available in each department for use on all spillages except urine.

Inform the housekeeping manager

- Vacate the room
- Open doors and windows
- Put on disposable gloves [from first aid kit]
- Sprinkle Sanitaire onto spillage except on urine.
- Leave spillage for at least two minutes so that viruses or bacteria are inactivated.
- Remove the solidified spillage using paper towels

The housekeeper should clean the affected area with detergent and a final clean with a hypochlorite solution of 10 000 ppm.
If the spillage is urine, mop up with a detergent solution and then a final clean with a hypochlorite solution of 10 000ppm.
Remove gloves and dispose of all waste in a plastic bag.

Wash hands with detergent and hot water.

7. Identification of pupils with special medical needs

A pupil who is identified as having special medical needs has a plan kept at the Wellness Centre with essential information on the school system (ISAMS) including emergency procedures. If an Individual healthcare plan is necessary then the tutor of that pupil will be informed of the measures in place. Information about how we care for pupils with special medical needs is highlighted in the Wellness Centre policies and procedures document.

8. After School Hours

A registered nurse is on campus between 0800 hrs and 17:30 hrs Monday to Friday, and on call from 1830hrs until 2300hrs. The 1 hour between 17:30hrs and 18:30hrs the process is to call the SMT phone who should be onsite in an emergency 07549 884420. After this time there is a designated nurse contactable for advice and treatment in an emergency. The “on call” rota for the nurses is available on the Staff Team in the Wellness Centre Channel and Boarding staff files.

After normal school hours, if first aid is required, this can be provided by appointed house or games staff in the first instance. The Wellness Centre must be informed by telephone if a pupil needs to be seen by the school nurse. An electronic copy of the duty rota and mobile telephone numbers of the nursing staff is circulated to all boarding staff each term.

Staff are reminded not to send pupils to the Wellness Centre after hours without prior arrangement with the school nurse. This is to ensure that injured pupils are not left unattended as the nurse may be off campus. Accessing a nurse out of hours together with the on-call rota are available on the Boarding Staff Team.

Appendix 1: Contents of a First Aid Kit (as a minimum)

Additional items added if Staff feel it is necessary). Some smaller kits have less quantity of items.

20 Assorted plasters
2 sterile eye pads
2 individually wrapped triangular bandages preferably sterile
2 safety pins
2 large sterile wound dressings
6 medium sized unmedicated wound dressings
10 sterile wet wipes
1 micropore tape
1 face sheild
5 pairs gloves nitrile
1 foil blanket
2 conforming bandages
4 sterile eye wash (20mls)
5 adhesive dressings
I pair scissors
2 crepe bandages
4 packets sterile gauze
4 ice packs – if kit big enough, if not just 2

<u>Contents of Burns Kit</u>

Assortment of burns dressings
Large eye wash bottle
Eye pad dressing
Gloves
Tough cut scissors
Small roll of cling film

Appendix 2: LOCATION OF FIRST AID KITS

Location	Description	Nominated staff member with responsibility
Agri Shed (Estates)	Green box	Dan Sears
Art Room	Small green box next to the telephone	Sarah Smart, Louise Pettifer
CDT	Green box above the sink	Mick Levett
Textiles	Green bag	Nicola Clough
Food technology wall	Green box	Food Technology Head and Assistant
Science Prep room	Green box	Science Staff
Kitchen office	Square green box on shelf in kitchen office	Ted Baldwin and Kitchen staff
Orchard	Small green bag on the shelf in Matron's room	Karina Austen

Swimming Pool	Green box	Jamie Forde
Sports Hall	Orange wall mounted box	Jamie Forde
The Mount	Wall mounted green box in Housemaster's office	Karen Lane

	BUS	**ROUTE**	**DRIVER**
1	BK22VRE	T & T	Sarah
2	BK22VTD	Weald	Matt
3	BK22VRF	Paddock Wood	Christian
4	BK22VSO	TW4	James
5	GU64MVJ	TW1	Jonathon
6	GU64MVH	Marden (pm)	anyone
7	GX18UPC	Kings Hill	Juan
8	GX69GWJ	TW2	Richard (Robert covering)
9	GY67FNU	Sevenoaks	Martin
10	GY67FNT	TW5	Ian in the am, HAMS covering the pm
11	HF16OJT	Marden/Staplehurst am only	Maurice
12	GX69GVE	TX3	Vinny
13	YR17HFD	Hildenborough	Nigel
14	KW21PWZ	Staplehurst (pm only)	Jacky Elliman for now

GJ59PYA	9 seater not used for any am or pm runs, has a first aid kit on board.
KW21PVT	Works van, I'm not sure if it carries a First aid kit as it doesn't carry children

Appendix 3: First Aid Training Log

Paediatric Trained Staff

Senior Sister Rhiannon Eyre BSc (Hons) Accident and Emergency Nursing - First Aid at Work completed August 2021. Qualified Emergency Nurse Practitioner working with Adults and Children Sister Sam Sweatman RN (Child). Qualified Paediatric Nurse and completed her First Aid at work in August 2022.

Nursing revalidation;

Rhiannon Eyre: August 2024

Sam Sweatman: August 2026

Austen	Andrew	15.12.22
Austen	Cheryl	14.12.22
Austen	Karina	14.12.22
Batt	Tracey	3.4.23
Beckham	Ritchie	13.12.22
Bell	Dariius	13.12.22
Bolton	Alexander	13.12.22
Boot	Verena	14.12.22
Bourne	Jonathon	14.12.22
Boxall	Vinnie	13.2.23
Butler	Sarah	15.12.22
Clough	Richard	13.2.23
Clough (formerly Brown)Nicola	Nicola	15.12.22
Cooper	Sara	15.12.22
Cotterill	Maria	15.12.22
Crafter	Phil	13.12.22

Dear	Emma	14.12.22
Duff	Simon	13.2.23
Ellis	Stacey	14.12.22
Fuller	Mathilda	13.12.22
Fuller	Sarah	13.12.22
Garcia	Alex	13.2.23
Gill	Anita Jane	14.12.22
Goldsmith	Alison	14.12.22
Goldsmith	Shirley	14.12.22
Hallett	Mandy	14.12.22
Hampton	Steven	3.4.23
Harris	Sam	14.12.22
Harris-Green (nee Baker)	Samantha	13.12.22
Healy	Frances	13.12.22
Healy	Francie	13.12.22
Hill	Emily	13.12.22
Khan	Anthony	13.12.22
Lane	Karen	15.12.22
Levett	Mick	13.12.22
Manktelow	Adam	13.12.22
Marrable	Jane	15.12.22
Mewett	Gemma	13.12.22
Mewse	Amy	15.12.22
Mills	Claire	14.12.22
Notley	Clare	13.2.23

Payne	Rachael	13.12.22
Pettifer	Louise	14.12.22
Potter	Sarah	3.4.23
Ramsay	Alasdair	13.12.22
Ramsden	Aaron	13.12.22
Roberts	Ceri	13.2.23
Rowell	Caroline	13.2.23
Sanjaya	Debby	13.2.23
Sault	Steven	15.12.22
Sears	Dan	15.12.22
Shapland	Carly	13.12.22
Shaw	Dan	13.12.22
Sleczka	Jakub	15.12.22
Smart	Sarah	13.12.22
Smith	Richard	15.12.22
Sturrock	Alan	13.12.22
Sturrock	Anne - Marie	13.12.22
Sunderland	Martin	03.04.23
Swart	Gabriella	13.2.23
Tatnell	Matthew	15.12.22
Taylor	David	13.2.23
Thomas	Mike	13.2.23
Thorncroft	Chris	14.12.22
Thornton	Katja	3.4.23
Vickerman	James	13.12.22
Wareham	Julia	13.12.22
Watermanovi	Kveta	15.12.22
Whitehead	Paula	15.12.22
Willis	Michael	13.12.22 ?

Wilson	Susan	14.12.22
Wright	Robert	15.12.22
Zhao	Leaf	13.12.22

Appendix 4: Automatic External Defibrillator(AED)

Sudden cardiac arrest is the leading cause of premature death. When the heart stops beating suddenly the normal steady organised rhythm is replaced by a disorganised chaotic one. This is often ventricular fibrillation (VF). The sooner VF is treated with an electrical shock (defibrillation) the higher the chances of the heart restoring its rhythm and the person's life being saved.

Actions when a person has on site has had a cardiac arrest are in the algorithm below.

Anyone can use an automated external defibrillator (AED). You merely switch it on and follow the instructions given by the machine.

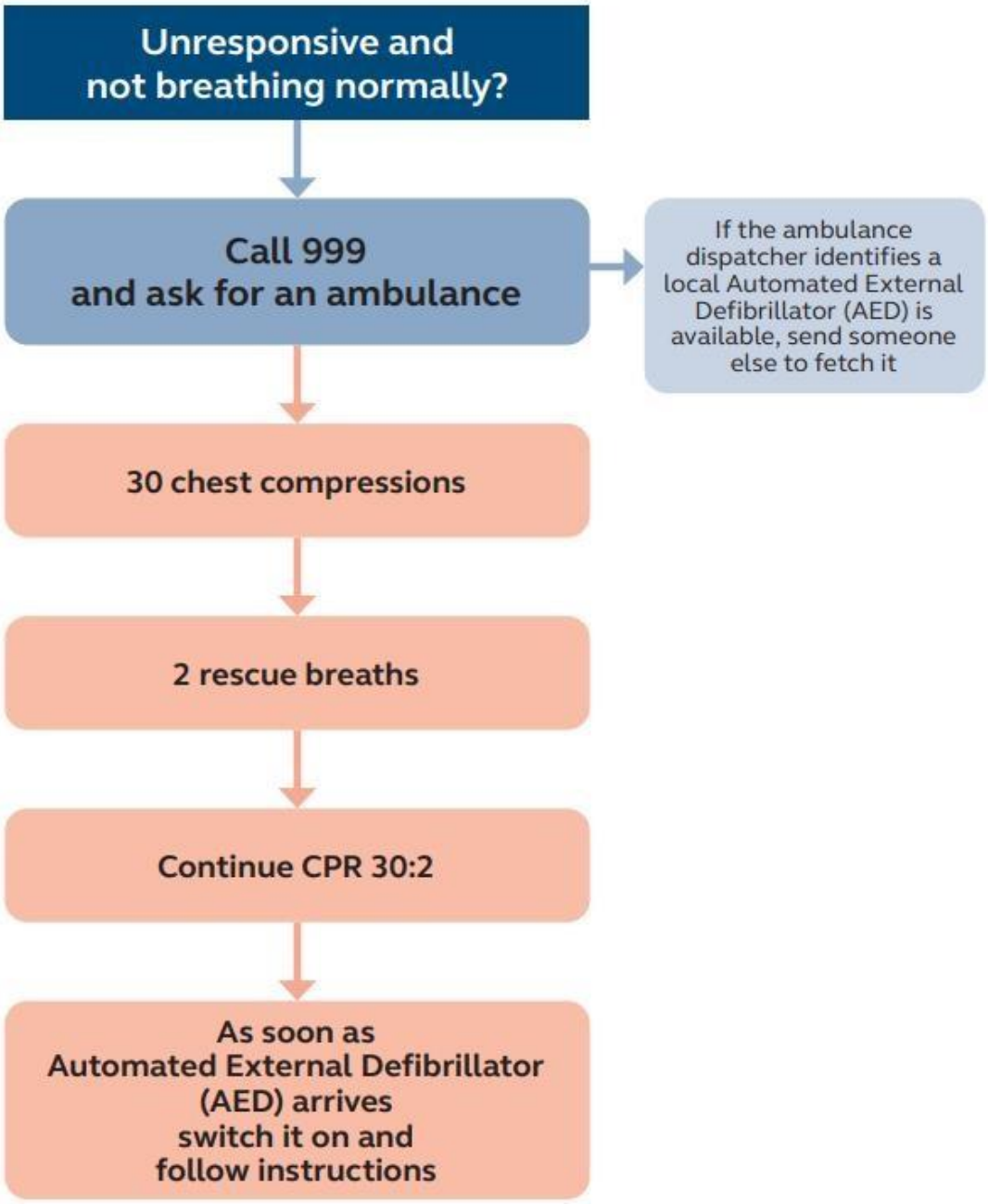
AEDs do not require routine maintenance and are likely to need a battery change every 2-5 years depending on the machine. The pads associated with the AEDS also should be checked regularly for expiry dates and pads replaced before expiry date.

There are 3 AEDs on Bethany's site:

1. Located opposite the ground floor fire exit in the Admin building (note: to be relocated to external cabinet at the front of reception).
2. Located in the Wellness Centre
3. Located in the main entrance corridor of the swimming pool

The AEDs are checked weekly by both the Wellness Centre staff and the pool manager.

For more information regarding AEDS please go to this document produced by the resuscitation council
AED_Guide_2019-12-04.pdf (resus.org.uk)


Unresponsive and not breathing normally?
Call 999 and ask for an ambulance
If the ambulance dispatcher identifies a local Automated External Defibrillator (AED) is available, send someone else to fetch it
30 chest compressions
2 rescue breaths
Continue CPR 30:2
As soon as Automated External Defibrillator (AED) arrives switch it on and follow instructions

Appendix 5: ASTHMA POLICY

Bethany recognises that Asthma is a widespread, serious but controllable condition that affects many of its pupils.

Asthma is the most chronic condition. It is estimated to affect 1 in 11 children. There are over 25,000 emergency hospital admissions a year in the UK. Most children with asthma have been without an inhaler at some point either they have lost it, forgotten it, broken it or it has run out.

This policy is intended to be read in conjunction with the following documents;

Guidance on use of emergency salbutamol inhalers in schools, DfE March 2015

The Human Medicines (Amendment) (No 2) Regulations 2014 allowing schools to voluntarily keep a salbutamol inhaler for emergencies

Supporting Pupils at School with Medical conditions (Dec 2015) Statutory guidance

General

Parents/Guardians should notify the Wellness Centre through the Medical Form if their child has asthma and complete an asthma plan available on their my school portal forms site.

Consent for emergency inhaler use is done on the Medical Form which the Wellness Centre receive a copy of. If anything changes with their child's asthma management protocol the parent/guardian must inform the Wellness Centre.

Any full boarder who is asthmatic MUST be registered with Marden Medical Centre and receive asthma check-ups with the doctor if necessary. The nurses at the Wellness Centre can do an assessment if it is necessary.

Pupils should always carry their reliever inhaler with them. It should be clearly labelled with their name on it and should not be given to anyone other than the named individual. If another pupil requires an inhaler and they do not have one then they MUST report to the Wellness Centre.

Asthma is a very long term lung condition. It affects the airways which carry air in and out of the lungs.

The most common signs of an asthma attack are;

- Coughing
- Wheezing
- Breathlessness
- Chest Tightness

This Information will be entered on the pupil's individual file on ISAMS, by the Wellness Centre staff, and is then accessible to school staff on a need to know basis. Health information recorded on ISAMs is updated by the Wellness Centre staff as the information becomes known to them.

There is an asthma kit available at the Wellness Centre. The Wellness Centre hold an asthma register which details which pupils have an asthma diagnosis and consent to an emergency inhaler.

All pupils who have emergency inhalers administered MUST have their parent/guardian informed by the Wellness Centre with details of the circumstances.

Instructions for a pupil who is having an asthma attack

1. Sit up straight - try to keep calm.
2. Take one puff of your reliever inhaler (usually blue) every 30-60 seconds up to 10 puffs.
3. If you feel worse at any point OR you don't feel better after 10 puffs call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

Signs of a severe asthma attack include;

- wheezing, coughing and chest tightness becoming severe and constant.

- being too breathless to eat, speak or sleep.
- breathing faster.
- a fast heartbeat.
- drowsiness, confusion, exhaustion or dizziness.
- blue lips or fingers.
- fainting.

In life-threatening asthma an ambulance must be called

All school staff should be encouraged to familiarize themselves with the relevant health information for the pupils that they have responsibility for.

Boarding pupils:

All full boarding pupils are registered with the School Doctor. The pupil's current Asthma treatments are documented and reviewed by the Doctor at the pupil's 'new patient' medical consultation. This consultation takes place during the pupil's first term.

Repeat prescriptions of any prescribed Asthma medication can thereafter be requested by the pupil from the Wellness Centre.

Pupils are allowed to hold their own Asthma inhaler medication even if under 16 years of age by referring to the Administration of Medication policy

Pupils are individually invited to the Wellness Centre by the Nurses for a review of their Asthma condition.

Asthma Review

Pupils attending for a review of their Asthma will have standard measurements of lung capacity recorded i.e. peak expiratory flow rate (PEFR) and the pupil's height and age. A prediction of expected PEFR can be calculated from these measurements. The pupil's

standard PEFR can be used to measure any deterioration or improvement following treatment.

The pupil will receive individual education on the technique in using their inhaler device to maximize the effect of their prescribed medication.

The Nurse will educate the pupil to ensure that they use their inhaler at the most appropriate times, and that the pupil is using the least amount of medication to control their symptoms following the British Thoracic Society (BTS) guidelines.

The Nurse will also educate the pupil to ensure that they can recognize a worsening of his/her Asthma condition and be able to take the appropriate action to manage their symptoms. The pupil will be encouraged to seek advice from the Wellness Centre if unsure, or if their Asthma symptoms are not improving. The pupil would in this instance, be referred to the doctor.

General Asthma reviews will be on an annual basis but monitoring will be increased if a pupil is experiencing an increase in their Asthma symptoms or requires additional educational support.

An emergency treatment plan will be discussed with the pupil at the review. The pupil's Asthma action plan which outlines current treatment will be scanned onto the pupil's individual file on ISAMS where it is accessible to staff on a need-to-know basis.

An asthma plan can be found on the asthma UK website.

Asthma resources | Asthma UK

Day Pupils

Day pupils do not come under the routine Asthma management of the School Doctor but are able to access the Wellness Centre nursing staff for advice and support at any time of the school day.

General instructions

All pupils with an Asthma diagnosis at Bethany, are encouraged to always carry their blue 'reliever' medication inhalers on their person. Reliever inhalers help relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again.

It is essential that all staff who have responsibility for pupils should know what to do in the event of an Emergency Asthma attack

All games / teaching staff should be aware of potential triggers for pupils with Asthma while exercising and to take steps to minimize these triggers. This should include reminding pupils with exercise related Asthma to take their inhaler and to do a proper warm up before commencing exercise.

If a pupil has Asthma symptoms while exercising the pupil should be allowed to rest, and they should be encouraged to take their reliever (blue) inhaler. Once treatment has been effective the pupil may then recommence exercise.

All sports / teaching staff should be aware of the possible stigma's surrounding Asthma as pupils could be singled out by their condition which may lead to bullying.

In science, art or design technology lessons the teaching staff should be aware of any pupils in the classroom who have Asthma or a history of Asthma and the possible 'Asthma trigger' effect from chemicals, paint, or glue fumes. Staff should be vigilant and remove any pupils that become symptomatic when exposed to these triggers and then ensure any necessary treatment is given under supervision.

Minor Asthma attacks should not unduly interrupt the pupils schooling. When the pupil has received treatment, providing that they feel better they can return to their school activities.

Important things to remember in an asthma attack

- Never leave a pupil unattended when they are having an asthma attack. They will require constant reassurance.
- If the pupil does not have their inhaler and spacer with them, send another teacher or pupil to get the nearest emergency inhaler and spacer.
- In an emergency school staff are required under common law, to act like any prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher or adult if an ambulance needs to be called.
- Contact the pupil's parents or guardians immediately after calling the ambulance to update them (Either through the teaching/admin staff or the Wellness Centre).
- A member of staff should always accompany a pupil taken to hospital by ambulance and should stay with them until relieved by a parent, guardian, or matron.
- Staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action. If this is the case a second adult should accompany the driver taking the pupil to the hospital.

For more information about asthma attacks visit Asthma attacks | Asthma UK

APPENDIX 6: Management of Epilepsy Policy

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the pupil and school staff are given adequate support. Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). Examples of some types of generalised seizures are:

Tonic Clonic Seizures

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery times can vary – some require a few seconds, where others need to sleep for several hours.

Absence Seizures

These are short periods of staring or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the pupil may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.

Partial Seizures

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain. Simple Partial Seizures In this type of seizure the person is conscious aware of what is happening to them. This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring. Reassurance and comfort should be given.

Complex Partial Seizures

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused, wandering and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object. During these seizures, do not restrain the person and guide them away from dangerous situations. Speak gently and calmly to the person to help familiarize them to their surroundings. Give the person space for a while.

What to do during a Convulsive Seizure

- Stay calm
- Note the time/ check how long the seizure lasts
- Prevent others from crowding round
- Put something soft under the head
- Only move them if in a dangerous place
- Do not restrict or restrain the convulsive movements
- Do not put anything in the person's mouth

What to do when the Seizure has stopped

- If possible put them in the recovery position
- Wipe away any saliva and if breathing is difficult check that nothing is blocking the throat such as food or dentures
- Minimise embarrassment, if incontinent deal with this privately
- Stay with them, give reassurance until fully recovered

Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although **tiredness and/or stress** can sometimes affect a pupil's susceptibility. **Flashing or flickering lights, video games and computer graphics and certain geometric shapes or patterns can be a trigger for seizures in some pupils**. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs. Parents should be encouraged to tell school staff of the likely triggers. Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Offsite activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, seeking additional advice from the GP, paediatrician or school nurse/doctor.

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage.

When completing medical questionnaires, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place. Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff.

The sister on duty should be contacted immediately in the event of anyone found to be having a seizure. The sister may call for an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

APPENDIX 7: Head Injuries Policy

It is important to distinguish between the terms 'head injury' and 'concussion'.

- Head injury is a trauma to the head, face, jaw or nose that may or may not include injury to the brain.
- Concussion is a traumatic brain injury resulting in a disturbance of the normal working of the brain. It is usually the result of one of the following:
- A direct blow to the head (e.g. a clash of heads or the head hitting the ground).
- The head being shaken when the body is struck, e.g. a high impact tackle

Concussions can occur in many situations in the school environment, such as falling in the playground, on the sports field, impact injury to head from contact with a hard object such as the floor, a desk or another student's body, upper body injury without knock to head / whiplash.

The potential for concussion is greatest during activities where collisions can occur such as in the playground, during sport and PE.

Students may sustain a concussion out of school and arrive in school with symptoms or develop symptoms during the school day.

The recovery process from a concussion is personal to everyone. Students and staff should not make comparisons.

Head injuries in the school day

Any student sustaining a head injury should be immediately removed from that activity and referred to the School Nurse**.** In the absence of a School Nurse the student should be assessed by a qualified First Aider and referred for a medical opinion according to the referral guidelines in of this policy.

During home sports matches and training, the student must be removed from play and assessed at pitch side and transferred to available nursing/first aid resources or treated pitch side, depending on severity of injury.

In school during usual school hours (i.e. 08:00 – 17:30hrs), the student should either be accompanied to the Wellness Centre. for assessment, or a member of the nursing team called to assess the student.

During 'out of hours' (i.e. evening events), where the school nurse is not available or if the student is on a trip/at an away sports fixture, the student should be assessed by a First Aider. At such times, if the assessor is concerned for the health and well-being of the student, further advice should be sought (by telephoning NHS 111 or 999, if the head injury is assessed to be more severe).

If the pupil is a boarder the access to the Wellness Centre out of hours procedure should be followed in appendix 4 of this policy.

Parents/carers MUST be contacted, as soon as is reasonably practicable, informing them that their child has sustained a head injury. Head Injury advice sheets should be given to the pupil and emailed to the parent/guardian

Nursing and sports staff should be aware of the pocket concussion recognition tool in this policy and carry one if they wish.

The nursing staff will refer to NICE guidelines (pre – hospital management for patients with head injury) and Headcase RFU guidelines in the assessment and referral for head injuries (see section on Guidelines/Resources). The Glasgow Coma Scale (GCS) will be used to assess the level of consciousness. A GCS chart can be found in this policy

Referral to Hospital

The School Nurse or, in the absence of the School Nurse, the qualified First Aider should refer any student who has sustained a head injury to a hospital emergency department, using the ambulance service if deemed necessary, if any of the following are present:

- GCS score of less than 15 on initial assessment
- Any loss of consciousness as a result of the injury
- Any focal neurological deficit - problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking since the injury.
- Any suspicion of a skull fracture or penetrating head injury - signs include clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional since the injury.

- Amnesia for events before or after the injury (assessment of amnesia will not be possible in preverbal children and is unlikely to be possible in children aged under 5 years).
- Persistent headache since the injury.
- Any vomiting episodes since the injury.
- Any seizure since the injury.
- Any previous brain surgery.
- A high-energy head injury. For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 meter or more than 5 stairs, diving accident, high speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism.
- Any history of bleeding or clotting disorders.
- Current anticoagulant therapy such as warfarin.
- Current drug or alcohol intoxication.
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected).
- Continuing concern by the professional about the diagnosis.

(NICE Head Injury Guidelines 2019 relating to referral to hospital)

In the absence of any of the risk factors above, consider referral to an emergency department if any of the following factors are present, depending on judgement of severity:

- Irritability or altered behaviour
- Visible trauma to the head not covered above but still of concern to the healthcare professional.
- No one is able to observe the injured person at home.
- Continuing concern by the injured person or their family or carer about the diagnosis. (NICE Head Injury Guidelines 2019 relating to referral to hospital).

Where the student has been assessed as not meeting any of the criteria above, they should be discharged into the care of their parents/carers/boarding parents together with a head injury advice letter from the nursing team (see appendix A), and following a discussion with the nurse caring for the student at that time. The discussion should include:

- providing a detailed account of how the injury was sustained

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- what treatment has been provided thus far (including analgesia given, if any**)** • 'safety' net' advice – warning signs to look put for, when to seek further help/medical advice

- Advice around ongoing management (i.e. rest, Graduated return to play).

Emergency Management

Where a student exhibits the following situations/symptoms, this indicates a medical emergency and requires emergency medical assistance, by telephoning 999 and requesting an ambulance.

- Rapid deterioration of neurological function
- Decreasing level of consciousness
- Decrease or irregularity of breathing
- Any signs or symptoms of neck, spine or skull fracture or bleeding
- Seizure activity
- Any student with a witnessed prolonged loss of consciousness and who is not stable (i.e. condition is worsening).

An accident form reporting the injury/incident should be completed as soon as possible after the event and submitted to the Nurses/Wellness Centre as per the accident policy above.

Concussion Management

If a student is diagnosed with concussion the School follows a strict protocol on their recovery process. Our protocol is based on the RFU's concussion management guidelines and is reliant on the Sports Staff and parents working together to enable return to play.

GRTP FEB 2021 (englandrugby.com)

The Wellness Centre staff are only able to oversee the rehabilitation process back to competitive play if they have the full support of both parents and sports staff. RFU guidelines state that the player must receive a final assessment **by their GP** if indicated before their return to full contact practice. Parents and Sports staff are informed immediately if a student has been diagnosed and are required to co-operate with the concussion guidelines below


DON'T BE A
HEADCASE
STOP! CHECK FOR CONCUSSION
GRADUATED RETURN TO PLAY PROGRAMME
England Rugby
RUGBY SAFE
STAGE
STAGE 1
Initial Rest (Body & Brain)
STAGE 2A
Relative Rest (Symptom limited activities)
STAGE 2B
Light Aerobic Exercise
STAGE 3
Sport-Specific Exercise
STAGE 4
Non-contact Training
STAGE 5
Full Contact Practice
STAGE 6
Return to Play
OBJECTIVE
Recovery
Return to normal activities (as symptoms permit)
No symptoms at the end of the 14 days
Increase heart rate
Add movement
Exercise, coordination and cognitive load A return to learning/work must be achieved before returning to sport
Restore confidence and assess functional skills
Exercise, coordination and cognitive load
EXERCISE/ ACTIVITY ALLOWED
No driving or exercise
Minimise screen time
Consider time off or adaption of study/work.
Initially daily activities that do not provoke symptoms
Consider time off or adaption of study/work
For example: Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity
No resistance training
For example: Running drills.
No head impact activities
For example: Passing drills.
May start progressive resistance training
Following medical review. Return to normal training activities
Normal game play
DURATION (MINS)
No Training
No Training
Less than 20 mins
Less than 45 mins
Less than 60 mins
% MAX HEART RATE
No Training
No Training
Less than 70%
Less than 80%
Less than 90%
ADULT
24-48 Hours
RECOMMENDED REVIEW BY HCP
14 days (incl. Stage 1)
Must be symptom free before progressing to Stage 2B
SYMPTOM FREE
Minimum 24 hours
Minimum 24 hours
Minimum 24 hours
REVIEW BY HCP
Minimum 24 hours
Minimum 24 hours
If any symptoms occur while progressing through the GRTP programme, the player should rest a minimum 24 hours and until symptom free and then may return to the previous stage.
Minimum 24 hours
EARLIEST RETURN TO PLAY: 19 DAYS
U13 & BELOW
24-48 Hours
RECOMMENDED REVIEW BY HCP
14 days (incl. Stage 1)
Must be symptom free before progressing to Stage 2B
SYMPTOM FREE
Minimum 48 hours
Minimum 48 hours
Minimum 48 hours
REVIEW BY HCP
Minimum 48 hours
Minimum 48 hours
If any symptoms occur while progressing through the GRTP programme, the player should rest a minimum 48 hours and until symptom free and then may return to the previous stage.
Minimum 48 hours
EARLIEST RETURN TO PLAY: 23 DAYS

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground / Slow to get up
Unsteady on feet / Balance problems or falling over / Incoordination
Grabbing / Clutching of head
Dazed, blank or vacant look
Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck pain
- Sensitivity to noise
- Difficulty concentrating

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3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week / game?"
"Did your team win the last game?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling / burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

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Glasgow Coma Score

Best Motor Response	
6	Obey Commands
5	Movement localised to stimulus
4	Withdraws
3	Abnormal muscle bending and flexing
2	Involuntary muscle strengthening and extending
1	None
Verbal Responses	
5	Orientated Response
4	Confused conversation
3	Inappropriate words
2	Incomprehensible sounds
1	None
Eye Opening	
4	Spontaneous
3	To speech
2	To pain
1	None

Appendix A

Head injury Advice Sheet

Most head injuries are not serious, but you should get medical help if you or your child have any symptoms after a head injury. You might have concussion (temporary brain injury) that can last a few weeks.

Urgent advice: Go to A&E if:

You or your child have had a head injury and have:

- been knocked out but have now woken up
- vomited (been sick) since the injury
- a headache that does not go away with painkillers
- a change in behaviour, like being more irritable or losing interest in things around you (especially in children under 5)
- been crying more than usual (especially in babies and young children)
- problems with memory
- been drinking alcohol or taking drugs just before the injury
- a blood clotting disorder (like haemophilia) or you take medicine to thin your blood
- had brain surgery in the past

You or your child could have concussion. Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks.

You should also go to A&E if you think someone has been injured intentionally.

Immediate action required: Call 999 if:

Someone has hit their head and has:

- been knocked out and has not woken up
- difficulty staying awake or keeping their eyes open
- a fit (seizure)
- fallen from a height more than 1 metre or 5 stairs
- problems with their vision or hearing
- a black eye without direct injury to the eye
- clear fluid coming from their ears or nose
- bleeding from their ears or bruising behind their ears
- numbness or weakness in part of their body

- problems with walking, balance, understanding, speaking or writing
- hit their head at speed, such as in a car crash, being hit by a car or bike or a diving accident
- a head wound with something inside it or a dent to the head Also call 999 if you cannot get someone to A&E safely.

Help from NHS 111

If you're not sure what to do, call 111

NHS 111 can tell you the right place to get help.

How to care for a minor head injury

If you have been sent home from hospital with a minor head injury, or you do not need to go to hospital, you can usually look after yourself or your child at home.

You might have symptoms of concussion, such as a slight headache or feeling sick or dazed, for up to 2 weeks. **Do**

- hold an ice pack (or a bag of frozen peas in a tea towel) to the area regularly for short periods in the first few days to bring down any swelling
- rest and avoid stress – you or your child do not need to stay awake if you're tired
- take paracetamol or ibuprofen to relieve pain or a headache
- make sure an adult stays with you or your child for at least the first 24 hours **Don't**
- do not go back to work or school until you're feeling better
- do not drive until you feel you have fully recovered
- do not play contact sports for at least 3 weeks - children should avoid rough play for a few days
- do not take drugs or drink alcohol until you're feeling better
- do not take sleeping pills while you're recovering unless a doctor advises you to **Non-urgent advice: See a GP if:**
- your or your child's symptoms last more than 2 weeks
- you're not sure if it's safe for you to drive or return to work, school or sports