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First Aid Policy

Introduction

The Health and Safety policy sets out the requirement regarding First Aid arrangements in school. Schools should develop a school First Aid Policy and procedures, detailing how First Aid works in their school. This should include the monitoring arrangements of accidents and incidents.

First Aid arrangements in schools must be clearly on display in prominent areas and high-risk areas such as workshops and kitchens. The process for summoning a First Aider must be clearly defined and communicated to all staff, students and visitors.

First Aid assistance must be provided at all times during core school hours by nominated and qualified members of staff. Schools must consider the arrangements for First Aid for any staff who work outside of the core hours (such as cleaners and Site Managers). First Aid arrangements for people working when the school is shut should be covered in the Lone Working 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 advice from the Department for Education on first aid in schools, health and safety in schools, and 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 state 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.

Beyond this, in all settings – and dependent upon an assessment of first aid needs – employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements, provided your assessment of need has taken into account the nature of employees' work, the number of staff, and the location of the school. The appointed person does not need to be a trained first aider.

Section immediately 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.

All schools should adapt this section to reflect their circumstances, in line with their assessment of first aid needs.

First Aid Lead(s)

The school's appointed First Aid Lead is Ruth Wyatt. They are responsible for:

- Making a formal assessment of First Aid requirements using the Assessment of First Aid Provision document (Appendix 5), 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 all staff are aware of first aid procedures.
- Ensuring that an appropriate number of trained staff are present in the school at all times.

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.
- Filling in an appropriate accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in Appendix 2).
- Keeping their contact details up to date.
- Inform First Aid Lead.

Our school's First Aid Lead and First Aiders are listed in Appendix 1. Their names will also be displayed prominently around the school.

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:

- Ensuring that an appropriate number of appointed persons and trained first aid personnel are in school at all times.
- Ensuring that first aiders have appropriate qualification, 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.
- Ensuring that adequate space is available for catering to the medical needs of students.

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 (see Appendix 2) for all incidents they attend to where a First Aider is not called.
- 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

The school has a designated room for the treatment of injuries and for First Aid. It contains a sink and a bed and is locate near a toilet. Bins for blood waste are clearly marked and First Aid equipment is stored in clean, clearly labelled, easily accessible containers or cupboards.

Infection control

First Aid Staff must:

- Ensure all own injuries are covered with waterproof dressings before commencing treatment.
- Wash their hands before and after applying dressings.
- Only use mouth pieces when administering mouth-to-mouth if trained to do so.
- Use disposable gloves whenever blood or other bodily fluids are handled.

- Use disposable materials such as paper towels and sanitizing powder to clear up spills of bodily fluid.
- Dispose of blood and bodily waste in a way that does not allow others to come into contact with it. (Seek medical advice if contact is made with any other person's bodily fluids).

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.

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 from 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 to 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.

- The First Aider will also decide on what treatment and whether the injured person should be moved or placed in a recovery position.
- If the First Aider judges, in discussion with leadership, that a student is too unwell to remain in school, parent/carers will be contacted by office staff and asked to collect their child. Upon their arrival, the First Aider will recommend next steps to the parent/carers.
- If emergency services are called, the parent/carers will be contacted immediately by office staff who will keep leadership informed.
- 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).
- The member of staff who treated the incident will complete the appropriate minor incident book or Anthem Incident Report Form on the same day, as soon as is reasonably practical after an incident resulting in an injury. A copy of this form will be given to the parent/carers and a copy kept on file in school. (See Reporting and Recording section for further guidance.)

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
- 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.

There will always be access to a 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 medical room
- Reception (at the desk)
- The school hall
- All science labs
- All design and technology classrooms
- The school kitchens
- PE department office
- School vehicles

Use of defibrillators

The Department for Education (DfE) is providing Automated External Defibrillators (AEDs or 'defibrillators') to state-funded schools in England where existing provision is not in place. The DfE expect all schools in England to have access to a defibrillator.

Defibrillators, as work equipment, are covered by the Provision and Use of Work Equipment Regulations 1998 (PUWER). As such, this places a duty on employers in 28 respect of employee training and the provision of information and instructions in the use of such equipment. However, defibrillators are designed to be used by someone without any specific training, by following step-by-step instructions on the defibrillator at the time of use. It should therefore be sufficient for schools to provide a short general awareness briefing session to staff in order to meet their statutory obligations. Schools may want to use this opportunity to raise awareness of the defibrillator in the school and to promote its use should the need arise.

Further information can be found under this link: Automated external defibrillators (AEDs) in schools.

Record-keeping and reporting

First Aid and accident record book

- An accident form or minor incident form will be completed by the First Aider on the same day, as soon as possible after an incident resulting in an injury that is managed within school (See Appendix 7 flowchart for clarity).
- As much detail as possible should be supplied when reporting an accident, including all the information included in the accident form at Appendix 3.
- A copy of the accident report form will also be added to the student's educational record by the office staff.
- Records held in the First Aid and accident book will be retained by the school in accordance with the Retaining Records Policy.

Reporting to the Trust

The First Aid Lead will report serious incidents to the Trust in accordance with the Incident Category Matrix (Appendix 4). All category 1, 2 and 3 incidents must be reported to the Trust using the Anthem Incident Report Form. Completed forms should be emailed to enquiries@anthemtrust.uk. This is in addition to the school completing their own accident book.

Reporting to the HSE

If a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7) has occurred, the Trust will lead on any investigations and subsequent reporting to the HSE.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death.
- Specified injuries, which are:
    - fractures, other than to fingers, thumbs and toes
    - amputations
    - dislocation of shoulder, hip or knee
    - any injury likely to lead to loss of sight (temporary or permanent)
    - a chemical or hot burn or any penetrating injury to the eye
    - any injury resulting from electric shock or electrical burn
    - 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 scalding requiring hospital treatment
    - any loss of consciousness caused by head injury or asphyxia
    - any injury arising from working in an enclosed space leading to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
    - absorption of any substance by inhalation, ingestion or through the skin causing acute illness requiring medical treatment or loss of consciousness.
- Injuries where an employee is away from work or unable to perform their normal work duties for more than seven consecutive days (not including the day of the incident).
- Where an accident leads to someone being taken to hospital.
- 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 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 is 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.

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 3).

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.

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
- Retention Policy

Other useful documentation/links

HR 53 Infection Control Policy and Strategic Health and Safety Service

Guidance on First Aid for Schools:

https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education

http://www.hse.gov.uk/firstaid/index.htm

Appendix 1: List of First Aiders

Our school does not have an Early Years Foundation Stage and so we have no staff trained in Paediatric First Aid.

Our schools First Aid Lead is: Ruth Wyatt

The person who calls the emergency services is: Main Office or Student Hub Staff

The people who contact parent/carers (in discussion with the Head) is: Senior Leadership Team

Staff Member's Name	Name/Type of Certification	Date attended	Date for training to be updated
Ruth Wyatt	First Aid at work	01/07/2025	30/06/2028
Jose Matteus	First Aid at work	18/07/2025	17/07/2028
Kelly Turner	First Aid at work	08/10/2025	07/10/2028
Ben Moggridge	First Aid at work	05/12/2024	04/12/2027
Mohammed Sepahi	First Aid at work	03/10/2025	17/10/2028
Lillie Langford	Emergency First Aid at work	28/11/2024	27/11/2027

Staff Member's Name	Name/Type of Certification	Date attended	Date for training to be updated
Poppy Twyman	Emergency First Aid at work	07/01/2025	06/01/2028
Leon Skiba	Emergency First Aid at work	05/02/2025	04/02/2028

Appendix 2: Model minor incident report form

Name of student	Date/time of incident	Where the incident took place	Details of injury/illness	First Aid given	What happened after (went back to class/play, went to hospital etc)	Name and signature of First Aider	Parent/carers contacted or not

Appendix 3 Anthem Incident report form

See the Anthem SharePoint link:

Incident Report Form

Appendix 4: Anthem Incident 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.

Appendix 5: Assessment of First Aid Provision

School:

Name of Assessor(s):

Assessment of First Aid Factors

In order to assess the First Aid requirements, you should identify whether any of the following factors apply to the workplace or employees by ticking Yes or No in all cases:

Table 1

Assessment Factor	Apply (Y/N)?		Impact on First Aid provision
Have your risk assessments identified significant risks of injury and/or ill health?	☐	☐	If the risks are significant you may need to employ First Aiders.
Are there any specific risks such as working with hazardous substances, dangerous tools or machinery, and dangerous loads or animals?	☐	☐	You will need to consider: • specific training for first aiders • extra first-aid equipment • precise siting of first-aid equipment.
Are there parts of the establishment with different levels of risk?	☐	☐	You may need to make different levels of provision in different parts of the establishment.
Have you had any accidents or cases of ill-health in the past 12 months?	☐	☐	You will need to check your record of accidents and cases of ill health – what type they are and where they happened. You may need to: • locate your provision in certain areas • review the contents of the first aid box.
Are there inexperienced workers on site, or employees with disabilities or special health problems?	☐	☐	You will need to consider: • special equipment • local siting of equipment.
Are the premises spread out, e.g. are there several buildings on the site or multi-floor buildings?	☐	☐	You will need to consider provision in each building or on several floors.
Is there shift work or out-of-hours working?	☐	☐	Remember there needs to be First Aid provision at all times people are at work.
Is your workplace remote from emergency medical services?	☐	☐	You will need to: • inform local medical services of your location • consider special arrangements with the emergency services.

Do you have employees who travel a lot or work alone?	☐	☐	You will need to consider issuing personal First Aid kits and training staff in their use.
Do any of your employees work at sites occupied by other employers or is your site used by other occupiers?	☐	☐	You will need to make joint arrangements with the other site occupiers.
Do you have any work experience or other trainees?	☐	☐	Your First Aid provision must cover them.
Do members of the public visit your premises?	☐	☐	There is no legal responsibility for non-employees however you are strongly recommended to consider them i.e. schools would consider and include their students and libraries their customers.
How many people are employed on site? less than 5? 5 to 49? 50 to 100? more than 100?	☐	☐	You may need to employ first aiders – see Table 2 below.
Is a First Aid room required?	☐	☐	

The following table offers suggestions on how many first aiders or appointed persons might be needed in relation to levels of risk and number of employees on site. Increased provision will be necessary to cover for absences. The table does not take into consideration any non-employees who may be affected so an allowance will need to be made in such circumstances.

Table 2

Type of Workplace	Numbers of First Aid Personnel Required
Lower risk: Shops, offices, libraries, schools and similar workplaces.	• Fewer than 50 employed at any location: at least one appointed person. (It may be appropriate to provide an Emergency First Aider (EFAW) if large numbers of the public visit the workplace.) • 50-100: at least one First Aider. • More than 100: one additional First Aider for every 100 employed.
Higher Risk: Light engineering and assembly work, food processing, warehousing extensive work with dangerous machinery or sharp instruments construction, chemical manufacture, work involving special hazards* such as hydrofluoric acid or confined spaces.	• Fewer than 5: at least one appointed person. • 5-100: At least one First Aider (FAW) per 50 employees or part thereof. **Additional training may be needed to deal with injuries resulting from special hazards.*

The minimum First Aid provision on any work site is: A suitably stocked First Aid box and an appointed person to take charge of First Aid arrangements, at all times whilst people are at work.

Appendix 6: Contents and location of First Aid Kits

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

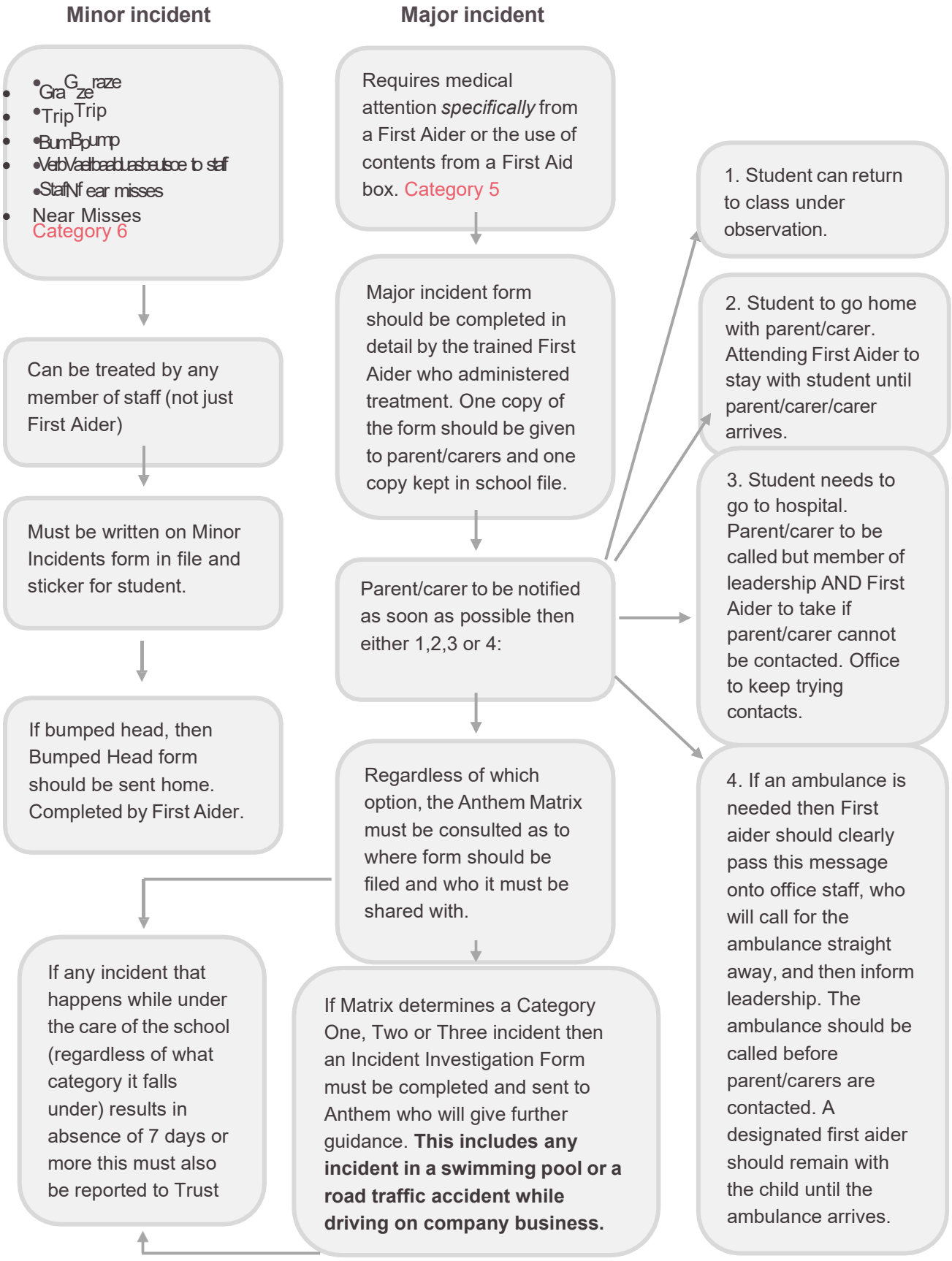
- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits.

First Aid kits are stored in:

- The medical room
- Reception (at the desk)
- The school hall
- All science labs
- All design and technology classrooms
- The school kitchens
- School vehicles

Appendix 7: Flowchart



Appendix 8: Model Head Injury Letter

Dear Parent/Carer,

Your child [insert name] received a bump on their head today whilst attending school.

[Description of how head injury occurred]

A School First Aider assessed your child. Although no problems were detected at the time, we request that you observe your child for the next 24 hours for any of the following symptoms:

- Blurred vision
- Drowsiness
- Nausea or vomiting
- Severe headache
- Confusion
- Slurred speech
- Unresponsiveness
- Clumsy, staggering or dizziness
- Bleeding from ears or nose

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

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

Yours sincerely,

[signatory's name and position]

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 (more drowsy)
- Amnesia (no memory for events before or after the injury
- Increasing confusion or irritability
- Unusual behaviour change
- Any new neurological deficit e.g.,
    - Difficulties with understanding, speaking, reading or writing
    - Decreased sensation
    - Loss of balance
    - Weakness
    - Double vision
- 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.

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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
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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.