FIRST AID POLICY

SENIOR SCHOOL, JUNIOR SCHOOL AND NURSERY (INCLUDING EYFS)

June 2025

FIRST AID POLICY

Contents **Page**

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1 Introduction

1.1 This policy relates to all sections of Churcher's College including the Nursery, Junior School and Senior School and has due regard for the Early Years Foundation Stage (EYFS). Throughout this document, the terms "the School" and "Churcher's College" refer to all sections of Churcher's College, unless otherwise specified. The term CCJS&N refers to Churcher's College Junior School and Nursery.

1.2 For the avoidance of doubt, the medical guidelines concerning specific conditions/illnesses that are set out in paragraph 15, apply to all sections of the School.

1.3 Related policies:

The following policies and documents are also relevant to the School's First Aid policy:

(a) The list of staff First Aid training held by HR (in the Senior School) and the School Administrator (in CCJS&N)

(b) Administration of Medicines and Supporting Pupils with Medical Conditions Policy

(c) Allergy Policy

(d) Disordered Eating Policy

(e) Health and Safety Policy

(f) Pregnancy Risk Assessment

These policies and documents are available to staff on the School's intranet and hard copies are available on request.

2 Aims

2.1 To ensure that the School has adequate and appropriate equipment, facilities and procedures to provide appropriate First Aid; and

2.2 To ensure that the First Aid arrangements are based on a risk assessment of the School.

3 Internal Management

3.1 The Deputy Head (Operations, Outreach and ECA) (Senior School) and the Senior Teacher (Operations) (CCJS&N) in consultation with the School Nurses, the School Doctor, Headmaster and Head of the Junior School will:

3.1.1 ensure that the First Aid provision is adequate and appropriate;

3.1.2 carry out appropriate risk assessments in liaison with the Bursar;

3.1.3 ensure that the number of First Aiders/appointed persons meets the assessed need;

3.1.4 ensure that the equipment and facilities are fit for purpose; and

3.1.5 regularly keep the Headmaster informed of the implementation of the policy.

3.2 All staff in charge of pupils (including volunteer staff) must use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in the same way that parents would be expected to act towards children.

3.3 Trained staff may take action beyond the initial management stage. Other staff must provide aid only to the level of qualification or competence they possess.

4 **Duties of a First Aider**

4.1 They must:

(a) complete an approved Health and Safety Executive (HSE) training course;

(b) give immediate help to casualties; and

(c) ensure that when necessary an ambulance or other professional medical help is called.

5 **Number of First Aiders/appointed persons:**

5.1 The Health and Safety Commission (HSC) recommends in low risk places including normally schools – 1 First Aider to every 50 to 100 employees/students. A list of First Aiders and their training is held by the Deputy Head (Operations, Outreach and ECA)/HR/Reception (in the Senior School) and the School Office (in CCJS&N).

5.2 The School also takes into account the need for adequate cover at breaks and lunchtimes, during practical lessons and PE and Games activities, and on off-site activities.

5.3 The School will ensure that there is always at least one suitably qualified first aider on site when pupils are present.

5.4 **CCJS&N**: At least one member of staff who is a paediatric first aider will be on site at all times for children in the Junior School. This includes times when children in the EYFS are present. On trips away from the school site involving EYFS children, at least one member of staff must be trained in paediatric first aid.

6 **Minimum First Aid provision**

6.1 The minimum First Aid provision is:

(a) a suitably stocked First Aid container, (see Appendix 1 and 2);

(b) an appointed person in charge of First Aid;

(c) information for employees on First Aid arrangements;

(d) arrangements for off-site activities; and

(e) out-of-school hours' provision e.g. lettings.

7 **Number and location of First Aid boxes**

7.1 See Appendix 1 (Senior School) and Appendix 2 (CCJS&N).

8 Risk Assessments

8.1 The person responsible for First Aid must make suitable and sufficient risk assessments in the School to determine any extra provision required over and above the minimum provision.

8.2 The risk assessments must also cover the risks to employees and also any non-employees who may come into the School.

9 Training

9.1 The School will provide adequate and appropriate training for First Aid staff and appropriate information for all staff to enable them to carry out their duty of care.

9.2 The Governors will ensure that there are sufficient trained staff to meet statutory requirements and the assessed needs, allowing for staff who are absent or off-site.

9.3 The School will offer all staff training in coping with emergencies. The training will include:

(a) what to do in an emergency;

(b) cardiopulmonary resuscitation;

(c) defibrillator training;

(d) First Aid for the unconscious casualty; and

(e) First Aid for the wounded or bleeding.

9.4 **CCJS&N:** All staff are invited to attend a first aid course on a three-year cycle; the majority of staff hold Emergency First Aid for Schools certificates. Some staff have Paediatric First Aid certificates.

10 Guidance

10 National guidance is provided in the non-statutory guidance, First Aid in Schools (DfE, updated February 2022) and Health protection in children and young people settings, including education (UKHSA, updated March 2025).

11 Recording

11.1 The School has two "Accident or Incident Report" forms (one for incidents involving pupils and one for incidents involving staff/other adults) as detailed in Appendix 1 to the Health and Safety Policy. Any first aid treatment given by first aiders and appointed persons must be recorded on this form (for CCJS&N specific procedures see 11.4 below). Completed forms must be processed and retained as instructed on the form.

11.2 The School will take all necessary steps to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

11.3 For more detailed guidance (including the procedure for investigation of accidents, incidents and "near misses") please see the School's Health and Safety Policy.

11.4 **CCJS&N:** Minor accidents or incidents where first aid is given must be recorded in the accident book in the School Office. Any accident or incident involving a pupil where the parent is

advised to take the pupil to hospital or a minor injuries unit, must be reported to the Head of the Junior School as soon as possible by submitting a completed Pupil Accident or Incident Report Form (located on the S drive and attached at Appendix 1 to the Health & Safety Policy). Any serious accident or incident requiring the involvement of Emergency Services, or where the child is taken directly from the scene of the accident to hospital for treatment, must be reported to the Head of the Junior School and the Bursar immediately.

12 **Calling Emergency Services**

12.1 If the School Nurse or Doctor is present they will instruct if the emergency services are required and will contact them direct or through the School Office/Bursar.

12.2 In other circumstances the first aider should instruct a suitable assistant to call the emergency services having briefed the assistant on the details to be provided.

12.3 In both circumstances arrangements should be made to meet the ambulance and direct it.

13 **Communication with Parents**

13.1 **CCJS&N:** In the event of illness, pupils are taken to the medical room and can either be observed by resting in the medical room or a parent contacted if necessary. It is the class teacher/First Aider decision to send the child home if they appear unwell. The parent will be telephoned either by a teaching assistant or member of the office staff. The child is able to rest until the time of collection.

In the event of injury/accident, the pupil will be assessed and treated by a first aider. If they feel it necessary, a parent will be contacted to either come to the school and collect their child or, in the event that the first aider deems more urgent medical attention is required, meet a member of staff at a Minor Injury clinic unit – preference of the parent whether this is at Haslemere Hospital or Petersfield Hospital – or an Accident and Emergency Unit.

In the case of any accident or injury sustained by a child in the EYFS, the school will inform parents on the same day or as soon as reasonably practicable, including details of any first aid given.

13.2 **Senior School:** The member of staff must liaise with the School Nurse to ensure contact will be made with parents. When the School Nurse is involved, she will contact parents. If the School Nurse is not involved the member of staff dealing with the incident must contact the parents directly.

13.3 It is good practice for a follow-up call if external medical treatment is required.

14 **Arrangements for pupils with particular medical conditions:**

14.1 All pupils are required to have a completed medical information form on entry to the School. Parents are asked to keep the School Nurses (Senior School) or School Administrator (CCJS&N) informed of any changes to their child's medical status. In consultation with parents and appropriate medical professionals, the School aims to include all pupils with medical conditions in all School activities. All parents of pupils with medical conditions such as asthma, diabetes, anaphylaxis and epilepsy are invited to discuss care, management and treatment of their child's medical condition with the School Nurse (Senior School) or School Administrator (CCJS&N). An appointment with the School doctor can be arranged if required or necessary.

14.2 **CCJS&N:** A medical information list containing information on pupils is kept in the main office and in the medical room. Staff are informed of any special medical needs of the pupils. Relevant named equipment, such as auto-adrenaline injectors and inhalers are kept in the medical room, in a clearly labelled folder, with instructions on how they are administered. Any other medication, one off or short courses, is held in the medical room in a locked cupboard. Medication that requires refrigeration is stored in the padlocked medical fridge in the School Office.

14.3 **Senior School:** Pupils with serious or significant medical conditions are asked to carry their emergency medication on them. In addition, emergency medication for Senior School pupils with serious or significant medical conditions is held in the Medical Centre.

The School Nurse (Senior School) or School Administrator (CCJS&N) will contact the parents prior to expiry dates of any emergency medication held by the School. It is the responsibility of the parents to ensure that replacements are provided in time to guarantee their child is covered.

15 Dealing with Emergencies

15.1 The guidelines laid out below are designed to enable staff to cope correctly with a medical emergency in the crucial few minutes between the decision to summon the School Nurse or Junior School First Aider and their arrival on the scene. Staff should seek to reassure the casualty, make the casualty comfortable and take responsibility for managing the situation. Upon their arrival the School Nurse (if on site) or the Junior School First Aider, as appropriate, will assume responsibility for any further action taken. In most instances pupils should be escorted quickly and safely to the Medical Centre (in the Senior School) or the School Office (in the Junior School). Should this not be possible the pupil should be reassured and the Medical Centre or Junior School Office contacted. A first aider may also be called.

Within the school population there are a number of pupils who may suffer from Asthma, Epilepsy, Diabetes and Anaphylaxis. All staff have access to a protocol of information on how to help pupils who have these conditions (further information is outlined below).

15.2 Asthma

Senior School: All diagnosed asthmatics should have their named blue reliever inhalers on their person. Spares can be held in the Medical Centre in case they lose or forget them. An emergency inhaler is available in the Medical Centre (on the wall in the Nurses' office) and in the Main Reception in Old College (on the shelf by the entry door) for pupils with asthma whose own inhaler is unavailable or not working and whose parents have consented to their child's use of the emergency inhaler. Parents are aware that they are responsible for ensuring that their child has their inhaler with them at school and during any trips or sports fixtures and sign a consent form relating to the use, by their child, of one of the emergency inhalers held by the Medical Centre. Pupils are required to take their inhalers with them on trips or educational visits and sports fixtures. Trip leaders can request to take an emergency inhaler in case of children with asthma whose parents have consented to its use by their child, if their child's inhaler is unavailable or not working.

Junior School: All diagnosed asthmatics must provide the school with a named inhaler, to be stored in a clearly labelled folder in the Medical Room. In addition to having a named inhaler in the Medical Room, older Junior School children with diagnosed asthma may carry their

reliever inhaler on their person once they are considered responsible enough to do so (this will be a matter for agreement between the school and the parents). This inhaler must also be clearly named. During trips and sports fixtures off site, an assigned member of staff is responsible for carrying pupils' inhalers. An emergency inhaler is available in the Medical Room behind the front office.

15.2.1 General points:

Pupils who suffer from exercise induced asthma should be provided with the opportunity, if required, to self-administer their preventer inhaler before they start exercise. Senior School pupils should always bring their inhaler into the Gym/Sports Hall and to the Dining Hall.

15.2.2 Asthma Emergency Procedures:

Common signs of an asthma attack:

- coughing (at rest)
- shortness of breath
- wheezing (at rest)
- feeling tight in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest and a tummy ache.

Do . . .

- keep calm
- encourage the pupil to sit up and slightly forward – do not hug them or lie them down
- make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately - preferably through a spacer
- ensure tight clothing is loosened
- reassure the pupil
- call the School Nurse on 01730 236862 or 07851 250734 or the Junior School Office, as appropriate

If there is no immediate improvement:

- continue to make sure the pupil takes two puffs of reliever inhaler every two minutes for five minutes or until their symptoms improve.

999 - call an ambulance urgently if any of the following:

- the pupil's symptoms do not improve in 5–10 minutes
- the pupil is too breathless or exhausted to talk
- the pupil's lips are blue
- you are in any doubt.

After a minor asthma attack:

- Minor attacks can be dealt with in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack:

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer or to get the School Emergency Asthma inhaler located in the Medical Centre/Main Reception by the entry door (Senior School).
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send a pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents/carers immediately after calling the ambulance.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
- Generally, staff should not take pupils to hospital in their own car.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

15.3 **Epilepsy**

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

15.3.1 **Tonic-clonic seizures**

Symptoms:

- the person loses consciousness, the body stiffens, then falls to the ground
- this is followed by jerking movements
- a blue tinge around the mouth is likely, due to irregular breathing
- loss of bladder and/or bowel control may occur
- after a minute or two the jerking movements should stop and consciousness slowly returns

Do . . .

- Protect the person from injury – (remove harmful objects from nearby).
- Cushion their head.
- Take note of time and duration of seizure
- Once the seizure has finished, gently place them in the recovery position to aid breathing.
- Keep calm and reassure the person.
- Stay with the person until recovery is complete.

Don't . . .

- Restrain the pupil.
- Put anything in the pupil's mouth.
- Try to move the pupil unless they are in danger.
- Give the pupil anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

999: Call for an ambulance if . . .

- You believe it to be the pupil's first seizure.
- The seizure continues for more than five minutes.
- One tonic-clonic seizure follows another.
- The pupil is injured during the seizure.
- You believe the pupil needs urgent medical attention.

15.3.2 **Seizures involving altered consciousness or behaviour**

(a) Simple partial seizures

Symptoms:

- Twitching
- Numbness
- Sweating
- dizziness or nausea
- disturbances to hearing, vision, smell or taste
- a strong sense of deja vu.

(b) Complex partial seizures

Symptoms:

- plucking at clothes
- smacking lips, swallowing repeatedly or wandering around
- the person is not aware of their surroundings or of what they are doing.

(c) Atonic seizures

Symptoms:

- sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

(d) Myoclonic seizures

Symptoms:

- brief forceful jerks which can affect the whole body or just part of it
- The jerking could be severe enough to make the person fall.

(e) Absence seizures

Symptoms:

- the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Do . . .

- Guide the person away from danger.
- Stay with the person until recovery is complete.

- Keep calm and reassure the person.
- Explain anything that they may have missed.

Don't . . .

- Restrain the pupil.
- Act in a way that could frighten them, such as making abrupt movements or shouting at them.
- Assume the person is aware of what is happening, or what has happened.
- Give the pupil anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

999: Call for an ambulance if . . .

- One seizure follows another.
- The pupil is injured during the seizure.
- You believe the pupil needs urgent medical attention

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

In the event of a seizure, the first aider or person present should, if possible, record the time period from beginning to end of the seizure. This information is very helpful to attending medical staff for further diagnosis and treatment.

Pupils' individual care plans are available from the Medical Centre (Senior School*).* In CCJS&N, pupils' individual care plans are available to view in their pupil file in the School Office and on the shared drive.

15.4 **Anaphylaxis**

Senior School: All pupils with anaphylaxis must carry two emergency auto-injectors with them at all times, including on trips and sports fixtures. It is the parents responsibility to ensure that their child has their injectors with them and sign a consent form relating to the use, by their child, of one of the emergency auto-injectors held by the Medical Centre. Termly spot checks are carried out to ensure that pupils have their auto-injectors with them at school. In the event of an emergency and the pupil's own auto-injectors not being available, being broken or expired, two generic auto-injectors can be found in the Medical Room and Old College Main Reception (Senior School).

Junior School: An anaphylaxis kit for each diagnosed child is kept in the School's Medical Room, not locked away and is accessible to all staff.

Emergency treatment and management of anaphylaxis

15.4.1 **What to look for:**

Symptoms usually come on quickly, within minutes of exposure to the allergen. They can be delayed but upon onset will then progress rapidly.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain, diarrhoea or vomiting

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

15.4.2 The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

15.4.3 If the person has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

15.4.4 Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

15.4.5 As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

15.4.6 **Action:**

- Keep the casualty where they are, call for help and do not leave them unattended.
- **LIE CASUALTY FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible. If there are also signs of vomiting, lay them on their side to avoid choking (recovery position).

- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- **CALL 999** and state ANAPHYLAXIS ("ana-fil-axis").
- Summon the School Nurse or a qualified First Aider (do not take the casualty to the Medical Centre or Medical Room).
- If no improvement after 5 minutes, **administer second AAI**.
- If no signs of life commence CPR.
- Call parent/carer/next of kin as soon as possible.

15.4.7 Whilst you are waiting for the ambulance, keep the casualty where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

15.4.8 All casualties must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

15.4.9 Complete the Incident Form in accordance with the Health and Safety Policy.

15.5 **Diabetes – Hypoglycaemia and Hyperglycaemia**

15.5.1 **Hyperglycaemia:** If a pupil's blood glucose level is high (>13mmol/l) and stays high. Common symptoms:

- Thirst
- frequent urination
- tiredness
- dry skin
- nausea
- blurred vision.

Do . . .

- Call the pupil's parents who may request that extra insulin be given.
- The pupil may feel confident to give extra insulin.

999: If the following symptoms are present, then call the emergency services:

- deep and rapid breathing (over-breathing)
- vomiting
- breath smelling of nail polish remover.

15.5.2 **Hypoglycaemia:** If a pupil's blood glucose level is low (4mmol/l or less)

What causes a hypo?

- too much insulin
- a delayed or missed meal or snack
- not enough food, especially carbohydrate
- unplanned or strenuous exercise
- drinking large quantities of alcohol or alcohol without food
- no obvious cause

Watch out for:

- hunger
- trembling or shakiness
- sweating
- anxiety or irritability
- fast pulse or palpitations
- tingling
- glazed eyes
- pallor
- mood change, especially angry or aggressive behaviour
- lack of concentration
- vagueness
- drowsiness.

Do . . .

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

- a glass of Lucozade, coke or other non-diet drink
- three or more glucose tablets
- a glass of fruit juice
- five sweets, e.g. jelly babies

- GlucoGel or a Gluco Shot

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.

After 15 minutes recheck the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate.

This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.

- roll/sandwich
- portion of fruit
- one individual mini pack of dried fruit
- cereal bar
- two biscuits, e.g. garibaldi, ginger nuts
- or a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should again be given. When the child has recovered, give them some starchy food, as above.

999: If the pupil is unconscious do not give them anything to eat or drink; call for an ambulance and contact their parents/carers.

Pupils' individual care plans are available from the Medical Centre (Senior School). In CCJS&N, pupils' individual care plans are available to view in their pupil file in the School Office and on the shared drive.

15.6 **Fractures**

15.6.1 Fractures are difficult to establish therefore, if in doubt, treat the injury as a suspected fracture to avoid aggravating any injury. Symptoms that may be present include pain/swelling/limited movement/grating/deformity.

15.6.2 Action:

(a) Ensure the casualty is comfortable

(b) Reassure the casualty and try to reduce their movement

(c) Ring the Medical Room (Senior School) or School Office (Junior School)

15.7 **Head Injury**

15.7.1 If a pupil sustains a head injury during the course of the school day, always send to the Medical Centre (in the Senior School) or School Office (in the Junior School) for assessment if well enough.

15.7.2 If unwell or there is an altered level of consciousness send for the School Nurse/a trained first aider.

15.7.3 If the injury occurs during the school day, Senior School pupils must be seen by the School Nurse who will assess the pupils' condition and treat accordingly. If the injury occurs during the school day, Junior School pupils will be seen by a trained first aider.

15.7.4 In the Senior School, the pupil will be assessed and the parents will be contacted so they are aware of the head injury and discuss further treatment if necessary. A Head Injury Advice Card will be emailed to parents (see Appendix 5). In the Junior School and Nursery, parents will be provided with a head injury letter (see Appendix 4).

15.7.5 If the injury occurs when the School Nurse is not on duty (or is off site), staff must always:

- Contact the parent
- Explain what has happened
- Outline the injury sustained
- Describe observations i.e. loss of vision, dizziness, nausea etc.
- Treatment given
- Head injury advice card given (in First Aid bags) (Head injury letter emailed in CCJS&N)
- Always inform the Medical Centre (Senior School) or Junior School Office of a head injury

If unsure about the extent of the injury sustained the pupil must be referred to hospital.

15.7.6 Early onset concussion may manifest at the time of the injury. The pupil will follow Churcher's College Head Injury Policy (Appendix 3).

15.7.7 Later onset concussion. Can manifest most frequently within 48 hours but can occur up to 3 weeks post-injury. The pupil will follow Churcher's College Head Injury Policy from the date the date of injury.

15.7.8 If the pupil goes on to follow our GRAS programme, which is managed by the School Nurses, he/she will be regularly reviewed in the Medical Centre. We encourage contact with your own GP in Stage 5 of GRAS, for written confirmation of recovery in order to return to competitive sport. If unable to access this route, Churcher's College medical team can support this if necessary.

16 Bodily Fluids

16.1 **CCJS&N:** Staff will require a Bio Hazard Disposal Pack from the medical room (these are also available from the cleaners' cupboard) and should follow the instructions. Wash and dry hands thoroughly. Yellow clinical waste bags should be disposed of in the clinical waste bin. This is emptied on a monthly basis and on request.

There are disposable vomit bowls and bags available for pupils; staff should wear an apron and gloves when dealing with vomit. The bowl, contents, apron and gloves should be disposed of in a yellow bag and the procedure described above followed. Once used these should be disposed of.

If a child's clothing has become soiled, staff should try to contact parents before changing a pupil's clothes if the child is unwilling to swap soiled articles for clean items of clothing. A member of staff is advised to notify another member of staff about what they are doing to help the child. If a child is objecting to the help, it is necessary for staff to work in the presence of another member of staff. Parents should be informed about what has happened at the end of the day and, when it is felt appropriate, a note should be made in the child's file which is kept in the main office.

16.2 **Senior School:** In the event of any bodily fluids (blood, faeces, urine and vomit) needing to be dealt with immediately, clear hygiene arrangements are in place and guidance is available from the Medical Centre. Gloves are provided in First Aid kits and should be used when dealing with bodily fluids. All items should be placed in a plastic bag and disposed of in a clinical waste bin located in the Medical Centre. If possible, the area should be cleaned with neutral detergent such as washing up liquid.

17 **Injuries on the Games Field**

In the event of injury on the Games Field the following procedure should be followed:

17.1 Stop the game and examine the injured player. Remember that you are in charge.

17.2 Sometimes a few moments rest will be sufficient for recovery.

17.3 Do not allow the pupil to resume playing unless absolutely convinced he/she is completely fit.

17.4 Do not allow anyone to touch or move the injured pupil unless instructed to by medical staff.

17.5 If in doubt about the injury and the pupil's condition e.g. if the pupil has suffered concussion, do not move the pupil at all. Keep him/her covered and warm; use jerseys etc., if necessary and send for the School Nurse or other medical help.

17.6 If unable to cope with the situation get help from a nearby teacher taking another game.

17.7 If you decide that an ambulance ought to be summoned organise this via the Medical Centre (Senior School) or School Office (Junior School), if urgent contact 999 directly then inform the Medical Centre/School Office as appropriate.

17.8 If a pupil is bleeding, he/she is not to continue playing until the wound has been treated at the Medical Centre (in the Senior School) or the School Office (in the Junior School).

17.9 Complete an Accident Form (S Drive) or log in the Junior School Accident Log Book (CCJS&N) depending on the nature of the injury.

17.10 After a game if a pupil has been sent to the Medical Centre, check on action taken by the School Nurse/Junior School First Aider.

17.11 In the case of a knock to the head provide parents with a Head Injury Advice Card (Senior School). Copies are found in First Aid boxes/bags. In CCJS&N parents should be provided with a Head Injury letter.

18 **Infection prevention and control**

18.1 For details please see the Administration of Medicines and Supporting Pupils with Medical Conditions Policy.

19 **Educational/external visits**

19.1 For details of first aid procedures for external visits, please see the Educational/External Visits Policy.

18 **Equal Opportunities**

18.1 The School will take particular care with the First Aid provision for its staff and pupils who have a disability. Appropriate risk assessments will be done by the person in charge of First Aid, and suitable provision will be made in liaison with the Headmaster.

19 **Monitoring and Review**

19.1 The Health & Safety and Welfare Committee will review the First Aid needs and arrangements annually, and will ensure that the appropriate level of First Aiders/appointed persons are in post, and that the appropriate standards are met.

APPENDIX 1

SENIOR SCHOOL

FIRST AID BOXES (CONTENTS AND LOCATION) / DEFIBRILLATORS

1 **First Aid Boxes**

1.1 The First Aid boxes will be located as agreed by the Headmaster.

1.2 All staff should know where the First Aid boxes are kept.

1.3 The boxes must contain a 'sufficient quantity' of First Aid material and nothing else.

1.4 **Contents:** the School requires the following items to be in the box as a minimum:

(a) Guidance card

(b) Individually wrapped sterile adhesive dressings

(c) Sterile eye pad, with attachment

(d) Triangular bandage

(e) Sterile coverings for serious wounds (where applicable)

(f) Bandages to secure sterile coverings

(g) Disposable gloves

(h) Disposable waste bags

(i) Tape

(j) Resuscitation shield

(k) Saline wipes

(l) Steripods (saline pods)

The person in charge of First Aid will determine whether there should be more than the minimum items.

1.5 **Location of First Aid Boxes**: First aid boxes are located in the following places:

1.5.1 Staff room – Old College

1.5.2 Staff 'tea point' – New College

1.5.3 Goodfield Centre – 1st Floor (maths staff workroom) and Ground floor

1.5.4 Cardio Suite

1.5.5 Reception

1.5.6 Sports Hall (unisex toilet)

1.5.7 Swimming Pool x 3 (office/foyer/plant room)

1.5.8 Kitchen

1.5.9 Cleaners' Staff Room

1.5.10 Library

1.5.11 Art Room x 2 (Staff Offices)

1.5.12 D & T x 3 (Wood workshop / Metal workshop / technicians' room)

1.5.13 Science Block x 3 (one in each prep. room)

1.5.14 Weights Room

1.5.15 Gym

1.5.16 All-weather pitch store cupboards x 2 (1 in each cupboard)

1.5.17 Ramshill

1.5.18 Work Shed

1.5.19 On all minibuses

1.6 The PE Department also has a number of first aid bags to accompany teams and are responsible for checking and stocking the bags. The PE department are also responsible for checking and stocking the first aid boxes in the store cupboards adjacent to the all-weather pitch.

1.7 First aid kits and asthma inhalers are available from the Medical Centre for staff to take on trips and must be signed for.

1.8 The School Nurse is responsible for restocking first aid bags as required (except as provided for in 1.6 above) and all are checked at the beginning of each term.

1.9 It is the responsibility of the staff using the first aid boxes to ensure that they inform the School Nurses of what has been used.

2 **Defibrillators (AED)**

2.1 Defibrillators are located as follows (please see location plan overleaf):

- Mounted on the internal wall of the Medical Room waiting area (in the Health & Wellbeing Centre)
- Mounted on exterior of kiln room wall opposite Reception
- Mounted on the external wall of the swimming pool building

The AED is designed to be used by any responsible person with or without training in the event of a cardiac emergency. The AED gives clear guidance for use on opening.

DEFIBRILLATOR LOCATIONS

In case of emergency, defibrillators are located at the following positions marked on the map below.

CHURCHER'S COLLEGE

Limitless Potential

ChurchersCollege.com

APPENDIX 2

JUNIOR SCHOOL AND NURSERY (INCLUDING EYFS)

FIRST AID BOXES (CONTENTS AND LOCATION) / DEFIBRILLATORS

1 First Aid Boxes

1.1 First aid boxes/kits are located in the following locations:

1.1.1 Nursery

1.1.2 Reception

1.1.3 Year 1 corridor

1.1.4 Class 2 Classroom

1.1.5 Year 3 corridor

1.1.6 Year 4 corridor

1.1.7 Year 5 and 6 corridor

1.1.8 Art room

1.1.9 Drama Studio

1.1.10 Science room

1.1.11 Office reception area

1.1.12 Early Birds Trolley

1.1.13 PE field door

1.1.14 Kitchen

1.1.15 Sport belts x 4 in medical room

The School Administrator is responsible for the maintenance of first aid boxes.

1.2 **Contents:** The School requires the following items to be in the box as a minimum:

(a) Guidance card

(b) Individually wrapped sterile adhesive dressings

(c) Sterile eye pad, with attachment

(d) Triangular bandage

(e) Sterile coverings for serious wounds (where applicable)

(f) Bandages to secure above sterile coverings

(g) Disposable gloves

(h) Disposable waste bags

(i) Tape

(j) Resuscitation shield

(k) Saline wipes

(l) Steripods (saline pods)

The person in charge of First Aid will determine whether there should be more than the minimum items.

1.3 First aid boxes and bum bags are taken on all school outings along with all relevant medical equipment and a mobile phone.

2 **Defibrillators (AED)**

2.1 There is a defibrillator (AED) located on an internal wall in the reception area. The AED (which contains both paediatric and adult settings) is designed to be used by any responsible person with or without training in the event of a cardiac emergency. The AED gives clear guidance for use on opening.

APPENDIX 3

CHURCHER'S COLLEGE HEAD INJURY POLICY

RECOGNISE - REMOVE – RECOVER – RETURN

Introduction

It is recognised that as a school we have a statutory duty of care towards all students playing sport under our supervision. This document is intended to outline the protocols that must be followed in the event of a head injury in any sport or activity. The document is created in line with the Rugby Football Union (RFU) regulations as they arguably provide the most robust guidelines of all National Governing Bodies - gras-programe_aug_2023

Immediate Action

When a player sustains a head/neck injury or is suspected of such, the player must be attended by a **suitably trained person** who is competent to assess the injury and look for signs of concussion. RFU guidelines suggest every team has access to a qualified First Aider as a minimum requirement. At Churcher's this is provided by the coach, School Nurse, first aider, or appointed Physiotherapist.

Medical staff/first aiders should never come under pressure to return a player to the field of play. Ultimately, the referee (be it a teacher or society official) has the overriding power to veto a player's continued involvement in a match even with a fully trained doctor on the touchline saying they are 'fit to play'. If the referee is not satisfied with the condition of the injured player, they can insist on the player's removal from the field of play.

The member of staff responsible for the player will inform parents and the School Nurse (First Aider in the case of Junior School pupils) if there is a head injury. Parents will be informed of the "red flag" symptoms to be aware of either verbally or in the form of an advice card (or follow up email in the case of the Junior School).

Secondary Action

Any student with a suspected concussion should be **immediately removed from play**, and should not be returned to activity until they are assessed medically fit to do so. Students with a suspected concussion should not be left alone and should not drive a motor vehicle.

The Coach/teacher/first aider that is dealing with the incident assesses the severity of immediate care needed. The pupil is issued with a head injury advice card (Senior School) and parents/guardians are contacted to inform them of injury. If parents have any concerns regarding this injury, they should seek further medical advice through an appropriately qualified professional.

Coach/teacher/first aider who dealt with the incident is responsible to follow up via email or phone with parents to confirm if concussion has been diagnosed and/or continued symptoms are being experienced. All correspondence should copy in the School Nurses and Director of Sport (First Aider and Head of Sport in the case of Junior School pupils).

Visible Clues and Symptoms of Concussion

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

RED FLAGS | **REQUIRING URGENT MEDICAL ASSESSMENT**

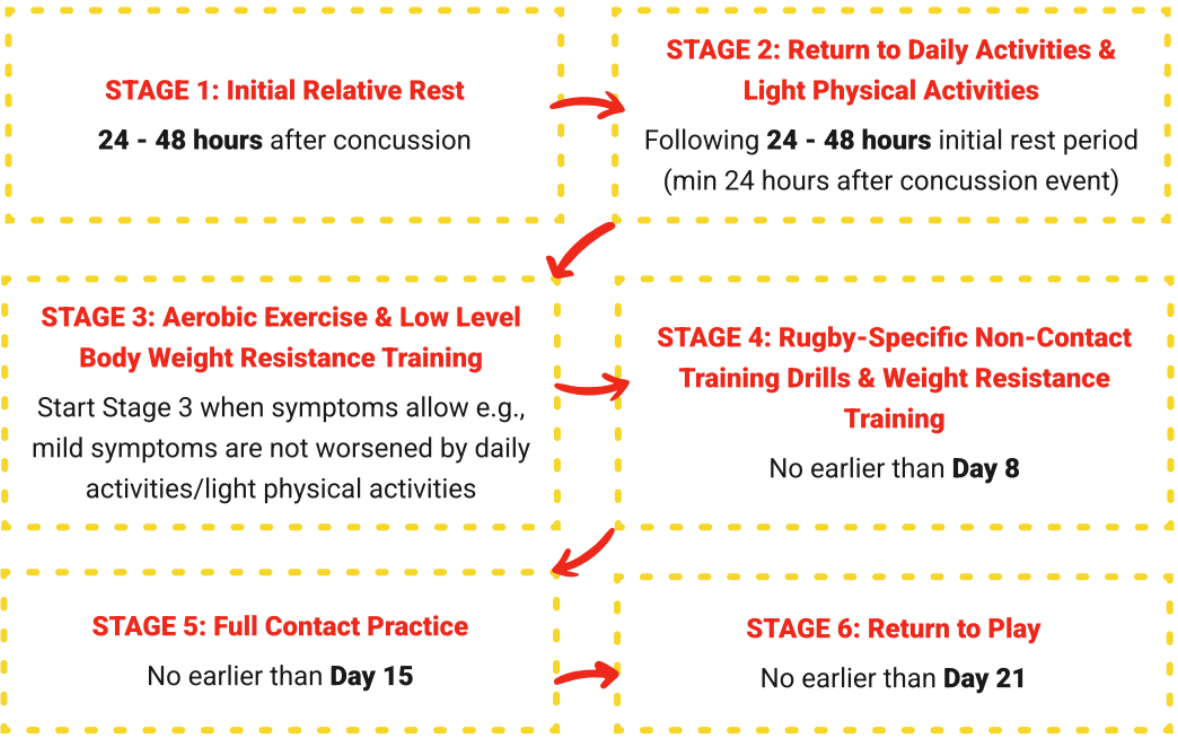
- Any loss of consciousness because of the injury
- Deteriorating consciousness (more drowsy)
- Amnesia (no memory) for events before or after the injury
- Increasing confusion or irritability
- Unusual behaviour change
- Any new neurological deficit e.g.
  - Difficulties with understanding, speaking, reading, or writing
  - Decreased sensation
  - Loss of balance
  - Weakness
  - Double vision
- Seizure/convulsion or limb twitching or lying rigid/motionless due to muscle spasm
- Severe or increasing headache
- Repeated vomiting
- Severe neck pain
- Any suspicion of a skull fracture (e.g., cut, bruise, swelling, severe pain at site of injury)
- Previous history of brain surgery or bleeding disorder
- Current 'blood-thinning' therapy
- Current drug or alcohol intoxication

If a neck injury is suspected, the player should only be moved by Healthcare Professionals with appropriate training.

If in doubt

Graduated Return to Activity & Sport (GRAS) programme

When there has been a confirmed case of concussion every pupil will go through the GRAS programme.



STAGE 1 Initial Relative Rest

Timeline

24 - 48 hours after concussion.

Daily Living & Return to Activity

- Take it easy for the first 24 - 48 hours after a suspected concussion.
- You may do some easy daily activities (e.g., walking or reading) provided that your concussion symptoms are no more than mildly increased.
- Phone or computer screen time should be kept to the absolute minimum to help recovery.
- It is best to minimise any activity to 10 - 15 minute slots.
- Consider time off or adaptation of study/work (liaise with school or work if needed).

Return to Sport / Rugby

- You may do some gentle activity (walking and easy daily activities) provided that your concussion symptoms are no more than mildly increased.
- Rest until the following day if these activities more than mildly increases symptoms.
- No rugby-specific or organised sporting activity during the initial rest period.

Comments / Practical Considerations

Initial rest should be a minimum of 24 - 48 hours.

STAGE 2 Return to Daily Activities & Light Physical Activities

Timeline

Following **24 - 48 hours** initial rest period (**min 24 hours** after concussion event).

Daily Living & Return to Activity

- Increase daily activities.
- Increase mental activities e.g., easy reading, limited television, phone, and computer use.
- Gradually introduce school and work activities at home.
- Rest if these activities more than mildly increase symptoms.
- Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly.

Return to Sport / Rugby

- Gradually introduce very light physical activity e.g., 10 - 15 minutes of walking.

Comments / Practical Considerations

- There may be some mild symptoms with activity, which is OK.
- If any symptoms become more than mildly worsened by any mental or physical activity in Stage 2, rest until they subside.

STAGE 3 Aerobic Exercise & Low Level Body Weight Resistance Training

Timeline

Start Stage 3 when symptoms allow e.g., mild symptoms are not worsened by daily activities/light physical activities.

Daily Living & Return to Activity

- Once short periods of normal level of daily activities can be tolerated then look to increase the time e.g., **20 - 30 minutes** then brief rest.
- Discuss with school or employer about return; consider initially returning part-time, including additional time for rest or breaks, or doing limited hours each day from home.

Return to Sport / Rugby

- Introduce physical activity e.g.**10 - 15 minutes** of jogging, swimming, and stationary cycling at low intensity (able to easily speak during exercise).
- Gradually introduce low level intensity body weight resistance training e.g., pilates/yoga
- Use exercises from the **Activate programme** to reintroduce functional conditioning and movement control exercises.
- The duration and the intensity of the exercise can gradually be increased according to tolerance
- No high intensity exercise or added weight resistance training.

Comments / Practical Considerations

- If symptoms more than mildly increase, or new symptoms appear, stop, and rest briefly until they subside.
- Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring.

STAGE 4 Rugby-Specific Non-Contact Training Drills & Weight Resistance Training

Timeline

No earlier than **Day 8**.

Daily Living & Return to Activity

- Continue to review return to school/work and/or reduced activities in the workplace (e.g., half-days, breaks, avoiding hard physical work, avoiding complicated study).

Return to Sport / Rugby

- You may start non-contact training activities in your chosen sport once you are not experiencing symptoms at rest from your recent concussion.
- Progress the duration and intensity of aerobic exercise training e.g., increase in **15 minute** increments.
- Use the Activate programme to develop functional conditioning and movement control.
- Return to normal resistance training (if applicable).
- Introduce non-contact static rugby specific skills e.g., kicking, passing drills.
- Only non-contact rugby training activities with **NO** predictable risk of head injury.
- Look to progress non-contact training in terms of intensity and duration, and to more complex training drills (still non-contact) that combine aerobic and non-contact rugby specific skills e.g., running whilst passing/kicking.
- Work on skills to get ready for contact (such as positioning).

Comments / Practical Considerations

- If symptoms more than mildly increase, or new symptoms appear, stop, and rest briefly until they subside.
- Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptoms occurring.

A player should ONLY move on to Stage 5 (return to contact training) when they have NOT experienced symptoms at rest from their recent concussion for 14 days.

STAGE 5 Full Contact Practice

Timeline

No earlier than **Day 15**.

Daily Living & Return to Activity

- Daily activities, school/work have returned to normal.

Return to Sport / Rugby

- Return to normal rugby training activities including contact.
- Use the Activate programme to develop functional conditioning and movement control.
- Exposure to activities involving head impacts or where there may be a risk of head injury should be gradual, which could include:
  - Walk-throughs of various tackle types.
  - Practice of tackles using shields & tackle bags.
  - Slow increase in difficulty with moving players.
  - Slow introduction of decision making drills, ensuring good technique throughout.

Comments / Practical Considerations

- Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.
- Should continue to be symptom free.
- Any occurrence of symptoms will require moving back to a previous stage where level of activity/exercise does not more than mildly worsen symptoms.

STAGE 6 Return to Play

Timeline

No earlier than **Day 21**.

Daily Living & Return to Activity

- Return to normal level of daily activities.

Return to Sport / Rugby

- Return to normal game play.
- Continue to use the Activate programme to reduce the potential risk of concussion.

Comments / Practical Considerations

Symptom free at rest for **preceding 14 days** AND continue to be symptom free during pre-competition training (stages 4 - 5).

Additional Information

GRAS paperwork will be launched by the Senior School Nurses (Head of Sport or First Aider in the case of Junior School pupils), and from then on monitored by the school nurse team (First Aider in the case of Junior School pupils).

Pupils may get concussion when playing sport or being involved in activities out of school, for example a club team or horse-riding. It is important that such incidents are reported to the school **as soon as possible** so we can implement our GRAS policy. We encourage parents to take primary responsibility for the welfare of their child and ensure they do not partake in sport if concussion is suspected. This also includes strenuous activity at home, during extracurricular activities or during break and lunchtimes at school as well as official sporting activities.

We at Churcher's want to ensure that the health and safety of our pupils is placed at the centre of everything we do. All our pupils will benefit from the accurate assessment of potential concussions and the robust application of the outlined protocols for their safe return to sport.

Safeguarding Statement:

Any information sharing between schools and clubs must be done ONLY with the consent of the player and parent and it should be noted that ANY information of this type is STRICTLY CONFIDENTIAL; information regarding children should only be shared with DBS cleared school/club/health professionals and parents/players have the right to challenge this.

APPENDIX 4

CHURCHER'S COLLEGE JUNIOR SCHOOL HEAD INJURY INSTRUCTIONS

CHURCHER'S COLLEGE
JUNIOR SCHOOL & NURSERY

e-mail: nicola.palmer@churcherscollege.com
01730236870

Pupil's name: **Form:**

_____ _____

Your child had a knock to the head during the school day and was checked by a first aider. Details of the assessment are shown below. Staff have continued to monitor your child whilst they have been in school.

Date and time of incident:			
What happened?			
Did they lose consciousness?		Are they alert and orientated?	
Is there a visible bump/bruise?		If 'yes', where?	
Any dizziness?		Headache?	
Nausea/vomiting?		Visual disturbance?	
Treatment given:			
Date of First Aider review in the medical room when next back to school:			

Head Injury Advice: Your child has suffered a head injury and should be watched closely for the next 48hrs for signs of concussion. These symptoms may not become apparent for some time after the original incident. If symptoms become more severe, contact your Doctor or go to A&E.

The following symptoms are often experienced after a head injury:

- Headache
- Visual Disturbances
- Nausea
- Lack of concentration and forgetfulness
- Loss of appetite
- Mood change, irritability
- Disturbed sleep

These symptoms should settle down in the days following the incident, but medical advice must be obtained if there are any concerns.

If any of the following are noted, please take the child to A&E immediately:

- Decreased conscious level, persistent drowsiness, difficulty speaking or understanding.
- Slurred speech, nonsense speech, difficultly understanding.
- Vomiting or severe headache.
- Fits, convulsions, sudden collapse or fainting.
- Deafness, persistent noise, ringing or any other problems with hearing.
- Problems with balance, weakness, tingling or numbness in limbs.
- Bleeding or discharge of clear fluid from the ears and nose (not a simple nosebleed)

Screentime should be minimised to 15 minutes 2-3 times per day.

APPENDIX 5

CHURCHER'S COLLEGE SENIOR SCHOOL HEAD INJURY INSTRUCTIONS

e-mail: schoolnurses@churcherscollege.com
01730236862

Pupil's name: **Form:**

_____ _____

Your child had a knock to the head during the school day and was checked by the nurse/first aider. Details of the assessment are shown below. Staff have continued to monitor your child whilst they have been in school.

Date and time of incident:			
What happened?			
Did they lose consciousness?		Are they alert and orientated?	
Is there a visible bump/bruise?		If 'yes', where?	
Any dizziness?		Headache?	
Nausea/vomiting?		Visual disturbance?	
Treatment given:			
Date of School Nurse review in the medical room when next back to school:			

Head Injury Advice: Your child has suffered a head injury and should be watched closely for the next 48hrs for signs of concussion. These symptoms may not become apparent for some time after the original incident. If symptoms become more severe, contact your Doctor or go to A&E.

The following symptoms are often experienced after a head injury:

- Headache
- Visual Disturbances
- Nausea
- Lack of concentration and forgetfulness
- Loss of appetite

- Mood change, irritability
- Disturbed sleep

These symptoms should settle down in the days following the incident, but medical advice must be obtained if there are any concerns.

If any of the following are noted, please take the child to A&E immediately:

- Decreased conscious level, persistent drowsiness, difficulty speaking or understanding.
- Slurred speech, nonsense speech, difficultly understanding.
- Vomiting or severe headache.
- Fits, convulsions, sudden collapse or fainting.
- Deafness, persistent noise, ringing or any other problems with hearing.
- Problems with balance, weakness, tingling or numbness in limbs.
- Bleeding or discharge of clear fluid from the ears and nose (not a simple nosebleed)

Screentime should be minimised to-15 minutes 2-3 times per day.