



GUILDFORD HIGH SCHOOL

9-1 FIRST AID

STATEMENT

To provide adequate and appropriate First Aid provision at all times when there are people on the school premises and for staff and pupils during off-site activities and visits. This policy ensures:

- Sufficient numbers of trained personnel as Appointed Persons and First Aiders, including paediatric first aid, to meet the needs of the school. A list of current first aiders appears in Appendix 1.
- Sufficient and appropriate resources and facilities.
- HSE regulations on the reporting of accidents, diseases and occurrences are met

This policy applies to all sections of the school, including the EYFS setting. Guildford High School seeks to implement this policy through adherence to the procedures set out in the rest of this document.

This document is available to all interested parties, including parents and parents of prospective pupils, on the school's website and on request from the Reception. It should be read in conjunction with the following documents:

- Provision of Medical Care Policy
- Pastoral Care and Well-being Policy
- Health and Safety Policy
- Supervision Policy
- UL Group First Aid Policy

This document is reviewed annually by the School Nurse and the Facilities Manager, or as events or legislation change requires. The next scheduled date for review is September 2024. .

Guildford High School is fully committed to ensuring that the application of this policy is non-discriminatory in line with the UK Equality Act (2010). Further details are available in the school's Equal Opportunity Policy document.

LEAD STAFF

The School Nurse is the principle Appointed Person for First Aid (Provision of Medical Care policy for responsibilities).

- If the School Nurse is absent, her mobile phone will be left at Reception.

Qualified First Aiders will:

- Respond promptly for calls for assistance
- Provide first aid support within their level of competence
- Summon medical help when necessary
- Record details of treatment given and inform the School Nurse

All staff will:

- Ensure they are aware of and follow the first aid policy and procedure of the school
 - Know how to contact 999 and a first aider whether in school or in a remote setting and they should be familiar with all of the policies in this section.
 - Record and report any accident which happens under their care. All head injuries must be reported by the School Nurse or by the teacher responsible for running a trip.
 - If in charge of a trip carry out risk assessments and ensure adequate first aid provisions are taken in consultation with the Educational Visits Coordinator, and the School Nurse (please see Educational Visits Policy for more information).

In the EYFS setting the school ensures that there is at least one person on the premises and at least one person on school outings who has a paediatric first aid certificate with a minimum of 12 hours training.

For the safety of all pupils, there must be at least one qualified person on each school site (Senior, Junior and Sports Centre) when pupils are present. Before school (from 07:45), the qualified First Aider on site are the Receptionists (both Senior and Junior) with the addition of a trained Teaching Assistant in Stocks Hall supervising Breakfast Club. After school, until 18:00, the Librarian is the qualified First Aider on site in the Senior School. In the Junior School, After School Care supervisors are all first aiders. At the Sports Centre, the Sports Centre Manager and Receptionist are trained in first aid.

RISK ASSESSMENT

A formal review of the school's First Aid Policy is done annually. However, risk is assessed regularly by the Facilities Manager and the School Nurse. Departments which are classed as 'high risk' e.g. Science, DT and PE have their own risk assessments which are also reviewed annually.

FACILITIES

The school medical room is located in the Well-Being Hub. It is open during school hours, 08:30-16:30 Monday-Friday during term time and is staffed by a Registered Nurse. There is also a medical room at the Sports Centre and Junior School.

Senior School

- Individual care plans are kept in pouches by the Upper Staffroom
- Pupils requiring an Adrenaline Auto Injector (AAI) and/or asthma inhaler, must carry two AAIs and/or inhaler at all times (spot checks are made during term-time)
- On parent request, emergency medication can be kept in the pouches by the Upper Staffroom (eg. for serious illnesses such as epilepsy)

Junior School

- Individual care plans are kept in pouches by the Upper Staffroom
- AAIs and/or asthma inhalers are kept with the class teacher and taken to lunch, sport and trips
- On parent request, emergency medication can be kept in the pouches in the Staffroom (eg. for serious illnesses such as epilepsy)

Generic dose AAI's and asthma inhalers can be found in the locations stated below.

FIRST AID KIT LOCATIONS

First aid boxes are clearly labelled with a white cross on a green background. First aid boxes are located in the following areas:

JUNIOR SCHOOL

Reception

Science Room

Art Room

SENIOR SCHOOL

General Science Prep Room

Physics Prep Room

Chemistry Prep Room

Biology Prep Room

Hepworth Studio (Art)

Knight Studio (Art)

Senior School Hall

Stocks Hall

Senior Staffroom

Kitchen

Food Technology Room

- Wolfson Centre (DT)
- Morton House
- Caretaker's Office
- Minibuses
- Gymnasium
- Swimming Pool (for hirers)
- Swimming Pool Office
- portable packs for games staff
- Textiles Room
- Library
- Tech Balcony
- Medical Room
- 2016 Hall Atrium
- Harper House

Staff requiring first aid kits for an external trip should request provisions from the School Nurse.

Defibrillators are kept:

- Senior School Reception and on the wall outside (the code is advertised in Senior School Reception for quick view)
- Sport Centre Reception

Asthma Kits are kept:

- Medical Room
- Senior, Junior and Sports Centre Receptions
- Senior School Gymnasium
- Stocks

Generic dose adrenaline pens are kept:

- Senior, Junior and Sports Centre Receptions
- Medical Room
- Stocks Hall

Minibuses carry first aid kits. These contain slips to be returned to the nurse if they have been used. They are checked by the School Nurse termly.

CONTENTS OF FIRST AID KITS

FIRST AID BOXES AROUND SCHOOL:

- Guidance leaflet on first aid – [HSE information is available](#)
- Assorted plasters
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- Safety pins
- 2 medium sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves
- Antiseptic wipes

MINIBUS FIRST AID KIT LIST:

- Guidance leaflet on first aid - [HSE information is available](#)
- Antiseptic wipes
- 1 conforming disposable bandage (not less than 7.5 cm wide)
- 2 triangular bandages
- Assorted plasters
- 3 large sterile unmedicated ambulance dressings (not less than 15.0 cm × 20.0 cm)
- 2 sterile eye pads, with attachments
- Safety pins
- 1 pair of blunt-ended scissors

SCHOOL TRIP FIRST AID KITS:

- Guidance leaflet on first aid – [HSE information is available](#)
- Adhesive plasters
- 1 large sterile unmedicated dressing
- 2 triangular bandages individually wrapped and preferably sterile
- Antiseptic wipes
- 2 pairs of disposable gloves

RESPONDING TO A MEDICAL INCIDENT - PROCEDURE

If a member of staff finds a pupil in need of First Aid, they should try to assess the seriousness of the situation. The action taken will depend on the needs of the pupil and the seriousness of the injury. This procedure refers to any person in need of medical attention on the school premises or in a school related activity.

If in any doubt, the person responding to the incident should contact the emergency services, as outlined in the section below on Emergency Procedures for Major Incidents.

The School Nurse is available on extension 207, or 07917 726 994. The extension will automatically divert to the mobile if the School Nurse is not in the medical room to answer the phone.

NON-EMERGENCY PROCEDURE FOR MINOR INCIDENTS

- If the pupil is unwell or has a minor injury she should be sent with another pupil to see the School Nurse who will then be responsible for the pupil. If the pupil is at the Sports Centre the Teacher, the Duty Manager or Receptionist would assess the situation and either administer First Aid, contact the School Nurse or follow the emergency procedure.
- If a casualty is not an emergency but is in need of hospital treatment staff should call the School Nurse to assess the casualty, or another member of staff to get the nurse. Staff should not take any pupil in their car unless on the advice of the School Nurse or a member of SLT and then only with another adult present.
- If the person is in need of immediate First Aid the member of staff should, if trained, administer first aid or send a pupil or member of staff to mobilise the School Nurse.
- If the School Nurse is not in her office or is dealing with another incident the member of staff or pupil must go to Reception who will mobilise a First Aider. This is also the procedure after 16:30. Lists of First Aiders are available in key places around the school and by First Aid boxes. The First Aider will then assess the situation and either administer First Aid or follow the emergency procedure.
- All visits to the School Nurse are recorded on the medical database and. Junior School parents will receive an email giving relevant details of medical attention received and . when anything other than very minor treatment is required. All head injuries must be reported by the School Nurse or by the teacher responsible for running a trip. All treatment given by first aiders and by the School Nurse is recorded.

EMERGENCY PROCEDURE FOR MAJOR INCIDENTS

In the event of an emergency or if an 'at risk' pupil falls ill then the member of staff at the incident must:

1. Call 999
 2. Summon the School Nurse or a First Aider and get the relevant medication
 3. Emergency treatment should be delivered.
- If phoning 999 the following information must be given, staff should try and speak clearly and slowly:
 - School Telephone Number: 01483 561440
 - School Address: Guildford High School, London Road, Guildford, Surrey, GU1 1SJ and exact location e.g. Main School, Nightingale Road, Morton House
 - Give your name
 - Name of casualty and symptoms/any known medical condition
 - If an ambulance is called the Reception, SLT and Facilities Manager/duty caretaker should be informed - they will go to the notified entrance to give directions to the ambulance crew and ensure access is clear. It is important that staff alert SLT if an ambulance has been called. Please use your ipad and send an URGENT – CRITICAL INCIDENT email to all of SLT specifying the pupil, year group, location and very brief outline (e.g. injured leg). SLT will liaise and at least one of the team will come to the scene. This should be done AFTER medical help has been called for.
 - If the emergency services are called the parent of the casualty will be telephoned by the School Nurse or a member of SLT as soon as is practicable.
 - Unless accompanied by their parents, a member of staff should always accompany a pupil taken to hospital by ambulance and should stay until the parent arrives.
 - In the absence of the parents to give their expressed consent for any medical treatment, the medical staff will carry out any procedures as deemed appropriate. The member of staff accompanying the pupil cannot give consent for any medical treatment, as he/she does not have parental responsibility for the pupil.

In the event of emergency, the Emergency Procedures Policy will be followed.

HYGIENE

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should use disposable gloves when administering first aid; these can be found in every first aid box. Any spillages of bodily fluid must be notified to the School Nurse who will follow the procedure for dealing with bodily fluids. This is outlined in Appendix II.

RECORDING FIRST AID TREATMENT

The School Nurse logs treatment administered on iSAMS in the pupil's individual medical file.

The record should include:

- Date, time and place of incident
- Name (and class) of the injured or ill pupil (or staff/visitor/parent)
- Full details of the injury/illness and what first aid was given
- What happened to the person immediately afterwards (for example went home/class/hospital)
- Name of the person dealing with incident
- Follow up action needed

REPORTING AN ACCIDENT

Accidents should be recorded electronically on the ARM System which is accessible via the staff intranet by clicking the 'accident' tab. Any member of staff has the ability to enter an accident onto the system. Reports should not be limited to incidents where a person is actually injured, but also to any 'near miss' i.e. an incident that could have caused an accident or injury. Accident reporting is divided into four options:

1. Accident – The incident in question has resulted in physical harm to a student, employee or member of the public except for 'bumps and scrapes', including incidents reportable under RIDDOR (Reporting of injuries, diseases and dangerous occurrences Regulations).
2. Incident – An event not causing harm to a person or persons, but which has the potential to cause harm or ill health. A 'near miss'.
3. Bumps and Scrapes – For use where there is no injury apparent, or the injury is of a very minor nature. It has less details than the accident button and is designed to be completed quickly, while still providing a record of the incident. Minor head bumps go here.
4. Dangerous Occurrence – One of a number of specific reportable adverse events as defined by RIDDOR.

The reporter must fill in every field and press save, otherwise the record will not save.

Accidents and incidents should be recorded as soon as possible, while the details are clear in the mind of the person reporting. Details should include:

- names of witnesses
- position of anything involved e.g. furniture, vehicles etc
- photographs taken (if it is felt necessary)
- details such as date, time, name of the injured party
- the full circumstances of the accident/incident

- details of any injuries.

Staff should be aware that these details may be used in the event of an investigation.

The Facilities Manager is alerted to all entries and will regularly review the accident system to ensure that all accidents have been investigated and followed up and reported to the Health and Safety Committee and School Governors. The Facilities Manager will also decide if the accident recorded needs to be reported under RIDDOR, which is then completed by the UL Health & Safety Manager.

The Head, School Nurse and Facilities Manager have access to see the complete accident list. Entries in the accident record are also monitored by the UL Health & Safety Manager and a report is also included for the LGB for their termly meeting.

REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATIONS 1995 (RIDDOR)

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents must be reported to the HSE. These include:

- Accidents resulting in death or major injury
- Accidents which prevent the injured person from doing normal work for more than 7 days

The Health and Safety Policy Handbook details notifiable diseases and major injuries which have to be reported.

In line with the Accident, Records and Notification procedures in the United Learning Group Health and Safety document (page 13 ff.) The Facilities Manager at the school will notify Central Office, under RIDDOR, of any serious accident, illness or serious injury to, or death of, any pupil whilst in our care, and of action taken in respect of it. For EYFS pupils Ofsted will also be notified and will be notified of any instance in connection to medicines which leads to such an event. A pupil's GP has the responsibility of reporting notifiable diseases and ensuring that a pupil is safe to return to school and not cause public health problems from infections. However, the school may also seek advice from the Public Health England if a pupil is believed to be suffering from a notifiable disease as identified under the Health Protection (Notification) Regulations 2010. For pupils in our EYFS, notification will be made to Ofsted as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. If Guildford High School, without reasonable excuse, fails to comply with this requirement, we commit an offence. Contact details for Ofsted are as follows: www.ofsted.gov.uk or by telephone on 0300 123 4666.

These reporting procedures should be followed both during and outside of term time.

RIDDOR reports are completed by the Group Health and Safety Manager, who is automatically alerted to each incident report via the electronic accident reporting system.

Accidents are discussed at the Health and Safety Meetings. The Facilities Manager is responsible for reporting serious accidents to the company insurers. Accident records are kept at GHS for 7 years.

STAFF SUPPORT

All staff are debriefed after an incident, time off may be given to staff if it is needed after a serious incident and the counsellor can be made available.

APPENDIX I: QUALIFIED FIRST AIDERS

- At least one qualified first aider is on each school site between the hours of 07:30 and 18:00.
- In the Junior School and for all Junior School external events, at least one person has a paediatric First Aid Certificate, with a minimum of 12 hours training.
- At the Sports Centre the name of the first aider on duty is displayed at reception during the hours of opening.
- The recommended number of first aiders is one per 100 pupils and staff and Guildford High School ratio is well within this limit.
- First Aid training is updated every three years, in accordance with the expiry dates listed below.
- Suitable notices are displayed in Departments and buildings around the school. A list is also outside the nurses' office and held with reception.
- Copy of certificates are managed by the Pastoral Administrator/School Nurse and are held by the Office Manager.

FIRST AIDERS – SENIOR SCHOOL			
Name	Qualification	Expiry Date	Location
Alex Nicholls	Exploration Medicine	Feb-26	Nurse
Jack Brookes	Exploration Medicine	Dec-25	D of E / Junior School
Jack Brookes	First Aid at Work	Dec-25	D of E / Junior School
Julio Martinez	First Aid at Work	Dec-25	Facilities
Emma Greenslade	Emergency First Aid at Work (Appointed Person)	Dec-25	Bank Nurse
Sue Kew	Emergency First Aid at Work (Appointed Person)	Dec-25	Art
Emily Kirby	Emergency First Aid at Work (Appointed Person)	Dec-25	Bank Nurse
Kate Nevett	Emergency First Aid at Work (Appointed Person)	Dec-25	Senior Nurse
Tara Oxley	First Aid Essentials in Sport & Active Leisure	Aug-25	PE – Sports Centre / Gym
Sally Appleton	Emergency First Aid at Work (Appointed Person)	May-25	PE – Sports Centre / Gym (casual staff)
Rachel Byrne	Emergency First Aid at Work (Appointed Person)	May-25	PE – Sports Centre / Gym
Hannah Curtis	Emergency First Aid at Work (Appointed Person)	May-25	Junior School / Sports Centre
Emily Davenport	Emergency First Aid at Work (Appointed Person)	May-25	Sports Centre
Sarah Gill	Emergency First Aid at Work (Appointed Person)	May-25	PE – Sports Centre / Gym

Phoebe Greenway	Emergency First Aid at Work (Appointed Person)	May-25	Chemistry
Keely Harper	Emergency First Aid at Work (Appointed Person)	May-25	PE – Sports Centre / Gym
Grayson Jones	Emergency First Aid at Work (Appointed Person)	May-25	Music
Helen Le Page	Emergency First Aid at Work (Appointed Person)	May-25	PE – Sports Centre / Gym
Karen Stenning	Emergency First Aid at Work (Appointed Person)	May-25	Laboratory
Helen Thompson	Emergency First Aid at Work (Appointed Person)	May-25	EA to Head
Hazel Webb	Emergency First Aid at Work (Appointed Person)	May-25	Chemistry
Iain Hazell	First Aid at Work	May-25	Facilities
Mark Jones	First Aid at Work	May-25	Facilities
Claire Payne	First Aid at Work	May-25	The Garage / Harper House
Katrina Sloan	First Aid at Work	May-25	History / Morton House
Shaun Spedding	First Aid at Work	May-25	Design & Technology / Facilities
Simon Wilkinson	First Aid at Work	May-25	Sports Centre
Charlie Smith	3 yr Paediatric FA certificate	May-25	Multimedia Technician
Amy Dutton	Emergency First Aid at Work (Appointed Person)	Jan-25	Chemistry
Fiona Jones	Emergency First Aid at Work (Appointed Person)	Jan-25	English / Drama
Amy McAleavy	Emergency First Aid at Work (Appointed Person)	Jan-25	Modern Languages / Morton House
Tom M'Clelland	Emergency First Aid at Work (Appointed Person)	Jan-25	Modern Languages
James Partridge	Emergency First Aid at Work (Appointed Person)	Jan-25	Geography
Jhone Tavares	Emergency First Aid at Work (Appointed Person)	Jan-25	Housekeeping
Rosana Vilaplana	Emergency First Aid at Work (Appointed Person)	Jan-25	IT
Katherine Whiteman	Emergency First Aid at Work (Appointed Person)	Jan-25	English
Jo Ayshford	Emergency First Aid at Work (Appointed Person)	Sep-24	Invigilation (casual staff)
Anthea Edwards	Emergency First Aid at Work (Appointed Person)	Sep-24	Laboratory
Nicky Griffiths	Emergency First Aid at Work	Sep-24	Reception

	(Appointed Person)		
Frances Hardesty	Emergency First Aid at Work (Appointed Person)	Sep-24	Art/Food Tech
Gemma Kent	Emergency First Aid at Work (Appointed Person)	Sep-24	Reception
Annabel Mountford	Emergency First Aid at Work (Appointed Person)	Sep-24	Library
Elisa Perez Sanchez	Emergency First Aid at Work (Appointed Person)	Sep-24	Modern Languages
Samantha Buxton	Emergency First Aid at Work (Appointed Person)	Aug-24	HoY
Emilie Forrest-Biggs	Emergency First Aid at Work (Appointed Person)	Aug-24	HoY
Catherine Gilmore	Emergency First Aid at Work (Appointed Person)	Aug-24	HoY / Deputy Head Pastoral
Stephanie Ginger	Emergency First Aid at Work (Appointed Person)	Aug-24	Biology
Sophie Greenoakes	Emergency First Aid at Work (Appointed Person)	Aug-24	HoY
Sharon Howitt	Emergency First Aid at Work (Appointed Person)	Aug-24	Geography
Karen Laurie	Emergency First Aid at Work (Appointed Person)	Aug-24	Head
Susan Leigh	Emergency First Aid at Work (Appointed Person)	Aug-24	Food & Nutrition
Laura McHale	Emergency First Aid at Work (Appointed Person)	Aug-24	PE – Sports Centre/Gym
Ann Minear	Emergency First Aid at Work (Appointed Person)	Aug-24	History
Philippa Morris-Jeffery	Emergency First Aid at Work (Appointed Person)	Aug-24	English
Duncan Peel	Emergency First Aid at Work (Appointed Person)	Aug-24	Deputy Head – Curriculum Hub
Felicity Sturge	Emergency First Aid at Work (Appointed Person)	Aug-24	Mathematics / Economics / Politics
Katherine Walker	Emergency First Aid at Work (Appointed Person)	Aug-24	Biology
Jenni Wilkinson	Emergency First Aid at Work (Appointed Person)	Aug-24	Design & Technology
Sarah Arola	Workplace First Aid	Aug-24	Curriculum Hub
Ashley Fenton	First Aid at Work	Jun-24	English / Drama
Fiona Mackay	Emergency First Aid at Work (In-House)	May-24	English / Drama (casual staff)

Barry Knight	First Aid at Work	Nov-23	Sports Centre
Susie McNamara	First Aid at Work	Nov-23	Sports Centre
			Updated Nov 2023

FIRST AIDERS – JUNIOR SCHOOL

Name	Qualification	Expiry Date	Location
Mrs T Irving	3 year Paediatric FA certificate	Nov-23	ASC – Ground Floor
Miss J Ansell	3 year Paediatric FA certificate	May-24	JS Reception – Ground Floor
Mrs K Hughes	3 year Paediatric FA certificate	May-24	Deputy Head – Ground Floor
Miss A Lloyd	3 year Paediatric FA Certificate	May-24	PE Teacher
Mrs H Burling-Smith	3 year Paediatric FA certificate	Aug-24	PA's Office – Ground Floor
Mrs J Kinch	3 year Paediatric FA certificate	Aug-24	SENCo – 1 st Floor
Mrs S Moulton	3 year Paediatric FA certificate	Aug-24	2K – Ground Floor
Mrs S Valentine	3 year Paediatric FA certificate	Aug-24	RP – Ground Floor
Mrs C Staddon	3 year Paediatric FA certificate	Aug-24	T&L Office – 1 st Floor
Mrs L Sunckell	3 year Paediatric FA certificate	Aug-24	4S – 1 st Floor
Mr A Williamson	3 year Paediatric FA certificate	Aug-24	Head – Ground Floor
Mrs G Bell	3 year Paediatric FA certificate	Mar-25	Head of PE
Mrs I Botha	3 year Paediatric FA certificate	May-25	5B – 1 st Floor
Mr J Brookes	3 year Paediatric FA certificate First Aid at Work Exploration Medicine	May-25 Dec-25 Dec-25	PE TA
Mrs L Cartwright	3 year Paediatric FA certificate	May-25	6C – 1 st Floor
Miss H Curtis	Emergency First Aid at Work	May-25	3B – 1 st Floor
Mrs M Mager	3 year Paediatric FA certificate	May-25	4M – 1 st Floor
Miss A Thavaseelan	3 year Paediatric FA certificate	May-25	Ground or 1 st Floor
Mrs R Wardell	3 year Paediatric FA certificate	May-25	Music Room – 2 nd Floor
Miss J Whitaker	3 year Paediatric FA certificate	May-25	6W – 1 st Floor
			Updated Nov 2023

This list is displayed around the school.

APPENDIX II: GUILDFORD HIGH SCHOOL PROTOCOL FOR DEALING WITH BODY FLUID SPILLAGES IN SCHOOL

- General statement
 - The aim of this policy is to decrease the exposure risk to blood-borne and body fluid pathogens.
 - Adherence to this policy is the responsibility of all staff that may come into contact with spillages of blood or other body fluids. All staff should be aware of their personal responsibilities in preventing the spread of infection.
- Legal position
 - The school has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:
 - Blood
 - Respiratory and oral secretions
 - Vomit
 - Faeces
 - Urine
 - Wound drainage
- Prevention and preparation in case of spillage
 - Workplace to provide a suitable assessment of the health risks associated with exposure to spillages of body fluids
 - Staff to be aware of policy and risks associated with exposure to body fluids
 - Provision of appropriate first-aid facilities and staff
 - Materials for dealing with spillages to be readily available i.e. 'spillage kits'. These are kept with cleaners, in sports centre, and medical room in bio-hazard box.
 - Regularly evaluate the procedure and update as necessary

Disinfection aims to reduce the number of micro-organisms to safe level. All blood spills should be treated as a potential source of infection and dealt with according to strict hygienic principles.

- Management
 - If any type of body fluid has been spilled onto a surface the following precautions should be made:
 - Notify appropriate staff i.e. cleaners, to secure the environment by placing warning signs.
 - All staff dealing with a biohazard spill to wear protection i.e.

- disposable gloves
- disposable plastic apron
- eye and mouth protection with goggles and mask, if splash or spray anticipated
- Access 'spillage kit' in order to clean up spillage promptly. This pack contains: absorbent granules, disinfectant, scoop and scraper, disposable gloves, bags.
- Sprinkle granules over the spillage, completely covering it. This will solidify a liquid in 2 minutes. Don't stand over the solution as it can be a respiratory irritant.
- Using the scoop and scraper provided, remove the now solidified residue and place in a bin bag, along with scoop and scraper, seal and dispose of in further bin liner. Dispose of by agreed and approved means.
- Clean area and equipment thoroughly using hot water and detergent, and disposable cloths.
- Hand hygiene should be performed following management of spillage.
- If contamination is to the eyes or mouth wash with copious amounts of water.

N.B. If a spill contains glass or other sharps, these should be picked up with disposable forceps and disposed of carefully into a sharps bin (See Sharps information in Appendix 4 of the Provision of Medical Care Policy).

APPENDIX III: HEAD INJURY

A head injury is any trauma that leads to injury of the scalp, skull or brain. These injuries can range from a minor bump on the skull to a devastating brain injury. Our aims include;

- To provide a safe environment
- To ensure all staff have a clear understanding of how to deal with someone who has sustained a head injury
- To be able to recognise the signs and symptoms of concussion and manage it correctly
- To ensure that all head injuries are recorded all head injuries and carry out any relevant risk assessments
- To ensure that all pupils and parents receive appropriate advice on head injuries

ALL HEAD INJURIES – GENERAL PRINCIPLES

Any head injury is potentially a serious injury and could cause lasting harm. All cases need to be reviewed carefully by qualified first aiders. It is impossible to list the circumstances causing head injuries that are a cause for concern. However, it is necessary carefully to consider the signs and symptoms that are apparent in people who may be injured.

All head injuries must be recorded on an accident form and the parents, guardians or carers of the pupil must be informed. Any pupil with a head injury or who has received a blow to the head must be given a completed Head Injury NHS Advice Sheet (see Appendix IV.1).

The school nurse is responsible for monitoring accident reports and informing SLT of any areas of concern. It is the responsibility of the Health & Safety Committee to ensure the school environment is inspected regularly to minimise the risks for sustaining head injuries.

HEAD INJURY GUIDELINES

The following guidelines apply to all activities, including sport and on school trips.

If a pupil receives a bump on the head or falls to the ground after a blow on the head, she may continue the activity if she gets to her feet unaided and immediately and appears fully conscious and orientated.

If the pupil is in obvious pain or is unable to get up unaided or appears confused and disorientated or if none of the above but a member of staff is concerned that the nature of the blow may have caused injury, the pupil must cease the activity immediately. A designated member of staff must remain with the pupil and monitor her at all times, until either a trained professional has taken over or after several hours the symptoms have abated and the member of staff is confident that no serious injury has taken place. If possible, the school nurse should be contacted immediately and should either attend the child in situ or the child should be escorted by a member of staff or other trusted adult e.g. parent to the medical room.

Any loss of consciousness, however brief, must result in the referral of the casualty to a doctor (GP or A&E).

If ANY of the following are reported or develop while under observation, then the pupil should be assessed by a medical professional. If no qualified medical professional is available, consider calling an ambulance for urgent medical assessment.

- Deteriorating conscious state
- Bleeding
- Decreased rate of breathing
- Confusion/irritability/agitation/restlessness
- Convulsions
- Facial bruising
- Nausea/vomiting
- Dizziness
- Memory loss
- Fluid drainage from the nose, mouth or ears (may be clear or bloody)
- Headache (may be severe) (see below)
- Personality changes
- Slurred speech
- Stiff neck
- Swelling at the site of the injury
- Blurred or double vision
- Scalp wound
- Change in the size or reaction of the pupils

If a pupil remains unconscious, they should be put into the recovery position, the activity must be stopped, an ambulance called and the pupil should not be moved until the arrival of the ambulance. Clear the area to ensure that the casualty and the first aider remain safe from harm.

A member of staff or known adult e.g. parent should accompany a pupil in an ambulance. Members of staff witnessing and/or attending to a pupil with a head injury should record in as much detail as possible the circumstances of the injury and action taken, taking photographs of the site of the injury and/or objects involved in the accident. Written details of the injury should be taken with a pupil who is going to hospital.

After a pupil has received a head injury, the nurse will ensure that head injury instructions are given to the injured pupil to take home and the pupil should not go home alone, but be accompanied.

Pupils are likely to be drowsy after an injury. It is recommended that children are allowed to go to sleep if the accident happens just before bedtime. On a residential school trip, if you have a concern, wake the child up after an hour or so. They may be grumpy about being woken up, but that is reassuring.

You can do this a few times during the night if there is particular concern. When asleep, check to see that she appears to be breathing normally and is sleeping in a normal position.

It is normal after a knock to the head to have a mild headache. Sometimes there is also tenderness over bruising or mild swelling of the scalp. If the headache becomes more acute, take the pupil to hospital or call an ambulance.

CONCUSSION

WHAT IS CONCUSSION?

Concussion is a disturbance of the normal working of the brain without there being any structural damage. It is usually caused by a blow directly to the head, or indirectly if the head is shaken when the body is struck. It is important to recognise that concussions occur without there being any loss of consciousness.

Concussions can occur in many situations in the school environment, any time that a student's head comes into contact with a hard object such as the floor, a desk, or another student's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE.

Students may also get concussion when doing activities out of school, but come to school with the signs and symptoms. It is important that these situations are recognised as the concussion can affect their academic performance/or behaviour, as well as putting them at risk of more serious consequences if they sustain another concussion before recovery.

CONCUSSION SUMMARY PRINCIPLES:

- Concussion must be taken extremely seriously to safeguard the long term welfare of pupils.
- Players suspected of having concussion during a sports fixture or practice, must be removed from play and must not resume play in the match/practice.
- Players suspected of having concussion must be medically assessed.
- Players suspected of having concussion or diagnosed with concussion must go through a graduated return to play protocol (GRTP).
- Players must receive medical clearance before returning to play.

RECOGNISING CONCUSSION: WHAT TO LOOK OUT FOR IN A PLAYER WHO HAS A BLOW TO THE HEAD:

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

- Loss of consciousness or responsiveness

- Lying motionless on ground/slow to get up
- Unsteady on feet/ balance problems /falling over/incoordination
- Grabbing/ clutching of head
- Dazed, blank or vacant look
- Confused/ not aware of plays or events
- Nausea or Vomiting
- Convulsion/fit.

Things the player should be asked about or admit to:

- Headaches
- Dizziness
- Feeling in a fog
- Feeling unwell

If a player exhibits any of the above after a blow to the head, concussion should be suspected and **MUST** be removed from play immediately and should not be returned to play until they are assessed medically. This will normally require the player to go to a hospital emergency department.

In addition to noting obvious signs and symptoms, the coach could also ask the following memory questions. Failure to any answer any of these questions correctly may suggest a concussion

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

If concussion is suspected then the coach has a responsibility to:

- Hand over or communicate with the parents what has happened and refer to medical practitioner or emergency department for diagnosis and further assessment.
- Inform school nurse on the following school day.
- Inform pupil that to report to the school nurse on their first day back at school, following the suspected concussion.
- Give head injury advice sheet.

- Complete accident form.

ONSET OF SYMPTOMS

It should be noted that the symptoms of concussion can first present at any time (but typically in the first 24 – 48 hours) after the incident which caused the suspected concussion.

What should players do to return to play?

The return to play pathway is shown in Appendix IV.2.

Rest: Individuals should avoid the following initially and then gradually re-introduce them:

- Reading
- TV
- Computer games
- Driving

It is reasonable for a student to miss a day or two of academic studies, but extended absence is uncommon.

In young players (under 19 years of age) a more conservative Graduated Return to Play approach is recommended, and it is advisable that this should be two weeks/14 days plus the length of the GRTP.

As part of the process it is also prudent that the coach consults with the players' academic teacher(s) to ensure that their academic performance has returned to normal prior to commencing their GRTP. The school environment obviously helps with this liaison with educational experts.

Things to look out for in school in a player who may have been or has been concussed:

- Drop in academic performance-difficulties with school work or problem solving
- Poor attention and concentration in class
- Unusual drowsiness or sleeping in class suggesting sleep disturbance
- Inappropriate emotions
- Unusual irritability
- Feeling more nervous or anxious than usual

It must be emphasised that these are minimum return to play times and in players who do not recover fully within these timeframes, these will need to be longer.

Before a player can commence the exercise elements of the GRTP ie. Stage 2, they must be symptom free for a minimum of 14 days. This is level 1. The player can then progress through each stage as long as no symptoms or signs of concussion return. Where the player completes each stage successfully without any symptoms the player would normally proceed through each stage on successive days. In U19'S, progression should take 2 days for each stage.

Under the GRTP pathway, the player can proceed to the next stage if no symptoms of concussion are shown at the current stage (that is, both the periods of rest and exercise during that 48-hour period). Where the player completes each stage successfully without any symptoms the player would take 23 days to complete their rehabilitation (this includes the 14 day rest period). If any symptoms occur while progressing through the GRTP protocol, the player must return to the previous stage and attempt to progress again after a minimum 24-hour period of rest has passed without the appearance of any symptoms.

On completion of level 4 the player may resume full contact practice (level 5) with medical practitioner clearance.

SCHOOL NURSE'S ROLE

The pupil will need to be signed off at each relevant stage by their own GP or the School Doctor.

At the final stage, the School Nurse will ask the following questions at the last sign-off stage:

- Have you experienced any vomiting today?
- Have you had any dizziness or loss of balance today?
- Have you had any visual problems, not being able to focus, blurred vision, not being able to see out of part of your eye today?
- Have you had any headaches today?

No pupil may return to match play without completion of the GRTP.

The School Nurse cannot be held responsible for any pupil who fails to answer these questions correctly.

After being placed on the GRTP, the player will be issued a GRTP card (See appendix 2) by the school Nurse. The player should take this to Games sessions to show their coach where on the GRTP they are and as such what activity they may take part in.

It is the parent's responsibility to obtain medical clearance before returning to play. The school nurse will keep a record of the parent's confirmation that clearance has been obtained, a doctor's letter is not necessarily required.

REFERENCES



- RugbySafe: <http://www.englandrugby.com/rugbysafe/>

- Headcase: <http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/>
- Schools specific guidance: <http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/schools-and-colleges/>
- For concussion: Guildford High School follows the World Rugby Graduated Return to Play (GRTP) programme within the school setting (Ref: www.playerwelfare.worldrugby.org).


APPENDIX IV.1: HEAD INJURY ADVICE SHEET

Head Injury Advice Sheet

Advice for parents and carers of children



How is your child?




RED

If your child has any of the following during the next 48 hours:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears
- Does not wake for feeds or cries constantly and cannot be soothed

You need urgent help

Go to the nearest Hospital Emergency (A&E) Department or phone 999




AMBER

If your child has any of the following during the next 48 hours:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today

Please ring your GP surgery or call NHS 111 - dial 111



GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping

If you are very concerned about these symptoms or they go on for more than 2 months, make an appointment to see your GP.

Self Care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111

How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

Head Injury Advice Sheet

Advice for parents and carers of children



Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advice about going back to nursery / school

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

For further information:

Rugby: goo.gl/1fsBXz



Football: goo.gl/zAgbMx



For further support and advice about head injuries, contact:



- Visit the [Brain Injury Trust website](https://www.braininjurytrust.org.uk).



www.what0-18.nhs.uk

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C145/015 April 2020

APPENDIX IV.2: GRADUATED RETURN TO PLAY FOLLOWING CONCUSSION

Rehabilitation stage		Exercise Allowed	Objective	Requirement	
	Off school while symptomatic	Complete body rest and brain rest			
1	Minimum rest period 14 days after symptom-free without masking medication (eg paracetamol)	None.	Recovery	Written GP permission to progress to stage 2	Name of Doctor: Signature: Date:
2 At earliest – Day 15	Light aerobic exercise	Light jogging for 10-15 minutes, swimming or stationary cycling at low to moderate intensity. No resistance training.	Increase heart rate	48 hours symptom free before progress to next stage	
3 At earliest – Day 17	Sport-specific exercise	Running drills. No head impact activities.	Add movement	48 hours symptom free before progress to next stage	
4 At earliest – Day 19	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training	Exercise, co-ordination and cognitive load	48 hours symptom free before progress to next stage. Assessed by doctor	Name of Doctor: Signature: Date:
5 At earliest – Day 21	Full contact practice	Normal training activities	Restore confidence and assess functional skills by coaching staff	48 hours symptom free before progress to next stage. Report to school nurse	Nurse signature: Date:
6	Return to play	Player rehabilitated	Recover		

At earliest – Day 23					
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If symptoms of Concussion recur at any stage, the IRB and RFU advocate 24 hour rest, followed by a return to the previous stage.

APPENDIX IV.3:

The GCS measures the following functions:

Eye Opening (E)

- 4 = spontaneous
- 3 = to voice
- 2 = to pain
- 1 = none

Verbal Response (V)

- 5 = normal conversation
- 4 = disoriented conversation
- 3 = words, but not coherent
- 2 = no words, only sounds
- 1 = none

Motor Response (M)

- 6 = normal
- 5 = localized to pain
- 4 = withdraws to pain
- 3 = decorticate posture (an abnormal posture that can include rigidity, clenched fists, legs held straight out, and arms bent inward toward the body with the wrists and fingers bent and held on the chest)
- 2 = decerebrate (an abnormal posture that can include rigidity, arms and legs held straight out, toes pointed downward, head and neck arched backwards)
- 1 = none

Clinicians use this scale to rate the best eye opening response, the best verbal response, and the best motor response an individual makes. The final GCS score or grade is the sum of these numbers.

Using the Glasgow Coma Scale

Every brain injury is different, but generally, brain injury is classified as:

- Severe: GCS 3-8 (You cannot score lower than a 3.)
- Moderate: GCS 9-12
- Mild: GCS 13-15