First Aid Policy

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Associated Documents *Administration of Medicines Policy* *Safeguarding & Child Protection Policy* *Health and Safety Policy*		

Contents

1. PURPOSE

OneSchool Global UK (OSG UK) is committed to provide emergency first aid provision in order to deal with accidents and incidents affecting employees, volunteers, students and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by OSG UK in regard to all (staff, volunteers, students and visitors).

Some students and staff may, at some time, have a medical condition which could impact upon participation in school activities. This is likely to be short-term. Others, may, have medical conditions which, if not properly managed, could limit access to education. These are regarded as having medical needs and extra care may need to be taken in supervising these students in some activities.

Each OSG UK Campus complies and accepts responsibility, in principle, for staff who volunteer to give, or supervise students taking prescribed medicine during the school day. Where a student attends school, but is suffering from pain, and has been given medication to bring into school (e.g., migraine tablet), they should have written authorisation from a parent with instructions confirming when the child should take the medication. The student should be supervised by a member of staff and parents notified in writing that medication has been taken.

2. SCOPE

This policy applies to all staff and students at the Campus. All staff should read and be aware of this Policy, know who to contact in the event of any illness, accident or injury and ensure this Policy is followed in relation to the administration of First Aid. All staff will use their best endeavours, at all times, to secure the health and welfare of our students.

3. DEFINITIONS

Term	Definition
First Aid	The treatment of minor injuries which do not need treatment from a medical practitioner, and treatment for more serious injuries prior to assistance from a medical practitioner for the purpose of preserving life and minimizing the consequences of injury or illness. It does not include the giving of medicines or tablets.
First Aider	Member of staff who has completed a OfQual-approved (or other recognised training body/regulator) First Aid course and who holds a valid First Aid certificate.
HSE	Health and Safety Executive
Staff	Any person employed by the Trust including volunteers and contractors.

4. POLICY STATEMENT

4.1 Introduction

4.1.1 This Campus recognises its legal duty to make suitable and sufficient provision for first aid to students, staff, and visitors, including those travelling or working away from the Campus premises and to appropriately respect the confidentiality and the rights of students as patients.

4.1.2 This policy aims to comply with paragraph 4.23) of the schedule to the Education (Independent School Standards) (England) Regulations 2014 (SI2014/3283), OneSchool Global UK is the employer and is ultimately responsible, through the Board of Directors for the implementation of the Health and Safety at Work etc Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981 (SI 1981/917) and the First aid at work: Health and Safety (First Aid) Regulations 1981, approved code of practice and guidance.

4.1.3 Anyone on the Campus premises is expected to take reasonable care for their own and others' safety.

4.1.4 This policy is available to parents on request and to all members of staff.

4.1.5 This policy must be read in conjunction with the Campus COVID-19 Risk Assessment in relation to students or staff presenting with symptoms of COVID-19.

4.2 Policy aims

4.2.1 To ensure that each OSG UK Campus has adequate, safe, and effective first aid provision in order for every student, member of staff, volunteer, and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.

- To ensure that all staff and students are aware of the procedures in the event of any illness, accident, or injury.
- To ensure that medicines are only administered at the campus when express permission has been granted for this.
- To promote effective infection control.

4.2.2 Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, Staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services at the campus

4.2.3 To achieve the policy aims, each school campus will:

- Have suitably stocked first aid boxes as required by current legislation.
- Carry out a suitable and sufficient assessment of the risks posed to persons in the event that they suffer an accident, injury or ill health.
- Appoint sufficient First Aiders to take charge of first aid.
- Provide information to staff, volunteers, students, and parents on the arrangements for first aid.
- Have a procedure for managing accidents, including immediate liaison with emergency services, medical staff, and parents.
- Review and monitor arrangements for first aid on as appropriate on a regular basis (and at the very least on an annual basis).

4.3 First aiders

4.3.1 The Campus will display a list of qualified First Aiders in the Staff Room and in key locations around the building, in addition to detail on this policy (See Appendix 1). The First Aiders will undergo update training every three years or sooner.

4.3.2 Training requirements are for the appointed person(s) to have completed a 3-day First Aid at Work course and for all other supporting first aiders to have completed a 1-day Emergency First Aid at Work course.

4.3.3 The main duties of First Aiders are to give immediate first aid to students, staff or visitors as required and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with the Campus Principal. It is our policy that there will be at least one qualified person on every site when students are present.

4.3.4 **HSE recommendations for First Aid cover:**

- Term time: 1-2 Appointed Persons (i.e., max 100 workers at any time in Lower Risk Activity, with max 5-6 in Medium Risk activities)
- School Holidays: 1 Appointed Person (i.e., max 20 workers in Low/Medium Risk Activity)

4.4 First aid kits

4.3.5 First Aid kits are marked with a white cross on a green background. First aid kits are checked regularly by the Premises Manager / Health & Safety Officer or designated personnel at the campus, who will be responsible for ensuring that kits are re-stocked, records of the checks are maintained on the Online Safety Portal (DoneSafe).

4.3.6 First aid kits are located at key positions around the site including the main Reception/Office and the Staff Room, and near to hand washing facilities where possible.

4.3.7 General First Aid Kit Minimum Contents (similar/ additional items acceptable)

- A leaflet giving general advise on first aid
- 20 individually wrapped sterile adhesive dressings/ plasters (assorted sizes)
- 2 sterile eye patches
- 4 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium (approx. 12cm x 12cm) individually wrapped sterile un-medicated wound dressings
- 2 large (approx. 18cm x 18cm) individually wrapped sterile un-medicated wound dressings
- 3 pairs of disposable gloves
- Microporous tape
- Mouth to mouth resuscitation device with valve
- 1 pair of rust-less blunt ended scissors
- In addition to the items listed in the general first aid kits, some subjects have additional risks, and the Campus may wish to also include the following items in the kits in these areas:

4.3.8 Science/ D&T

- Eyewash 250ml
- Finger Dressing
- Burn/ Soothe relief dressing
- Food Technology/Cooking
- Finger Dressing
- Burn/ Soothe relief dressing

4.3.9 Burns Kit Minimum Contents

- A leaflet giving general advise on first aid
- 20 individually wrapped sterile adhesive dressings/ plasters (assorted sizes)
- Eye wash phials – 20ml
- sterile eye patches
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- medium (approx. 12cm x 12cm) individually wrapped sterile un-medicated wound dressings
- 1 large (approx. 18cm x 18cm) individually wrapped sterile un-medicated wound dressings
- 1 finger bandage
- 3 pairs of disposable gloves
- 20 moist cleansing wipes
- Adhesive tape
- Mouth to mouth resuscitation device with valve
- 1 foil blanket
- 1 burn dressing – small 10 x 10cm
- 1 burn dressing – medium 20 x 20cm
- 1 pair of rust-less blunt ended scissors
- Burn/ Soothe relief dressing

4.3.10 Spillage Kits

A specialist spillage kit will be available at the Campus for Bodily fluid spills in line with COSHH (2002) to protect those responsible for Cleaning up from microbiological hazards.

General contents should include:

- Super absorbent powder
- Biohazard disposal bags
- Disinfectant spray
- Alcohol free wipes
- Scoop
- Scraper
- Gloves
- Aprons

4.5 School vehicles

4.5.1 All OneBus vehicles will all have a First aid kit on board which is readily available for use, and which is maintained in a good condition. First aid kits must be taken when groups of students go out of school on organised trips or to participate in sports.

4.5.2 Vehicles First Aid Kit Minimum Contents (as per transport regulations requirements)

- 10 antiseptic wipes
- 1 disposable bandage (not less than 7.5cm wide)
- 2 individually wrapped triangular bandages
- 24 individually wrapped sterile adhesive dressings (assorted sizes)
- 3 large sterile un-medicated ambulance dressings (not less than 15cm x 20cm)
- 2 sterile eye patches with attachments
- 12 assorted safety pins
- 1 pair of rust-less blunt ended scissors
- 1 pair of disposable gloves

4.6 Education trips & sports activities

4.6.1 First aid kits must be carried by the First Aider when groups of students go out of school on organised trips or to participate in sports.

4.6.2 Travelling First Aid Kit for Trips & Visits Minimum Contents (similar/ additional items acceptable)

- A leaflet giving general advise on first aid
- 6 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 individually wrapped triangular bandages
- 2 safety pins
- 1 large (approx. 18cm x 18cm) individually wrapped sterile un-medicated wound dressings
- 1 pair of disposable gloves
- 10 Individually wrapped moist cleaning wipes

4.6.3 PE/Sports

- A leaflet giving general advise on first aid
- 20 individually wrapped sterile adhesive dressings/ plasters (assorted sizes)
- 2 sterile eye patches
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium (approx. 12 x 12cm) individually wrapped sterile un-medicated wound dressings
- 2 large (approx. 18 x 18cm) individually wrapped sterile un-medicated wound dressings
- 3 pairs of disposable gloves
- Microporous tape
- Mouth to mouth resuscitation device with valve
- 1 pair of rust-less blunt ended scissors
- 3 foil blankets
- 3 ice packs
- Wound wash/ 10 Individually wrapped moist cleaning wipes
- Deep freeze spray
- Deep heat spray

4.7 Information on students

4.7.1 Parents are requested to provide written consent for the administration of First Aid and medical treatment before students are admitted to the Campus.

4.7.2 The Campus is responsible for reviewing students' confidential medical records and providing essential medical information regarding allergies, recent accidents or illnesses, or other medical conditions which may affect a student to the Campus Principal, Class Teacher / Form Tutor and First Aiders on a "need to know" basis. This information will be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a child.

4.7.3 Information held by the main Office will include a record of students who need to have access to asthma inhalers, Adrenaline Auto-injector pens, injections or similar and this information should be circulated to teachers and First Aiders. Individual students (or their Class Teacher as appropriate) usually have responsibility for keeping such equipment with them. Additional spare inhalers should also be provided to the Campus by parents of children that require them. In other cases, the equipment should be suitably labelled and will be stored securely, either in the Office or the medical room (for access by suitably qualified staff and students when appropriate).

5. PROCEDURES

5.1 Procedure in the event of illness

5.1.1 If a student feels unwell, they should be taken to the main Office. If it is only a minor problem another student should accompany them, but in more serious cases a member of staff should contact the School Office to summon a First Aider.

5.2 Procedure in the event of an accident

5.2.1 If an accident occurs, then the member of staff in charge should be consulted. That person will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. First Aiders can also be called for if necessary.

5.2.2 In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they should arrange for the injured person to access appropriate medical treatment without delay.

5.2.3 If an ambulance is called, then the First Aider in charge should make arrangements for the ambulance to have access to the accident site. Arrangements should be made to ensure that any student or adult is accompanied in the ambulance if necessary, or followed to hospital, by a member of staff if it is not possible to contact the parents in time. In this instance a photocopy of the child's medical questionnaire must be provided for medical professionals.

5.3 Procedure in the event of a head injury

5.3.1 Minor head injuries are common on the school playground and on the sports field. Fortunately, the majority of head injuries are minor and do not result in complications or hospitalisation; however, a small number of children do suffer from a severe injury to the brain.

5.3.2 Complications such as swelling, bruising, or bleeding may occur inside the skull or inside the brain, and the amount of damage depends on the power and speed of the impact. Staff members and first aiders must be able to identify signs and symptoms, identify an emergency, and know how and when to call for help. School staff / school first aiders have a duty of care to act in the same way that any prudent parent would in the event of illness or injury.

5.3.3 Students who sustain a head injury at school campus should be evaluated by the campus First Aider to establish the extent of the injury and to plan future care/action.

5.3.4 After any head injury - Even though no concerning signs are visible, it is critical that the student parents are informed of the head injury / concussion and are provided with written instructions on how to monitor their child. (Use template letter and guidance from Appendix 4 of this Policy)

5.3.5 If the student's condition worsens, the material in the Parent letter should recommend that the student is referred to the A&E, is seen by a doctor at the local GP Practice, NHS Walk in Centre, or Hospital.

5.3.6 The guidance provided in the Parent letter is aimed to assist parents in recognising the signs / signals of a head injury and that their child requires further medical assistance / treatment.

5.3.7 Please consult the Appendix 5 of this policy for further details on how to Manage Head Injuries at the school campus.

5.4 Procedure in the event of contact with blood or other bodily fluids

5.4.1 If a spillage of blood or other bodily fluids occurs, a First Aider must be informed. They will then arrange for the proper containment, clear up and cleansing of the spillage site. The First Aider should take the following precautions to avoid risk of infection:

- cover any cuts and grazes on their own skin with a waterproof dressing
- wear suitable disposable gloves when dealing with blood or other bodily fluids
- use suitable eye protection and a disposable apron where splashing may occur
- use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation
- wash hands after every procedure

5.4.2 If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- wash splashes off skin with soap and running water.
- wash splashes out of eyes with tap water or an eye wash bottle.
- wash splashes out of nose or mouth with tap water, taking care not to swallow the water.
- record details of the contamination.
- report the incident to the Campus Principal and take medical advice if appropriate.

5.5 Procedure for dealing with bodily fluids

5.5.1 In order to maintain protection from disease, all bodily fluids should be considered infected. To prevent contact with bodily fluids the following guidelines should be followed.

- When dealing with any bodily fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following bodily fluids must be cleaned up immediately.

5.5.2 Bodily fluids include:

- Blood, Faeces, Urine, Nasal and eye discharges, Saliva, Vomit

5.5.3 Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution.

- Never use a mop for cleaning up blood and bodily fluid spillages
- All contaminated material should be disposed of in a yellow clinical waste bag.
- Avoid getting any bodily fluids in your eyes, nose, mouth or on any open sores.
- If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

5.6 Procedure in the event of off-site accident, injury, or illness

5.6.1 A First Aid kit should be carried by all teachers in charge of off-site activities such as PE activities. An allergy list will be part of the First Aid kit. Any treatment or incident should be recorded on return to the Campus by the member of staff in charge. Educational trip leaders must ensure that first aid provision is appropriate to the activities and groups concerned, this must be contained within the relevant risk assessment.

5.7 Dealing with students with asthma

5.7.1 Older students carry inhalers with them and used them as necessary. Younger children's' inhalers are looked after by a member of staff and made available as necessary. Parents are asked to provide school with a spare inhaler.

5.7.2 See Appendix 2 – Asthma treatment

5.8 Dealing with students with allergies

5.8.1 Information about students with allergies is provided to all teachers and First Aiders. Details of students who have been prescribed Adrenaline Auto-injector pens to use in instances of allergic reaction are included in this information. All staff have received training on the use of Adrenaline Auto-injector pens and should be aware of the location of spare Adrenaline Auto-injector pens for specific students. Individual students (or their Class Teacher as appropriate) usually have responsibility for keeping such equipment with them. Details on the administration of Adrenaline Auto-injector pens are stored with the device and in all first aid boxes and is also displayed in the Staff Room.

5.8.2 See Appendix 2 – Anaphylaxis treatment.

5.9 Dealing with students with epilepsy

5.9.1 See Appendix 2 - Managing Epilepsy and Seizures

5.10 Dealing with students with diabetes

5.10.1 See Appendix 2 – Diabetes treatment.

5.11 Reporting

5.11.1 All injuries, accidents, and illnesses, however minor, must be reported to the Main Office.

5.11.2 Accident Reporting: The member of staff in charge at the time will fill in an Accident Report Form for every serious or significant accident that occurs on or off-site if in connection with the Campus. The Form is located on the Online Safety Portal (DoneSafe) and, where in place, the Accident Book should also be completed. Records should be stored for at least three years or if the person injured is a minor (under 18), until they are 21.

5.11.3 Reporting to Parents: In the event of accident or injury sustained, parents must be informed on the same day or as soon as reasonably practicable, and of any first aid given. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Campus Principal if necessary.

5.11.4 The school follows the Health Protection Agency guidelines for children being too ill to attend school, details can be found on the gov.uk website or in the Parent Student Handbook: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768160/Health_protection_exclusion_table.pdf i.e. in cases of vomiting and diarrhoea children should definitely be kept off school until at least 48 hours after their symptoms have gone.

5.11.5 Reporting to HSE: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (SI 1995/3163) (RIDDOR) to report the following to the HSE (most easily done on line at http://www.hse.gov.uk/riddor/report.htm or by calling the Incident Contact Centre (ICC) on 0345 300 9923):

- Accidents involving staff
- Work related accidents resulting in death or major injury (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs).
- Work related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported within 10 days
- Cases of work-related diseases that a doctor notifies the school of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer)
- Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).
- Accidents involving students or visitors

- Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with: -
- any activity (on or off the premises)
- the way an activity has been organised or managed (e.g., the supervision of a field trip)
- equipment, machinery or substances
- the design or condition of the premises.

5.11.6 For further details on Accident Reporting Procedure including the reporting to HSE, consult Appendix 7

5.12 Monitoring

5.12.1 The Campus Principal and the Health & Safety Officer will organise a monthly review of the accidents and injuries and will, if necessary, make recommendation to the DP / CA Team. In addition, the Campus Principal and DP / CA Team will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major incident and whether any improvements should be made.

6. GUIDELINES

- DfE Guidance on First Aid in Schools
- ISI Commentary – Regulatory Requirements

VERSION CONTROL

Policy Code	Date	Version No.	Nature of Change
OPC/5	February 2020	2.0	Review, minor updates only
OPC/5	November 2020	2.1	Clarification around Appendix 1
OPC/5	February 2021	3.0	Policy update, clarification around training requirements Referencing COVID-19 Risk Assessment Added procedure for dealing with bodily fluids
OPC/5	February 2022	4.0	Policy updates and some changes, such as: -Purpose -Policy aims -Appendices format -Appendix 3 Re: NHS Guidance - Urgent and emergency care services
OPC/5	April 2022	4.1	Policy updates, such as: -Head injury procedure and protocols -Concussion guidance from AfPE -First Aid checklist -Appendices format -NHS Guidance for parents on Head Injury. -Accident Reporting Procedure.

OPC/5	March 2023	5.0	Policy updates: - Replace Online Portal with Online Safety Portal (DoneSafe) - Review of Accident Reporting procedure - Replacement of First Aid Notice to enable public reporting on DoneSafe.

APPENDIX 1 – FIRST AID NOTICE

APPENDIX 2 - GUIDANCE AND PROTOCOLS FOR SPECIFIC MEDICAL CONDITIONS

ANAPHYLAXIS

Signs and symptoms of Anaphylaxis (severe allergic reaction)
What can cause anaphylaxis?

- Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, and Brazil nuts), sesame, fish, shellfish, dairy products and eggs.
- Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other drug or injection.
- In some people, exercise can trigger a severe reaction — either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

What are the symptoms of a severe allergic reaction?

- generalised flushing of the skin
- nettle rash (hives) anywhere on the body
- sense of impending doom
- swelling of throat and mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- abdominal pain, nausea and vomiting
- sudden feeling of weakness (drop in blood pressure)
- collapse and unconsciousness

Adrenaline auto-injectors

- Delays in administering AAIs have been associated with fatal outcomes. AAIs MUST be administered without delay to students if there are ANY signs of anaphylaxis present to those students who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAIs have been provided.
- School staff must always call 999 and request an ambulance if an AAI is used and keep a detailed record including, where the reaction took place and how much medication was given. Relevant parents or guardian(s) should be informed as soon as practicable.
- The First Aid coordinator and the Campus Principal are responsible for ensuring that the Guidance on the use of adrenaline auto-injectors in schools (the AAI Guidance) is properly implemented and followed.
- AAIs are to be stored, cared, and disposed of in accordance with Part 3 of the AAI Guidance and the other requirements of this policy apply to AAIs, including but not limited to appropriate training, use and record keeping.
- The First Aid coordinator will have overall responsibility for re-stocking at least 1 AAI (which may be bought without prescription). The First Aid coordinator will check the stock on a monthly basis to ensure that the AAIs are present and in date and that replacement AAIs are obtained in good time.
- Spare AAIs should only be used on students who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of AAIs have been provided.
- The First Aid coordinator will maintain an up-to-date register of students at risk of anaphylaxis this includes students who have been prescribed a AAI and those who have been provided with a medical plan confirming this, but who have not been prescribed AAI and in respect of whom parental consent to the use of the spare AAI has been obtained.
- The register should be reviewed at least annually) to take into account students' changing needs. A copy of the register is to be stored with the spare AAIs.
- Parents are to notify the school as soon as practicable that a particular student is at risk of anaphylaxis and in that case provide their consent to use the spare AAIs. Completed consent

forms should be stored on the student's file and, where appropriate, the ICHP updated accordingly.

- Further guidance and general information on how to recognise and respond to an anaphylaxis can be found at:
  http://www.nhs.uk/conditions/Anaphylaxis/Pages/Introduction.aspx

ASTHMA

Signs and symptoms of an Asthma attack
In childhood asthma, the lungs and airways become easily inflamed when exposed to certain triggers, such as inhaling pollen or catching a cold or other respiratory infection. Childhood asthma can cause bothersome daily symptoms that interfere with play, sports, school and sleep. In some children, unmanaged asthma can cause dangerous asthma attacks. Symptoms include:

- Frequent coughing
- A whistling or wheezing sound when breathing out
- Shortness of breath
- Chest congestion or tightness
-

In severe cases, you might see the child's chest and sides pulling inward as he or she struggles to breathe. The child might have an increased heartbeat, sweating and chest pain. Seek emergency care if the child:

- Has to stop in midsentence to catch his or her breath
- Is using abdominal muscles to breathe
- Has widened nostrils when breathing in
  Is trying so hard to breathe that the abdomen is sucked under the ribs when he or she breathes in

Asthma register, and emergency inhalers

- The other requirements of this policy apply to emergency inhalers, including but not limited to appropriate training, use, supply, storage, care, disposal and record keeping.
- The First Aid coordinator and the Campus Principal are responsible for ensuring that Guidance on the use of emergency salbutamol inhalers in schools (Inhalers Guidance) is properly implemented and followed.
- Only students who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler may use an emergency inhaler, which may belong to another student. This course of action is only to be taken in a severe emergency (An emergency inhaler may be used if a student's prescribed inhaler is not available (for example, because it is broken, or empty) or in the event of an asthma attack) and it is expected that the school holds a spare inhaler per child. The First Aid coordinator will maintain an up-to-date register of students who have been diagnosed with asthma and /or who have been prescribed a reliever inhaler and in respect of whom parental consent to the use of the emergency inhaler has been obtained. The register should be reviewed regularly at least annually to take into account students' changing asthma care needs. A copy of the register is to be stored with the emergency inhalers.
- Parents are to notify the school as soon as practicable that a particular student has been diagnosed with asthma and / or has been prescribed a reliever inhaler.
- If an emergency inhaler is used by a student, the First Aid coordinator or school secretary will notify the relevant parents or guardian(s) as soon as practicable.

- Emergency inhalers are also to be stored, cared, and disposed of in accordance with Part 3 of the Inhalers Guidance.
- Further guidance and general information on how to recognise and respond to an asthma attack can be found at: http://www.nhs.uk/Conditions/Asthma/Pages/Treatment.aspx

DIABETES

Signs and symptoms of low blood sugar level (hypoglycemia)

- Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment available. Symptoms include:
  - Pale
  - glazed eyes
  - blurred vision
  - confusion/incoherent
  - shaking
  - headache
  - change in normal behaviour-weepy/aggressive/quiet
  - agitated/drowsy/anxious
  - tingling lips
  - sweating
  - hunger
  - dizzy
  - leading to unconsciousness

Action

- The student should be administered with fast acting glucose ('Lucozade' drink or glucose tablets) - the student should have their own emergency supply in Reception. This will raise the blood sugar level quickly.
- After 5 - 10 minutes the student should be given further snacks as advised by the Parents. Do not leave the student unaccompanied at any time.
- The student should be allowed access to regular snacks and check blood sugar level again and as necessary.
- The student's Parents should be informed about the incident as soon as possible.

Action to be taken if the student becomes unconscious

- The student must be placed in the recovery position. Glucose must not be administered by mouth as this may cause choking.
- Telephone 999
- Inform Parents as soon as possible
- Accompany the student to hospital and await arrival of Parent

Signs and symptoms of high blood sugar level (hyperglycemia)

- This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress, and less exercise than normal.
- Symptoms may include:
  - feeling tired and weak
  - feeling thirsty
  - passing urine more often
  - nausea and vomiting
  - drowsy
  - breath smelling of acetone
  - blurred vision
  - unconsciousness

Action

- The Campus Administration Officer must be informed. Arrangements will be made for blood glucose testing, if possible. The student's Parents should be informed about the incident as soon as possible. 999 should be called and the student must be accompanied to casualty, where they will await the arrival of the student's Parents.
- For further information and guidance: http://www.nhs.uk/Conditions/Diabetes/Pages/Diabetes.aspx

EPILEPSY ETC

How to recognise a seizure

- There are several types of epilepsy, but seizures are usually recognisable by the following symptoms:
  - the student may appear confused and fall to the ground
  - slow noisy breathing
  - possible blue colouring around the mouth, returning to normal as breathing returns to normal
  - rigid muscle spasms
  - twitching of one or more limbs and/or face
  - possible incontinence

Action

- The following actions should be taken to assist the student:
  - try to help the student to the floor if possible but do not put yourself at risk of injury
  - move furniture etc. away from the student in order to prevent further injury
  - place a cushion or something soft under the student's head
  - clear the area of students
  - call First Aider
  - cover the student with a blanket as soon as possible in order to hide any incontinence
  - stay with the student throughout duration of the seizure
  - as the seizure subsides place the student into recovery position
  - inform Parents as soon as possible

- send for ambulance if this is the student's first seizure or, if a student, known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. The student must be accompanied until their Parents arrive
- allow the student to rest for as long as necessary
- reassure the other students and staff

For further information and guidance: http://www.nhs.uk/Conditions/epilepsy/Pages/treatment.aspx

APPENDIX 3 – HELPFUL GUIDANCE WHEN TO CALL AN AMBULANCE

NHS Guidance - Urgent and emergency care services

WHEN TO CALL 999

At some point, most people will either witness or be involved in an accident or experience a medical or mental health emergency.

Knowing what to do next and who to call can potentially save lives.

LIFE-THREATENING EMERGENCIES

Call 999 in a medical or mental health emergency. This is when someone is seriously ill or injured and their life is at risk.

These emergencies can include:

- loss of consciousness
- a sudden confused state
- fits that are not stopping
- chest pain
- breathing difficulties
- severe bleeding that cannot be stopped
- severe allergic reactions (anaphylaxis)
- severe burns or scalds
- someone has seriously injured themselves or taken an overdose

Call 999 immediately if you think you or someone else is having a heart attack or stroke. Every second counts with these conditions.

Also call 999 if you think someone has had a major trauma, such as after a serious road traffic accident, a stabbing, a shooting, a fall from height, or a serious head injury.

Find out more about urgent and emergency care services or how to get urgent help for mental health.

If you're not sure what to do

NHS 111 can help if you need urgent medical help or you're not sure what to do.

They will ask questions about your symptoms so you get the help you need.

If you need to go to A&E, NHS 111 will book an arrival time. This might mean you spend less time in A&E. This also helps with social distancing.

You can get help from NHS 111 online or call 111. It's available 24 hours a day, 7 days a week.

WHAT HAPPENS WHEN I CALL 999?

If it's a genuine emergency, where someone is seriously ill or injured and their life is at risk, call 999 and don't panic.

You can contact emergency services via SMS if you're deaf, hearing impaired or have a speech impediment.

Visit the emergencySMS website for more information or to register your phone.

1. Answer the questions

Once you're connected to a call handler, you'll have to answer a series of questions to establish what's wrong, such as:

- where are you (including the area or postcode)?
- what phone number are you calling from?
- what has happened?

This will allow the operator to determine the most appropriate response as quickly as possible.

Dialling 999 does not necessarily mean an ambulance will be dispatched. The call handler will decide what's appropriate.

It may be safe enough for you to be seen elsewhere, or you can be given telephone advice by a medically trained clinical adviser.

An ambulance will be sent if it's a life-threatening emergency.

Response units that could be dispatched include:

- an emergency ambulance
- a rapid response vehicle or motorbike
- a cycle response unit
- a community first responder
- a combination of the above

2. Do not hang up yet

Wait for a response from the ambulance control room. They might have further questions for you, such as:

- what's the age, gender and medical history of the patient?
- is the person awake or conscious and breathing?
- is there any serious bleeding or chest pain?
- what is the injury and how did it happen?

The person handling your call will let you know when they have all the information they need.

You might also be given instructions about how to give first aid until the ambulance arrives.

3. How you can assist the ambulance crew

There are a number of things you can do to assist the ambulance service.
For example, stay calm and:

- if you're in the street, stay with the patient until help arrives
- if you're in a dark house, turn on lights and open curtains
- if you're in a car, turn on hazard lights
- call the ambulance service back if the patient's condition changes
- call the ambulance service back if your location changes
- if you're calling from home or work, ask someone to open the door and direct the paramedics to where they're needed
- lock away family pets
- if you can, write down the patient's GP details and collect any medicine they're taking
- if you can, tell the paramedics about any allergies the patient has

If appropriate, you may want to call the patient's GP. The GP may meet you at the A&E department or call with important information about the patient.

HOW TO GIVE FIRST AID

If someone is injured in an incident, first check that you and the casualty are not in any danger. If you are, make the situation safe.

When it's safe to do so, assess the casualty and, if necessary, dial 999 for an ambulance. You can then carry out basic first aid.

It's important to stay calm and try to get an overview of the situation.

See if you can identify what the most serious problem is. The most obvious problem is not always the most serious.

Treat the most life-threatening problems first, such as:

- lack of breathing
- bleeding
- shock

If a person is not breathing normally after an accident, call an ambulance and start CPR straight away if you can.

If a person is unconscious but is breathing and has no other life-threatening conditions, they should be placed in the recovery position.

Check for broken bones and other injuries afterwards.

More info in Urgent and emergency care services.

APPENDIX 4 – HEAD INJURY PARENT LETTER & NHS GUIDANCE

[Insert date]

Dear Parent,

Your child has received medical attention today due to an injury to their head. He/she has received first aid and was well enough to remain in school after 15 minutes observations/your child has been sent home due to the severity of their injury

If they experience any of the following symptoms, please take them straight to your nearest GP surgery, A&E department or call 999. (Please refer to the NHS Head Injury Advice Sheet, printed copy attached)

- Swelling to the eye/s
- Blurred vision
- Severe headache
- Continuous pain
- Confusion
- Vomiting
- Slurred speech
- Unusually drowsy
- Disturbed sleep pattern

Concussion can build up gradually and may not be apparent immediately. Please be aware that it may take up to 36 hours for concussion to manifest itself after a head injury

Useful contact numbers:

Hospital – [Insert phone number]

Walk in Centre- call 111

Children's A and E – [Insert phone number]

If you would like to contact the first aider, please dial [Insert your campus phone number here].

Kind regards,

[Insert first aider name here]
First Aider

NHS Head Injury Advice Sheet
https://what0-18.nhs.uk/application/files/8815/8643/3598/CS45385_NHS_Head_Injury_advice_sheet_April_20.pdf

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.

www.what0-18.nhs.uk

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

CS45385 April 2020

APPENDIX 5 – HEAD INJURY PROCEDURE

This procedure must be used by First Aiders when assessing and treating all head injuries in school. This procedure will be used to determine the appropriate course of action based on the circumstances and symptoms displayed.

Bump To Head	A bump to the head is common in children. If a child is asymptomatic ***i.e.,*** there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, confusion, nausea or vomiting and the child appears well then, the incident will be treated as a 'bump' rather than a 'head injury'.

Bump to Head protocol:

Anyone who has suffered a Head injury must be assessed by a competent First aider, who will be using the Head Injury Checklist.

The First Aider must observe the injured person for a minimum of 15 minutes. If the person begins to display head injury symptoms, they will be referred to the emergency services for further assessment and medical support. If there are no changes / symptoms during observation period, then student / staff can return to normal lessons.

First Aider must inform the teacher / colleague, who will continue to monitor the injured person, and notify the First Aider if notices any changes in their conditions / have any concerns.

- Campus must record the incident on the OSG UK Online Safety Portal (DoneSafe).

Minor Head Injury	**A minor head injury often just causes lumps or bruises on the exterior of the head. Other symptoms Include:** • Nausea • Mild headache • Tender bruising or mild swelling of the scalp • Mild dizziness

Minor Head Injury Protocol

Anyone who has suffered a Head injury must be assessed by a competent First aider, who will be using the Head Injury Checklist.

Contact parent to notify of head injury and communicate plan of action.

- **Rest**
- **Observation** – Complete observation checklist and repeat every 15 minutes until the child feels better or is collected by a parent/carer
- If the injured person's symptoms subside, they may return to class / work.
- Parent should be initially informed of their child injury by phone, requesting they read the Head Injury Advice letter sent to their attention by email and letter though student on their way home (appendix 4).

First Aider must inform the teacher / colleague, who will continue to monitor the injured person, and notify the First Aider if notices any changes in their conditions / have any concerns.

If, at any point, the Student's condition deteriorates and shows any of the symptoms of a severe head injury, follow the protocol in the **severe head injury section below.**

Severe Head Injury	**A severe head injury will usually be indicated by one or more of the following symptoms:** • Unconsciousness briefly or longer • Difficulty in staying awake • Seizure • Slurred speech • Visual problems including blurred or double vision • Difficulty in understanding what people are saying/disoriented • Confusion (Rule out signs of confusion by asking them the date, where they are, what year group they are in, etc.) • Balance problems • Loss of power in arms/legs/feet • Pins & needles • Amnesia • Leakage of clear fluid from nose or ears • Bruising around eyes/behind ears • Vomiting repeatedly • Neck pain **These are signs of a severe head injury – follow the Severe head injury protocol.** **Also, if the Student has either of these conditions, follow the severe head injury protocol:** • If the Student has had brain surgery in the past • If the student has a blood clotting disorder

Severe Head Injury Protocol

- If unconscious, you should suspect a neck injury and do not move the student
- CALL 999 FOR AMBULANCE
- Notify parent asap (call all telephone numbers and leave a message). Repeat every hour
- If the ambulance service assesses the pupil over the phone and determine that no ambulance is required, student is to be sent home.
- Parent informed by phone, requesting they read the Head Injury Advice letter sent to their attention by email and though student on their way home (appendix 4).
- Head Injury advice sheet (appendix 4) to be given to pupil
- Campus must record the Accident on the OSG UK Online Safety Portal (DoneSafe).

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- On return to school, the Campus Principal or delegated member of staff must liaise with parent to determine the nature of PE activities to be allowed.
- Campus Principal or delegated member of staff must then liaise with PE teacher and inform of arrangements/agreement made with parents. It is ultimately the parent's responsibility to sign-off the child's return to PE/sports activities.

Concussion (Post-Concussion Syndrome)	**Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common but least serious type of brain injury and can occur up to 3-days after the initial injury.** **The cumulative effects of having more than one concussion can be permanently damaging. Concussion must be taken extremely seriously to safeguard the long-term welfare of the person.** **Symptoms include:** • Headache • Dizziness • Feeling in a fog • May or may not have lost consciousness • Vacant expression • Vomiting • Unsteady on legs • Slow reactions • Inappropriate or abnormal emotions – irritability/nervous/anxious • Confused/disorientated • Loss of memory of events leading up to and after the concussion

Concussion (Post-Concussion Syndrome) **Protocol :**

If you notice any of these symptoms in a Student who has previously sustained a head injury, they may be suffering from post-concussion syndrome and should be referred to the First Aider immediately.

If any of the above symptoms occur, the Student must be seen by a medical professional in A&E, minor injuries, or the GP surgery. If a parent is not able to collect the child, call 999 and inform parent.

Guidance to be followed from World Rugby on Return to Play after Concussion (Appendix 6) - For all severe head injuries, not limited to rugby injuries.
This gives clear guidance on students returning to academic studies and sport following a Concussion.

- On return to school, the Campus Principal or delegated member of staff must liaise with parent to determine the nature of PE activities to be allowed.
- Campus Principal or delegated member of staff must then liaise with PE teacher and inform of arrangements/agreement made with parents. It is ultimately the parent's responsibility to sign-off the child's return to PE/sports activities.
- Campus must record the Accident on the OSG UK Online Safety Portal (DoneSafe).

HEAD INJURY CHECKLIST FOR FIRST AIDERS

Minor head injury symptoms - assess the child for signs of the following:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

These are signs of a minor head injury – follow the Minor head injury protocol
If no symptoms – follow Bump to Head protocol

Severe Head Injury symptoms – assess the child for signs of the following:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion (Rule out signs of confusion by asking them the date, where they are, what year group they are in)
- Balance problems or loss of power in arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears
- Vomiting repeatedly
- Neck pain

These are signs of a severe head injury – follow the Severe head injury protocol

If the Student has either of the following, treat the injury with the Severe Head Injury Protocol and call 999 immediately:

- If the Student has had brain surgery in the past
- If the Student has a blood clotting disorder

APPENDIX 6 – GUIDANCE FROM ASSOCIATION FOR PHYSICAL EDUCATION REGARDING HEAD CONCUSSION

association for Physical Education

Health & Safety Update – March 2021

Concussion is the topic for the March Health & Safety Update. Why? There has been a number of media items during the first part of 2021 on this subject area, and we thought it would be worth focusing on a PESSPA context.

Repetitive minor trauma to the head, where the brain is shaken against the inside of the skull, is known to have potential dangers at the time of injury and in later life. Concussion is a form of minor brain trauma that is now receiving more serious attention and consideration than before.

In sports where there is a known risk of concussion the degree and quality of guidance provided by governing bodies of sport and the medical profession has improved significantly. The diagnosis and treatment for concussion at the elite level of sport now has a high profile with frequent reports of elite performers in a broad range of sports having been concussed. Concern does remain about the possible mis-diagnosis or inadequate treatment of concussion at school, college and out of school hours learning.

afPE is working closely with a number of National Governing Bodies to ensure Physical Education and School Sport is part of the discussion and members concerns are shared.

We know from queries that there are members who are in the process of reviewing policy documentation on concussion and have asked for support. If you need to update your policy, select from the list below and add/ amend where appropriate for your establishment.

We hope the following is of use.

If schools already have protocols and procedures for head injuries as part of their whole school first aid and emergency treatment policy, including guidance regarding concussion, a separate policy is not required. However, subject leaders should check that this policy covers specific guidelines about concussion in PESSPA contexts.

As a staff team are you aware of the signs, symptoms, treatment and policy development that is so important for safe participation in a wide range of activities including non- contact sports?

Where this is not the case, the following information and the suggestions listed below may be of use when updating your PESSPA policy:

- understand that symptoms can be delayed for up to 48 hours, and recognise the need for monitoring anyone with possible concussion over that period
- know how to recognise, assess and treat possible concussion injuries - a copy of the pocket concussion recognition tool for all staff would be helpful https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf
- understand what second impact syndrome (SIS) is and how critical it is that such situations are avoided
- ensure staff knowledge and understanding about concussion is current through regular updates as part of ongoing health and safety training for all staff.
- risk assess where injuries likely to cause concussion symptoms may arise within their individual teaching, supervision or management contexts
- record any and all possible concussion occurrences within a whole school register of incidents
- ensure parents are made aware of any such situation their child has experienced through a robust whole school reporting system
- be in a position to advise parents that recreational activities such as prolonged reading, television, computers, video games, smartphones, exercise and sport should be avoided until a gradual return to full health is achieved

- follow up post-incident, within established whole school procedures
- ensure that parents are aware that it is a parental responsibility to obtain confirmation from a recognised medical source that their child is fit to participate in a gradual return to full learning and activity sessions
- embed in the curriculum students' understanding about concussion, how it may occur, how it may be recognised, and what safe practice outcomes are essential to mitigate such an injury.
- communicate with other staff who teach a student who has been diagnosed as being concussed so that this is taken into consideration in lessons, with any impact on studies noted and referred if necessary
- be aware that concussion will impact on academic learning and that adjustments need to be made during convalescence and a gradual return to full involvement in school activities, an example may be applying a 'no homework' rule.
- apply the whole school policy at all times
- above all else, ensure that the well-being and safety of students is paramount

For further advice including a Summary Table providing guidance on recognising, managing and treating concussion in PESSPA please refer to 2.7.119, page 117 in **Safe Practice in Physical Education, School Sport and Physical Activity (2020).**

Find out more and order a copy of this essential reference and development tool for everyone involved in PESSPA at: http://www.ukcoaching.org/safepractice

afPE Health & Safety Team

AFPE – POCKET CONCUSSION RECOGNITION TOOL

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

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

1. Visible clues of suspected concussion

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

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

2. Signs and symptoms of suspected concussion

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

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

3. Memory function

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

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

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

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

RED FLAGS

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

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

Remember:

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

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

APPENDIX 7 – Accident Reporting Procedure

Accident Reporting Procedure

Associated Documents

- *Administration of Medicines*
- *Policy Safeguarding & Child*
- *Protection Policy Health and Safety Policy*

Implementation Date:	Reviewed Date:	Review Date:	Author / Lead:
April 2022	*March 2023*	*March 2024*	*Rui Martins Tech IOSH*

1 ACCIDENT REPORTING

All accidents/Incidents **must be only recorded on the OSG Online Safety Portal (DoneSafe)** using the designated accident reporting form.

The reporting should be made immediately after the accident or as soon as practical, but no longer than 24h.

Accident reports will be stored in the OSG Online Safety Portal (DoneSafe) and available for analysis by relevant persons, such as campus Principal, District Principal, HSO, etc.

2 ACCIDENT REPORTING & INVESTIGATION

Accidents and Dangerous Occurrences will be investigated by the OSG UK Competent Person and referred to Health and Safety Consultants for advice / support.

Depending on the investigation the results, actions may include a safety audit or direct intervention by the Health and Safety consultants / OSG UK Competent person.

where required, Accidents and dangerous Occurrences will be reported to the Health and safety Executive (HSE), under the Reporting of Injuries, Diseases and Dangerous Occurrences regulations (RIDDOR).

RIDDOR reporting to the HSE must only be made by the OSG UK Competent person at NSO Level. Breaches to this protocol will lead to investigation and further disciplinary action.

3 REVIEWING

OSG UK will regularly review the First Aid Policy and related Procedures to ensure that the necessary legal standards are being met, and where improvements to the policy/ procedure can be made in the light of monitoring accident reports, such improvements will be made.

4 DEFINITIONS OF INCIDENT / ACCIDENT / DANGEROUS OCCURRENCE

Accident/Incident	Any unplanned event that results in injury or ill-health to people involved in activities, or damages equipment, property, or materials but where there was a risk of harm
Minor injury	Any minor injury such as a scratch, bruise, minor cut, or grazing.
Injury	Any injury or ill-health which has arisen out of, or in connection with the work activity (excluding minor injury).
Near Miss	Any incident that could have resulted in injury, damage or loss but did not on this occasion but could in the future.
Dangerous Occurrence	Any unplanned event that is listed in S**chedule 2** of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), but include; Exposure of hazardous substances, collapse or failure of building structure, outbreak of fire, etc.

Verbal & Physical Assault	Any incident, in which a person is abused, threatened, or assaulted in circumstances relating to their work. This can include verbal abuse or threat as well as physical attacks of violence.
Road Traffic Incident	Any incident which causes injury or damage to a person, animal, vehicle, or property whilst driving for work. This does not include any Road Traffic Incidents that happen on your commute to and from work, as it only applies when you are driving for a work activity (for example travelling to and from meetings or training venues). This applies whether you are driving your own vehicle.
Environmental	Any incident which solely impacts on the environment, for example discharge to drainage, damage to flora and fauna and spillages.

5 KIND OF ACCIDENT

Animals - injured by
Anti-Social Behaviour
Asbestos - possible or actual exposure to
Assault - Physical - malicious - person or vehicle
Assault - Physical - non malicious
Assault - Verbal
Assault - inter-violence non-school staff e.g., pupils
Damage to vehicle
Dismounting from/getting out of vehicle
Drowning
Electricity or electrical discharge - contact with
Environmental - oil/chemical spill
Environmental - noise complaint
Environmental - smoke emission/fire
Environmental - odour emission
Environmental - issues from local residents
Environmental - waste issues
Environmental - damage to flora/fauna
Explosion
Fall from height
Fire - exposure to
Gas/Steam - release of
Hand Tools
Harmful Substance - contact with/exposed to
Hit by moving/flying or falling object
Hit by moving vehicle
Hit something fixed/stationery
Hot Work - welding/brazing
Hot Substance/surface - contact with
Insects
Machinery - contact with moving machinery
Machinery - contact with materials being machined
Manual Handling - lifting/carrying objects
Manual Handling - lifting/carrying persons
Play equipment - outdoor
Play equipment - indoor
Slip, trip or fall on same level
Sports Equipment - outdoor
Sports Equipment - indoor
Trapped by something collapsing
Trauma - Psychological/Physical
Weapon - use of
Vehicle Incident
Water Incident - on water or with water
Work Related Ill-Health

6 TYPE OF INJURY:

Allergic reaction
Amputation
Asphyxiation
Bite
Bruise
Burn
Cut, puncture or laceration
Dislocation
Drowned
Electric Shock
Existing medical condition/illness
Fracture (broken bone)
Graze
Illness due to medication
In need of resuscitation
Infection
Inflammation
Irritation - chemical or foreign body
Musculoskeletal – Repetitive strain injury e.g., carpel tunnel syndrome
Needlestick
No injury
Psychological/Mental Health
Poisoning/Gassing
Rendered unconscious
Respiratory
Scold - hot water/liquid
Scratch
Seizure/Fit - no previous history
Sight - loss of
Strain/Sprain
Teeth - damage to
Whiplash

7 PARTS OF BODY:

Abdomen
Ankle
Arm
Back/Spinal Column
Buttock
Calf
Chest
Chin
Ears
Elbow
Eye
Face (whole)
Fingers
Foot
Groin
Hand
Head
Hip
Knee
Leg
Mouth
Multiple
Neck
No injury
Nose
Pelvis
Ribs
Shin
Shoulder
Teeth
Thigh
Thumb
Toes
Tongue
Wrist
Other injuries specify

8 RIDDOR REPORTABLE – WHAT NEEDS TO BE REPORTED?

RIDDOR requires employers and others in control of premises to report **certain accidents, diseases and dangerous occurrences arising out of or in connection with work**.

The **HSE RIDDOR Information Sheet** includes examples of the incidents that sometimes result from schools' activities and are reportable under RIDDOR.
The sheet contains three sections, which cover:

- Injuries and ill health involving employees (Section 1).
- Injuries involving pupils and other people not at work (Section 2).

- Dangerous occurrences (Section 3).

Incidents involving contractors working on school premises are normally reportable by their employers. Contractors could be, e.g., builders, maintenance staff, cleaners, or catering staff (if contracted).

SECTION 1: INJURIES AND ILL HEALTH TO PEOPLE AT WORK

Under RIDDOR, the responsible person must report the following work-related accidents, including those caused by physical violence, if an employee is injured, wherever they are working:

- Accidents which result in death, or a specified injury must be reported without delay (see 'Reportable specified injuries').
- Accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident but including weekends and other rest days) must be reported within 15 days of the accident.

Cases of RIDDOR-specified work-related disease(s) affecting an employee and confirmed in writing by a doctor (see 'Reportable diseases'), must also be reported to the HSE.

9 REPORTABLE SPECIFIED INJURIES

These include:

- Fractures, other than to fingers, thumbs, and toes.
- Amputations.
- Any injury likely to lead to permanent loss of sight or reduction in sight.
- Any crush injury to the head or torso causing damage to the brain or internal organs.
- Serious burns (including scalding), which:
    - Cover more than 10% of the body; or
    - Cause significant damage to the eyes, respiratory.
- System or other vital organs.
- Any scalping requiring hospital treatment.
- Any loss of consciousness caused by head injury or asphyxia.
- Any other injury arising from working in an enclosed space which:
    - Leads to hypothermia or heat-induced illness; or
    - Requires resuscitation or admittance to hospital for more than 24 hours.

10 PHYSICAL VIOLENCE

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable.

Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague, or member of the public assaults them while on school premises. This is reportable because it arises out of or in connection with work.

11 REPORTABLE OCCUPATIONAL DISEASES

Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure.

These include:

- carpal tunnel syndrome.
- severe cramp of the hand or forearm.
- occupational dermatitis, e.g., from work involving strong acids or alkalis, including domestic bleach.
- hand-arm vibration syndrome.
- occupational asthma, e.g., from wood dust and soldering using rosin flux.
- tendonitis or tenosynovitis of the hand or forearm.
- any occupational cancer.
- any disease attributed to an occupational exposure to a biological agent.

12 STRESS

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR.
To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work.

SECTION 2: INCIDENTS TO PUPILS AND OTHER PEOPLE WHO ARE NOT AT WORK

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- The death of the person, and arose out of or in connection with a work activity; or
- An injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in Section 1 only apply to OSG UK employees.

If a pupil injured in an incident remains at school, is taken home or is simply absent from school for several days, the incident is not reportable.

13 HOW DO I DECIDE WHETHER AN ACCIDENT TO A PUPIL 'ARISES OUT OF OR IS IN CONNECTION WITH WORK'?

The HSO/Premises Manager/ Campus Principal should consider whether the incident was caused by:

- A failure in the way a work activity was organised (e.g., inadequate supervision of a field trip).
- The way equipment or substances were used (e.g., lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g., poorly maintained, or slippery floors).

So, if a **pupil is taken to hospital after breaking an arm during an ICT class**, following a **fall over a trailing cable**, the **incident would be reportable**.

If a **pupil is taken to hospital because of a medical condition** (e.g., an **asthma attack** or **epileptic seizure**) this **would not be reportable**, as it **did not result from the work activity**.

14 WHAT ABOUT ACCIDENTS TO PUPILS DURING SPORTS ACTIVITIES?

Not all sports injuries to pupils are reportable under RIDDOR, as organised **sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity**.

The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity.

If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable.

Examples of reportable incidents include where:

- The condition of the premises or sports equipment was a factor in the incident, e.g., where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- There was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

15 WHAT ABOUT ACCIDENTS TO PUPILS IN A PLAYGROUND?

Most playground accidents due to collisions, slips, trips, and falls are not normally reportable.

Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment.

Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This includes incidents arising because:

- The condition of the premises or equipment was poor, e.g., badly maintained play equipment; or
- The school had not provided adequate supervision, e.g., where particular risks were identified, but no action was taken to provide suitable supervision.

16 PHYSICAL VIOLENCE

Violence between pupils is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.

17 OTHER SCENARIOS

Injuries to pupils while travelling on a school bus

If another vehicle strikes the school bus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR.

However, you do not have to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the police.

Incidents to pupils on work experience placements

If pupils are on a training scheme or work placement, they are deemed to be employees for the period of the placement. In these circumstances, the employer, as the responsible person, should report a death, injury, or disease to a pupil, which arises out of or in connection with work.
This means the wider range of reporting categories for employees is applicable.

SECTION 3: DANGEROUS OCCURRENCES

These are specified near-miss events, which are only reportable if listed under RIDDOR.

Reportable dangerous occurrences in schools typically include:

- The collapse or failure of load-bearing parts of lifts and lifting equipment.
- The accidental release of a biological agent likely to cause severe human illness.
- The accidental release or escape of any substance that may cause a serious injury or damage to health.
- An electrical short circuit or overload causing a fire or explosion.