



Clifton High School

co-educational nursery pre-school to sixth form

Policy applies from EYFS to Sixth Form	First Aid
Date policy updated	24.09.2020
Date policy to be reviewed	24.06.2021
Author	School Nurse Team
A shaded area denotes a regulation to which all schools must comply	

Clifton High School is committed to child protection and safeguarding children and young people and expects all staff, visitors and volunteers to share this commitment.

Related Policies

- Admissions
- All Child Protection and Safeguarding Policies
- Data Protection
- Educational Visits
- Educational Visits – First Aid

Covid Adjustments are indicated in red writing throughout this document and Appendix I.

Clifton High School takes its responsibility for the health and well-being of its pupils, staff, visitors and volunteers very seriously. It is an inclusive community that aims to support and welcome all pupils, including those with any known medical condition, health problem or allergy. It ensures that all First Aid is administered in a timely and competent manner in regard to the Health and Safety Executive regulations (HSE, 1981).

Aims - to ensure that

- All staff understand their duty of care to pupils and all accidents are dealt with safely and appropriately
- Sick pupils are cared for appropriately until well enough either to return to lessons or released to the care of their parents
- Staff are suitably trained to deal with First Aid problems they may encounter in their working day and understand the seriousness and management of certain medical conditions that affect the pupils at this school
- The School community understands the importance of medication being taken as prescribed

The success of the First Aid Policy will be monitored by the School Nurse in the first instance, by The Senior Leadership Team and through departmental and staff meetings to gain the teachers' perspective. The Head of School or The Bursar will regularly review the school's First Aid needs, normally annually, and particularly after any new legislation, to ensure the provision is adequate. Where minimum numbers of trained First Aiders are set, these will be monitored by the School Nurse who have overall responsibility for managing training ensuring these standards are being met.

Procedure

- The Medical Room is situated in the basement of Woods House with a well-stocked treatment room and a two-bedded rest area, including a sink and toilet. There are First Aid signs in the main playground with clear directions. The Medical Room is staffed by the School Nurse, Monday to Friday 08.30 until 17.00
- The School Nurse assumes the role of 'Appointed Person' for the School and will take charge when someone is injured or ill; ensures that an ambulance or medical help is summoned when appropriate

- If the School Nurse is unavailable during School hours, all pupils are directed to the School Office where a First Aider can be called to take on the role of the 'Appointed Person'. Out of office hours, the Manager on Duty is responsible for First Aid
- The School ensures that the School Nurse's First Aid training is kept current
- Selected staff are enrolled on a recognised basic First Aid course. Those staff requiring more specialised training relevant to their area of activity (e.g. Physical Education or Duke of Edinburgh) will be enrolled on a more specialised course. The full list of staff qualified in First Aid or the extended Paediatric First Aid Course is held on the School Information Management System (SIMS) and updated after every training course. The School Nurse is responsible for informing staff and booking the relevant courses in agreement with the Deputy Head of School.
- Parents of all pupils are required to complete a medical form on entry to the School providing a brief health summary and all details are recorded on SIMS
- The School Nurse will provide staff with advice and information on such issues as the use of an Adrenaline Auto Injector, and the correct procedures for dealing with specific medical conditions such as asthma, diabetes and epilepsy, particular to the needs of the pupils in their care
- During Reception and Year 3 every pupil is seen by the School Nurse to perform Development Health Checks, including height and weight measurements, discussing diet, exercise and dental care and the results are sent to parents
- During Year 7 every pupil is seen by the School Nurse for an individual interview. This is an opportunity for the pupil to meet the School Nurse, to check details on the medical admission form completed by parents, to orientate the pupil to the medical facilities available in school, to talk over any concerns, to obtain a baseline height and weight measurement, and to discuss relevant health issues. Any pupil that joins the school after Year 7 will be contacted to meet with the nurse, on receipt of their medical admission form. **These checks will be put on hold during the COVID-19 pandemic to limit the number of pupils visiting the medical room and prevent 'bubbles' from mixing.**

First Aid Kits

- First Aid boxes (bright green with a white cross) are supplied and equipped to HSE standards (Appendix A). They are placed at various points locations throughout the School (Appendix B) and within the school minibuses and masterclass bus. The boxes are checked and restocked by the School Nurse once a term
- First Aid kits are provided by the School Nurse and taken by a member of staff on any visit off the school premises including day and residential trips. PE staff keep and maintain their own First Aid kits which they take with them on regular journeys to offsite sports facilities and to fixtures. These are re-stocked by the School Nurse as needed
- Further information relating to specific health issues can be communicated to parents via the Parents' Bulletin

Body Spills

- All spillage of body fluid (blood, vomit, urine, excrement, saliva, nasal and eye discharge) and materials used in cleaning the area should be treated as "clinical waste" and disposed of appropriately
- The janitor is trained in the cleaning of all body fluid spills and is on call throughout the School day, contactable on a School mobile phone, to carry out specific cleaning of a body fluid spill

Illness at School - Dealing with pupils who feel unwell

Parents are encouraged not to send their children into School if they are unwell. If a pupil becomes unwell during the School day

- Infant School pupils will be taken to the School Nurse by a supervising adult. Year 3 – Sixth Form pupils can make their own way there
- The School Nurse will then care for the pupil in School or will arrange for them to go home. The School Office will be informed if a pupil is resting in the Medical Room for any length of time (unless

accompanied by their teacher or teaching assistant) and when the pupil either returns to class or goes home

- Should the pupil need further medical attention, the School Nurse will arrange this. Parents will be contacted as soon as possible. If contact cannot be made, the pupil will be accompanied by a member of staff who will act in 'loco parentis'
- The School Nurse keeps a record of any visit to the Medical Room, each visit is logged on the School Information Management System (SIMS), these can be used to see any recurring patterns or trends
- If the pupil goes home, the parents are informed of any medication or treatment given
- Parents and staff should consult the exclusion table (Appendix C) provided by the Health Protection Agency (2010) for advice on exclusion from school for pupils with common infectious illnesses/diseases
- Pupils and staff with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed
- The School Nurse will report any case of infectious disease in a pupil or staff member, to the local Health Protection Team (HPT) as soon as possible
- The school will follow government guidelines for national or Global Illness, endemic, epidemic or pandemic. **In the case of COVID-19 please see additional guidance in Appendix I**

Pupils with Particular Medical Conditions

- Parents of a child with an identified medical condition should contact the School Nurse at the time of diagnosis or on entrance to the school to arrange a meeting to discuss the child's specific needs. A child centred individual health care plan will then be drawn up, in collaboration with the school nurse, parents and class teacher/tutor. It is the parent's responsibility to inform the school nurse directly should there be any change to the child's condition.

Statutory Vaccinations

Standard childhood immunisations and vaccinations are given via pupil's General Practitioner (GP)/Primary Care Team in the community. However, it is Government policy that all pupils in Year 8 are offered the HPV vaccination against the human papillomavirus via the Department of Health in School and all pupils in Year 9 are offered a Meningitis ACWY and Diphtheria, Tetanus and Polio (DTP). The flu immunisation is offered annually for The Infant School, The Junior School and Year 7.

The School Nurse liaises with nurses in the local Community Health Team who come in to School to administer the vaccinations which are given as per the recommended guidelines and will host and co-ordinate these vaccinations, including obtaining consent from parents.

Administration, Storage and Disposal of Medication

- All medication is held in lockable cupboards or fridge within the medical centre (with the exception of pupils' emergency medication)
- Out of date medication will be sent home at the end of each term
- Parents must provide the School Nurse with any prescribed medication, which must be in its original packaging stating the pupil's name, prescriber's instructions, (dosage and frequency), and expiry date. Prescription medicines will not be administered unless they have been prescribed for a pupil
- The parent should fill in and sign a Consent for the Administration of Prescribed Medication Form (Appendix D) and the School Nurse will then administer and record the medication both on the Medication Record Card (Appendix E) and in the day book at the requested time of day. Should a pupil refuse the medication, this will be recorded and the parent informed as soon as possible
- Occasionally pupils may be allowed to self-medicate but parents must complete and sign the Consent for Self-Medication Form (Appendix F)
- Consent for the School Nurse to give paracetamol or ibuprofen is obtained from all parents on the admission medical form
- If a pupil is given medication by the school nurse a note will be given to the pupil and an email sent or telephone call to parents

Dealing with Accidents

- Anyone who suffers minor accidents (scrapes, bumps, minor burns, etc.) should be given suitable First Aid on the spot and then sent to the Medical Room as quickly as possible for treatment
- If the accident is more serious, First Aid should be commenced on the spot by a trained First Aider and the School Nurse should be called immediately. Emergency services will be requested by the School Nurse. The School Office will be informed so that a member of staff can be sent to direct the ambulance to the correct entrance and to the casualty
- Parents of the pupil will be informed as soon as reasonably practicable. Should a parent not be able to arrive before the ambulance leaves, then the pupil will be accompanied in the ambulance by a member of staff who will act in “loco parentis”
- Support must be given to staff and those who have dealt with a serious accident
- The School Nurse will report all serious accidents internally, drawing upon statements of any staff who witnessed the accident, using the school’s accident form. Copies of this will be sent to the Head of School and the Director of Finance and Operations as soon as possible and a copy filed in the accident book kept in the Medical Room, with removable forms to comply with the General Data Protection Regulations (GDPR)
- The School Nurse will report a major incident in accordance with the HSE regulations of RIDDOR 2013
- The School Nurse will collate the records of all accidents in school, produce accident statistics and present these to the Health and Safety Committee each term

Head Injuries

- All children who suffer a head injury at school should initially be seen by the School Nurse or a First Aider for assessment and to plan ongoing care
- Staff should consider whether a referral to a GP, walk-in centre or Accident and Emergency (A&E) is required using the information in the ‘Guidance for Managing Head Injuries’ document (Appendix G). This guidance is to help staff to treat head injuries when they happen and recognise signs which mean that a pupil requires further medical assessment or hospital treatment following a head injury
- After any head injury, regardless of severity, the pupil’s parents are to be informed. When serious signs and symptoms are present and further medical help is needed, the parents will be contacted as soon as possible. Where none of the more serious signs are present, parents will be informed via email and a Bumped Head Letter (Appendix H) given to the pupil to take home. The school nurse or first aider will inform the pupil’s teacher or tutor of the head injury, if deemed necessary to do so
- The school nurse may use her discretion to decide if the pupil needs closer supervision at home. In such circumstances, the pupil’s parents will be contacted to collect the pupil from school. Advice will be given to parents on signs and symptoms to look for, which would require further medical attention.

Concussion

- Students with a concussion or suspected concussion should never return to sports or recreation activities on the same day the injury occurred
- They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it’s OK to return to play. This means, until permitted, not returning to
 - Physical Education (PE) class
 - Sports practices or games
 - Physical activity at break
- A graduated return to play protocol must then be observed, with a pupil only commencing physical activity once he or she has received medical clearance from their GP to do so. The parent should contact the school nurse to discuss the return to play protocol, which should have been issued by the medical practitioner overseeing the child’s recovery

Overdose or poisoning

- In an emergency situation, the School Nurse should be called to the location of the pupil immediately, even for a suspected overdose or poisoning
- The decision to call for an ambulance depends on the initial assessment of the pupil
- In all circumstances, it is important to establish what substance was taken, how much and when. This can be done by asking the casualty but if unable to answer, by asking friends or anyone present
- An ambulance should be called in emergency situations, where the pupil has collapsed and is unresponsive. The Automated External Defibrillator (AED) must be collected from the school office and taken to the casualty. Ensure the airway is open (in the absence of trauma) and check for normal breathing. If they are unresponsive and not breathing normally, start cardiopulmonary resuscitation (CPR) immediately, and call for an ambulance
- The parents should be contacted as soon as practicable
- In a non-emergency situation the student should be escorted to the Medical Room or the School Nurse will come to the pupils' location with the first aid kit. An assessment of the pupil should be made and monitored for any deterioration of condition. The parents of the pupil should be contacted and arrangements should be made for transport to A&E
- All pupils should be seen in hospital by a healthcare professional after a poisoning episode or overdose
- Pupils who are suspected of taking a paracetamol overdose should be urgently admitted to hospital, as people who have ingested paracetamol are frequently asymptomatic. Private transport to hospital may suffice, rather than calling an ambulance, but each situation should be assessed on an individual basis

Alcohol and Drugs

- If a pupil is suspected of being under the influence of drugs or alcohol on school premises, the school must prioritise the safety of the young person and those around them
- In all circumstances, the School Nurse should be contacted. If necessary it should be dealt with as a medical emergency, administering First Aid and summoning appropriate support
- Parents will be contacted and depending on the circumstances, the police may need to be contacted
- If the pupil is felt to be at risk the Child Protection Safeguarding Policy will come into effect and social services may need to be contacted

Guidance on specific medical conditions

- **Anaphylaxis**

Pupils at risk of anaphylaxis are prescribed an adrenaline auto injector (AAI) (Epipen, Emerade or Jext). Each pupil should have two AAI's in school, one is kept with the pupil and one in the medical centre. Depending on the child's age and competence, the injector will either be kept on the pupil or with the teacher in the classroom. Each pupil has an individual medical kit, containing their Allergy Action Plan and if required, anti-histamines and a reliever inhaler (for asthma symptoms).

Following Department of Health guidelines (2017), the School will hold spare AAI's in a clearly labelled, unlocked cupboard within the Medical Room, to be available if a pupils own is not in school, expired or broken. Pupils on the anaphylaxis register must have parental consent in their Allergy Action Plan in order for the emergency AAI to be used. Spare AAI's are kept in the Medical Room, the School Office and the dining hall.

A confidential register with photographs of pupils who carry AAI's, the likely triggers for their allergic reaction, signs and symptoms and a course of action are displayed in the Medical Room, School Office, dining hall, ASAC and each staff room.

If school trips are planned, it is the responsibility of the teacher to check if any pupils are on the anaphylaxis register. The second AAI must be collected by the teacher from the Medical Room and taken with the pupil in addition to the one carried with them. It must be returned immediately on return to school.

All staff are offered an online training course on how to use the AAI's and training devices are available within the Medical Room for hands on training. All staff must feel confident to administer the Auto Injector should the need arise. It is imperative that there is no delay in the administration of the Auto

Injector if you notice any of the symptoms. If the pupil is unable to administer the auto injector, it may be administered without the presence of the School Nurse. The School Nurse should be called as soon as possible. An ambulance should be called as soon as symptoms develop either by the School Nurse or by the member of staff with the pupil. The School Office should be notified and will be able to assist directing the ambulance to the correct location

- **Asthma**

All pupils with asthma are advised to carry their reliever inhaler with them at all times. Dependent on the child's age and competence, the inhaler can be kept on them or with their teacher in the classroom. It is suggested that pupils keep a spare named inhaler in the Medical Room, stored in a clearly labelled unlocked cupboard. Each pupil with a spare has their own labelled medication bag within the medical room, containing their asthma medication. An updated list of pupils with asthma is kept in each staff room, the Medical Room and the School Office. The pupil's Asthma Card is kept with this list in the Medical Room and School Office

In accordance with the Human Medicines regulations (2014), a spare Salbutamol inhaler is kept in the Medical Room and School office to be used in an emergency. It is clearly marked and kept in an unlocked cupboard for easy access. This can only be used for a pupil who is on the asthma register, who has signed parental consent on their School Asthma card. If the emergency inhaler is used, a record of the pupil's name, time and date of usage and the circumstances in which it was needed should be taken so the School Nurse can inform the parents. A check list of 'How to recognise an asthma attack and what to do in the event of an asthma attack' is posted in each location beside the asthma register. If school trips are planned, it is the responsibility of the teacher to check if any pupils are on the asthma register. The teacher in charge should ensure that the pupil has their asthma medication with them for the duration of the trip. If it is not available, a spare must be collected by the teacher from the Medical Room and taken with the pupil. It must be returned immediately on return to school.

- **Epilepsy**

In the event of a seizure the School Nurse would be called and staff are advised to look for an epilepsy identity card or bracelet which may give more information; prevent others from crowding around; remove any immediate danger to the patient and provide cushioning for head; they should not attempt to restrain the convulsive movements or put anything in their mouth; stay with the pupil until recovery is complete. Once convulsions have stopped, check for injury, check airway and roll the pupil into recovery position, maintain dignity and throughout talk calmly and reassuringly. Parents should be contacted as soon as practicable and record details of the episode, especially how long it lasted. The School Nurse should then call an ambulance if it is believed to be the pupil's first seizure, the seizure lasts more than 5 minutes, one seizure follows another without the person regaining awareness between them, the person is injured during the seizure or the person needs urgent medical attention. Certain pupils are prescribed "Rescue Medication" which needs to be administered if the seizure is longer than a specified time so it is important to make a note of the time the seizure starts to relay this information to the School Nurse.

If school trips are planned or sports at Coombe Dingle, it is the responsibility of the teacher to check if any pupils are on the epilepsy register. The teacher in charge should collect the rescue medication pack specific to the child from the medical room. This should be signed out and signed back in immediately upon return to school.

- **Diabetes**

Should a pupil with diabetes join the School the School Nurse would meet with the parents to discuss a care plan whilst the pupil is at school. Most pupils learn to do their own injections from an early age. The Medical Room can be made available as a private place for injecting insulin or testing blood sugar levels if required and as a safe place for storage of and disposal of insulin and sharps. The catering staff will be informed and will arrange any special dietary requirements in consultation with parents. Teaching ways of recognising signs and symptoms of low or high blood sugar levels would be given to those staff involved with the pupil.

Appendix A

First Aid Box Contents

- Leaflet giving general advice on First Aid
- 20 assorted individually wrapped plasters
- 2 large and 2 medium individually wrapped sterile wound dressings
- 1 x adhesive tape
- 2 individually wrapped triangular bandages
- Non sterile gauze
- 8 x Sterile wipes
- 4 x Sterowash
- 2 x Bandages
- 1 x resuscitation face shield
- Accident record sheet
- Disposable gloves and yellow bag for waste

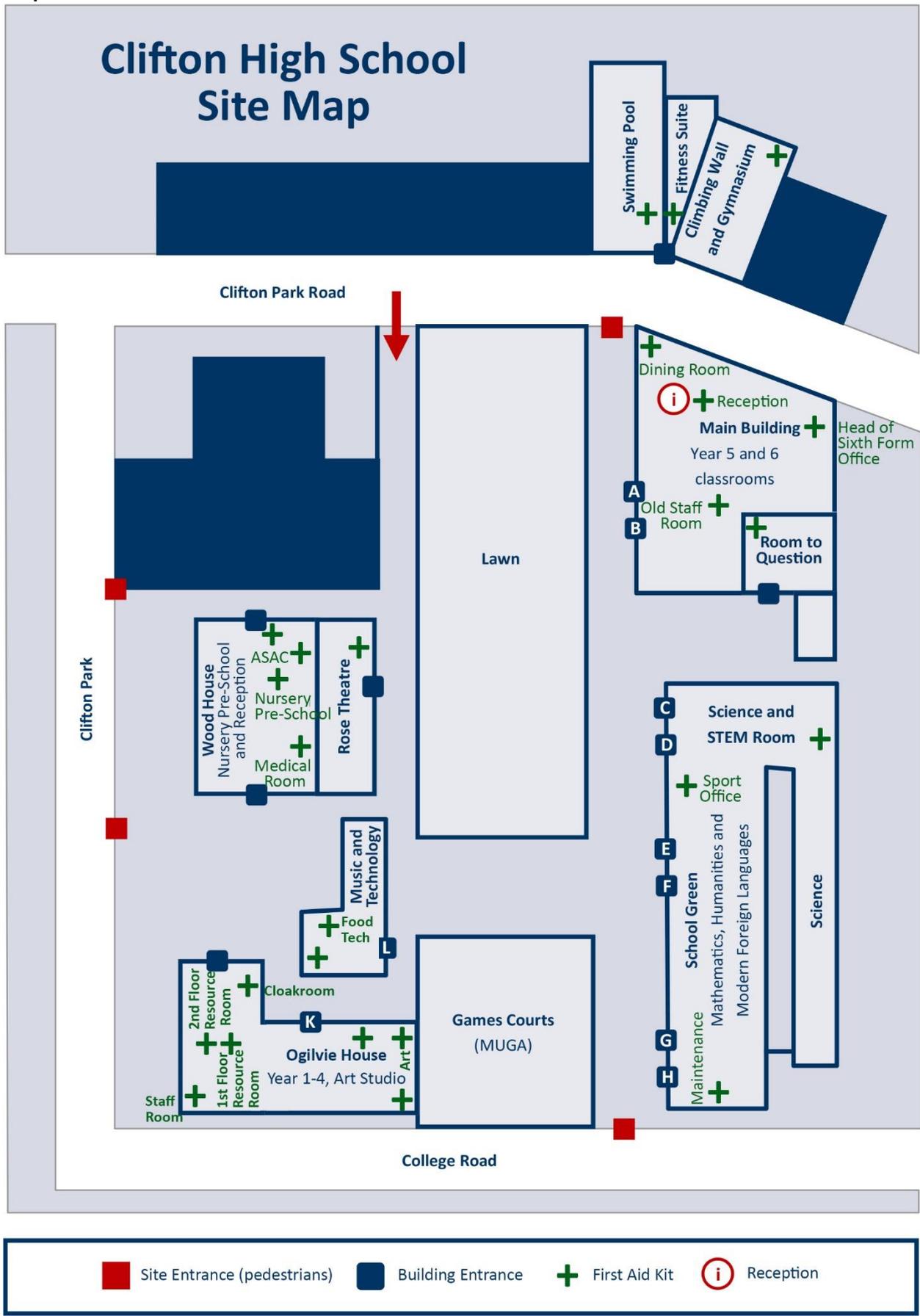
Other contents added as needed for trips

Body Spills kit

Sickness bags

Cool Pack (single use)

Appendix B
Map of location of first aid boxes



Appendix C

Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if many children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.



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Consent for the Administration of Prescribed Medication Appendix D

Pupil Details

Name Date of Birth

Class/form

Condition being treated

Medication

Name/type of medication (as described on the label)

Dose

Frequency

Date medication dispensed

How long will the medication be taken

All medicines must be kept in the original packaging with the instructions and stored in the medicine cupboard.

I understand that I must deliver the medicine personally to the School Nurse or an agreed member of staff and accept that this is a service that the School is not obliged to undertake.

Signed Print Name

Date



Clifton High School

co-educational nursery pre-school to sixth form

Medication Record Card

Appendix E

Pupil Details

Name Date of Birth

Class/form

Condition being treated

Medication

Name/type of medication (as described on the label)

Dose

Frequency

Date	Name of medication	Dose given	Time given	Comments	Signed by School Nurse or appointed staff member



Clifton High School

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Consent for Self-Medication

Appendix F

Pupil Details

Name Date of Birth

Class/form

Condition being treated

Medication

Name/type of medication (as described on the label)

Dose

Frequency

Date medication dispensed

How long will the medication be taken

All medicines must be kept in the original packaging with the instructions.

I would like my child to self-administer the above medication. I accept responsibility and am confident that my child will keep the medication safe and only take the prescribed dose.

Signed Print Name

Date

Guidance for Managing Head Injuries

Appendix G

A head injury can cause a range of symptoms depending on whether the brain has been injured, and how severely. Most head injuries are minor but in some cases they can cause severe brain damage. Signs of a traumatic brain injury usually appear in the first few hours after injury and may lead to serious complications that need immediate treatment. The main complications are bleeding and bruising or swelling in the brain.

All pupils who suffer a head injury at school should initially be seen by the School Nurse or a First Aider for assessment and to plan ongoing care. Staff should consider whether a referral to a medical practitioner is required using the information in this document. This guidance is to help staff to treat head injuries when they happen and recognise signs which mean that a child requires further medical assessment or hospital treatment following a head injury.

After any head injury, regardless of severity, the child's parents are to be informed. When serious signs and symptoms are present and further medical help is needed, the parents will be contacted by telephone. Where none of the more serious signs are present, parents will be informed via email and a Head Injury Form (which details watch points) given to the child to take home. The school nurse or first aider will inform the pupil's teacher of the head injury, if deemed necessary to do so.

The school nurse may use their discretion to decide if the pupil needs closer supervision at home. In such circumstances, the pupil's parents will be contacted to collect them from school. Advice will be given to parents on signs and symptoms to look for, which would require further medical attention.

Treatment

- Hold an ice pack to the injury to bring down any swelling
- Rest and avoid stress
- Give paracetamol to relieve pain or a headache – do not use ibuprofen or aspirin as they could cause the injury to bleed
- The pupil needs to be observed for a minimum of 30 minutes

When to call 999

Call 999 for an ambulance if someone has injured their head and has

- Fallen unconscious or lack of full consciousness
- Difficulty staying awake
- Problems with understanding, speaking, writing, walking or balance
- Numbness or weakness in part of their body
- Problems with their vision
- Clear fluid coming from their ears or nose
- Bleeding from their ears or bruising behind one or both ears
- A black eye with no obvious damage around the eyes
- A fit (seizure)
- Hit their head in a serious accident, such as a car crash
- Any signs of skull damage or a penetrating head injury

Someone with a head injury needs to go to the hospital's accident and emergency department (A&E) as soon as possible if anything below applies

- Was unconscious but has now recovered
- Any vomiting
- A headache that won't go away with painkillers

- Irritability or altered behaviour such as being easily distracted, not themselves, no concentration, or no interest in things around them
- Problems with memory of events before or after the injury
- The person is intoxicated by drugs or alcohol
- The person has had previous problems with uncontrollable bleeding or a blood clotting disorder, or is taking a drug that may cause bleeding problems (for example, warfarin)
- The person has had previous brain surgery
- There are safeguarding concerns, for example about possible non-accidental injury or because a vulnerable person is affected

If you are unable to get someone to A&E safely or there is to be a significant delay - call 999.

Concussion

Concussion is a temporary injury to the brain caused by a bump, blow or jolt to the head. This typically presents as a rapid onset of short lived impairment of brain function that resolves spontaneously. It usually only lasts up to few days or weeks, although it sometimes needs emergency treatment and some people can have longer-lasting problems.

Signs and symptoms

Signs of a concussion usually appear within a few minutes or hours of a head injury. But occasionally they may not be obvious for a few days, so it's important to look out for any problems in the days following a head injury.

Pupils who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be referred to the School Nurse who will then refer to a health care professional experienced in concussion.

There is no one single indicator for concussion. Rather, recognizing a concussion requires a symptom assessment. The signs and symptoms of concussion can take time to appear and can become more noticeable during concentration and learning activities in the classroom. For this reason, it is important to watch for changes in how the student is acting or feeling, if symptoms become worse, or if the student just "doesn't feel right."

Signs to observe

- Appears dazed or stunned
- Is confused about events
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behaviour or personality changes

Signs reported by student

Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling occurred on a prior day
- Does not “feel right”

Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

*Only ask about sleep symptoms if the injury happened on the prior day

Pupils with a concussion or suspected concussion should never return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it’s OK to return to play. This means, until permitted, not returning to

- Physical Education (PE) class
- Sports practices or games
- Physical activity at break

If in doubt, sit them out

A Graduated return to play protocol must then be observed, with a pupil only commencing physical activity once he or she has received medical clearance from their GP to do so. The parent should contact the School Nurse to discuss the return to play protocol, which should have been issued by the medical practitioner overseeing the child’s recovery.

There are significant risks in returning to the field of play after sustaining a concussion. If a pupil sustains another blow to the head before the brain has had a chance to recover from the initial concussion, the damage can be exacerbated to the point that it can be – on rare occasions – fatal. In addition to putting themselves at risk of sustaining a more serious brain injury by returning to the field of play following a concussion, players are more susceptible to other injuries as they will not be able to perform at their best – either physically or cognitively.

<https://www.nice.org.uk/Guidance/CG176>

https://www.cdc.gov/headsup/pdfs/schools/tbi_factsheet_nurse-508-a.pdf

https://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/57/returntoplafterconcussion_Neutral.pdf

<https://www.nhs.uk/conditions/minor-head-injury/>



Clifton High School

co-educational nursery pre-school to sixth form

Appendix H

Dear Parent,

Your child, _____ received a bump to the head today whilst at school.

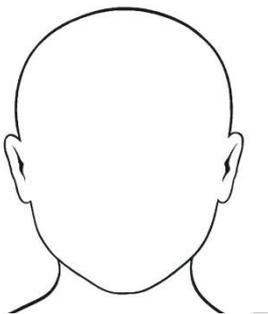
Date _____ Time _____

Location of where the incident occurred _____

Description of incident _____

Treatment given _____

Site of bump



Your child was thoroughly assessed and although no problems were seen at the time, we request that you observe your child for the next 24 hours and contact your GP or the nearest Accident and Emergency department if you notice any of the following symptoms

- Unusual drowsiness
- Change in behaviour/confusion
- Severe headache
- Nausea or vomiting
- Blurred vision
- Unsteadiness on feet
- Fluid from ears or nose

For more information please see <https://www.nhs.uk/conditions/minor-head-injury/>

Signed _____

Print name _____

Appendix I

Coronavirus (COVID-19)

The NHS advises that if a pupil has mild cold-like symptoms they should continue to go to school. Pupils are encouraged to follow the 'Catch it. Kill it, Bin it' mantra - using tissues to trap germs when they sneeze, throwing them away as quickly as possible (using a lidded bin) and washing hands with water and soap and/or using hand sanitizer, where available. Clifton High School will continue to remind all pupils of this, but it is helpful if parents can reiterate this as well. Each classroom has tissues and hand sanitiser available, but pupils can have their own supply.

There are however, very clear and specific symptoms which require pupils to remain off school, isolate and be tested for coronavirus

- **A high temperature** – this means pupil's feel hot to touch on the chest or back (the temperature does not need to be taken)
- **A new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (normal coughs may be worse than usual)
- **A loss or change to the sense of smell or taste** – this means pupils cannot smell or taste anything, or things smell or taste different to normal

Please check the NHS website for further, up-to-date, information

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

Coronavirus Action Plan

Should a pupil exhibit any of the above symptoms, please be aware the following action plan will be instigated

- Notify the School of symptoms and the pupil should remain at home.
- Arrange a COVID-19 swab test via 119 or online
- Self-isolate all members of your household from the point of first symptoms showing
- Report results to the medical team
- Negative result: pupils can return to School once well and members of the household can return to normal activities
- Positive result: guidance will be given by Public Health England
 - Self-isolate for 10 days (EXCLUDING day of onset of symptoms), therefore 11 days in total
 - The entire household must isolate for 14 days
- At the end of isolation period pupils may return to School if well. A residual cough may remain for several weeks.
- Pupils with any residual temperature must remain at home until 48 hours have passed without a temperature (this means temperature free, without requiring medication to bring the temperature down).

If you have any questions relating to this guidance please feel free to contact the medical team on **0117 933 9096** or email nurses@cliftonhigh.co.uk.

A new mental health campaign has been launched, directly targeting young people aged 13-18 and parents of children and young people from 5-18. The campaign aims to equip parents and young people to act on protecting and improving children and young people's mental wellbeing, build mental resilience to navigate the Covid-19 outbreak and provide support for those children at greater risk of worsening mental health.

For more information please see: <https://www.nhs.uk/oneyou/every-mind-matters/>

Additional support resources for Clifton High Pupils and Parents are linked below

CAMHS - www.camhs-resources.co.uk

This site was created for young people, pooling together lots of helpful resources that are available to help support their mental health and wellbeing

OFF THE RECORD - <https://otrbristol.org.uk>

Off the Record (aimed at 11-17-year olds) is continuing to provide online support sessions to help young people navigate through the coronavirus outbreak

YOUNG MINDS - <https://youngminds.org.uk>

Young Minds now have a section on their website dedicated to coronavirus and mental health support for young people and their families at this time. This includes blogs on coping with OCD during the pandemic, looking after mental health whilst self-isolating and talking to your child about the coronavirus

KOOTH - <https://kooth.com>

An online counselling service for 11-19-year olds, with qualified counsellors available for 1:1 sessions

GRIEF ENCOUNTER - <https://griefencounter.org.uk>

Supporting bereaved children & young people deals with ways of how to deal with young people if they have lost a family member, and how to say goodbye if attendance at a funeral is not possible

Bristol Coronavirus, COVID-19 support number (Bristol City Council)

Bristol City Council provide a dedicated telephone helpline to support Bristol based families – they will provide support for people with a wide range of needs.

To access this service please call them on: **0117 352 3011**