

First Aid

This policy and procedure applies to employees of St Dunstan's Trustee Limited on behalf of St Dunstan's Education Foundation & College Hire Limited.

1.0. PRINCIPLES

- 1.1. In accordance with Health and Safety legislation it is the responsibility of the Governing Body to ensure adequate and appropriate first aid provision at all times when there are people on the Foundation premises and for staff and pupils during off-site visits and activities.
- 1.2. This policy outlines the Foundation's responsibility to provide safe, appropriate, first aid (the initial assistance or treatment given to someone who is injured or suddenly taken ill) to pupils, staff, parents and visitors to ensure best practice. It includes arrangements for first aid within the Foundation environment and for activities off site involving pupils and members of staff.
- 1.3. This policy has been prepared with reference to the DfE guide *Guidance on First Aid for Schools* and the Health and Safety Executive.
- 1.4. St Dunstan's Foundation ensures that there is at least one qualified person on each Foundation site when children are present. First aid provision is to be available at all times while people are on Foundation premises and also off the premises whilst on Foundation visits.

2.0. MONITORING AND REVIEW

- 2.1. The Governing Body of St Dunstan's Educational Foundation recognise and accept their responsibility for the provision of adequate and appropriate equipment and facilities and personnel for providing first aid in the work place. They recognise their responsibility also includes the timely and competent administration of first aid, the effective implementation of the first aid policy and the need to monitor and review the policy and its implementation annually.
- 2.2. The Governing Body are also responsible for making insurance arrangements that provide full cover for claims arising for actions of staff acting within the scope of their employment.

- 2.3. The Governing Body are responsible for ensuring that appropriate training is provided and that any training has given staff sufficient understanding, confidence and expertise.

3.0. FIRST AID PROVISION

- 3.1. The minimum first aid provision is:
- a. suitably stocked first aid containers
 - b. an appointed person to take charge of first aid arrangements
 - c. information for employees on first aid arrangements
- 3.2. Further first aid provision is based on the first aid needs risk assessment (Appendix 1)

4.0. FIRST AID QUALIFICATIONS, DUTIES & TRAINING

- 4.1. St Dunstan's Educational Foundation employs a qualified Foundation Nurse. The Foundation Nurse is appointed to coordinate first aid provision across the Foundation and runs the medical area of the Wellness Centre where she is supported by two qualified first aiders.
- 4.2. The Foundation Nurse also maintains an up to date list of first aid qualified staff which is appended to this policy (Appendix 2). The Foundation Nurse sends out reminders to staff prior to their three year training renewal date and supports them in booking in for training updates. The Foundation always ensures that correct numbers of staff are qualified in first aid including at least one qualified person on each Foundation site when children are present.
- 4.3. Courses attended by staff include:
- First Aid at Work
 - First Aid for Appointed Persons
 - Paediatric First Aid
 - Rescue Test for Teachers and Coaching of Swimming
 - Emergency First Aid Procedures
- 4.4. The main duties of a first aider are:
- To respond promptly to calls for assistance
 - To give immediate assistance to casualties with injuries and illness
 - To ensure that an ambulance or professional medical help is summoned as appropriate

- To record details of accident and treatment and notify the Foundation Nurse of any first aid supplies used that need replacement

5.0. MATERIALS, EQUIPMENT AND FACILITIES

5.1. First aid equipment in the Foundation is stored in a number of different containers, each containing equipment appropriate to their use and in a number of locations. Details are appended to this policy (Appendix 3)

Each first aid container (including travelling containers) is to contain at least the following:

- a leaflet giving general advice on first aid
- individually wrapped adhesive dressings (assorted sizes)
- individually wrapped sterile, un-medicated wound dressings
- 1 sterile eye pad
- 1 adhesive tape
- 1 bandage
- 1 finger bandage
- 1 triangular bandage
- 3 eye wash pods
- 3 sick bags
- one pair of disposable gloves
- accident book
- 20 individually wrapped alcohol-free antiseptic wipes
- 1 ice pack

5.2. Classroom first aid bags are kept primarily in the Junior School to enable prompt treatment of very minor injuries. They are also taken on trips and visits.

5.3. All first aid bags must be signed out and signed in on their return. Each bag contains a pupil accident book. All first aid bags will be checked on their return. The pupil accident book will be checked and where recorded, the details of any first aid action will be transferred to the relevant pupil record in the Medical Centre on iSAMS.

5.4. Each minibus first aid container is to contain:

- 10 antiseptic wipes, foil packaged
- 1 conforming disposable bandage (not less) than 7.5cms wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile non-medicated ambulance dressings (not less than 15cmx 20cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of non-rusting blunt-ended scissors

- 1 foil blanket
- 5.5. The main Foundation first aid area is located within the Wellness Centre. It contains a sink, secure storage space, two medical beds, a refrigerator, appropriate disposal facilities and a variety of medical materials. Shower and toilet facilities are adjacent to the first aid area.
- 5.6. Defibrillator equipment is situated in three places in the Foundation, shown below, and staff in all three areas are trained in its use.
- In the Wellness Centre
 - In the Sports Hall complex
 - In the Jubilee Ground Pavilion

6.0. ACCIDENT & ILLNESS PROCEDURES

- 6.1. When a pupil reports to a member of staff that they feel ill or that they have sustained an injury, the teacher must assess whether the illness or injury is trivial or whether the pupil should be referred to a first aider. If the member of staff is in doubt, they should ensure that the pupil is escorted to the Wellness Centre to see the Foundation Nurse in the first instance and a trained first aider if the Foundation Nurse is unavailable.
- 6.2. Senior School students who have an appointment to visit the Wellness Centre during timetabled lessons or activities must seek the permission of the teacher in charge of the lesson or activity before excusing themselves to attend the appointment. Similarly, if a Senior School student needs to visit the Wellness Centre without an appointment during a timetabled lesson or activity, they must first obtain permission from their teacher to miss all or part of the lesson or activity.
- 6.3. If a Senior School student feels unwell during the school day, they can report directly to The Wellness Centre if they are not involved in timetabled lessons or activities. If a Senior School student feels unwell during timetabled lessons or activities, they should seek permission from their teacher to visit The Wellness Centre. Junior School pupils should always have the permission of a teacher to visit The Wellness Centre.
- 6.4. If the pupil is seriously injured, the Foundation Nurse or other first aider should be called to the scene in order to assess and take charge of the situation, unless it is clear that the injury requires emergency services and then they should be called immediately.
- 6.5. First aid support is usually available from the Wellness Centre first aid team between 0830 and 1730 on school days. Outside of these times, injuries should be dealt with by the member of staff in charge of the activity or by the member of staff on duty.
- 6.6. Where there is doubt as to the nature or seriousness of an illness or injury, an ambulance is to be called. Parents must be informed as soon as possible by

telephone, whenever the ambulance service or the hospital is involved. The DET must also be informed as soon as possible after the ambulance has been called.

- 6.7. All pupils are to be accompanied to hospital by an adult (parent, guardian, parental representative, member of staff, or similar responsible person).
- 6.8. Whenever a pupil is sent home during the school day, the pupil's form tutor (Junior School) will be notified by email or the iSAMS register will have a note added (Senior School).
- 6.9. Under no circumstances should a pupil who reports ill or injured be sent home during the day without the consent of their parent. If the parent agrees to the pupil being sent home, the Foundation Nurse is to get telephone confirmation of either their collection (all Foundation pupils) or that they can be sent home on their own (Senior School students only and only if the Foundation Nurse ascertains that they are safe to travel unaccompanied).
- 6.10. A record of medication, treatment and outcomes is kept in the medical database in iSAMS.

7.0. ACCIDENT & INCIDENT REPORTING AND RECORD KEEPING

- 7.1. This section outlines the procedures that are to be adopted when a pupil, employee, visitor or contractor experiences an accident or incident occurrence on the Foundation premises. All accidents, irrespective of the resulting injury or damage, should be reported to the Wellness Centre staff according to the following procedures.
- 7.2. All accidents or incidents involving staff must be recorded in the Foundation accident books which are held by the Foundation Nurse. These accident books and records will be reviewed regularly by the Health and Safety Committee to ascertain the nature of incidents which have occurred in the workplace.
- 7.3. Any non-employee who experiences an accident or incident whilst on the premises must report the incident immediately to the person responsible for their presence on site. If the person responsible is not available, the visitor/contractor must obtain the assistance of a responsible person to ensure that the Foundation procedure is adhered to. Visitors and contractors should also notify their own employer where applicable.
- 7.4. All accidents and incidents involving pupils of the Foundation must be reported to the Foundation Nurse, by the member of staff responsible for supervising the respective pupil.
- 7.5. If a Junior School pupil suffers an accident or incident whilst on Foundation premises, the individual supervising or witnessing it must complete a 'Pupil Accident Report' (hard copy), take a photocopy and pass one copy of the form to parents and the other copy to the Foundation Nurse or other first aider at the Wellness Centre.

The Foundation Nurse or other first aider at the Wellness Centre will retain all Accident Report forms and upload information on any accidents and incidents, apart from those considered trivial, onto iSAMS Medical Centre. For Senior School students, the member of staff should ensure the student is seen at the Wellness Centre by the Foundation Nurse or other first aider. They will upload information on any accidents and incidents, apart from those considered trivial, onto iSAMS Medical Centre and notify parents if follow up action is required, if the injury is more than minor or if medication was administered.

- 7.6. Should a pupil suffer an accident/incident whilst not on Foundation premises (i.e. during a trip or sports visit), the individual supervising or witnessing it must complete the Accident Book provided within the compulsory first aid kit bag. As soon as the party returns from the trip or visit the individual who completed the report must submit it to the Foundation Nurse who will log the report on iSAMS Medical Centre.
- 7.7. Should the Wellness Centre be closed, the Deputy Head (Pastoral) can facilitate access to iSAMS Medical Centre if for whatever reason the entry needs to be made straight away.
- 7.8. When accidents or incidents are recorded, the following information should be noted:
 - the date, time and place of any incident
 - the name and class of the injured or ill person
 - details of the injury or illness
 - what first aid was given
 - what happened to the person immediately afterwards
 - the name of the First aider or person who dealt with the incident
 - whether the accident needs reporting elsewhere or investigating

8.0. RIDDOR REQUIREMENTS

- 8.1. All significant accident and incident reports will be reviewed by COO and Health and Safety Committee where appropriate. They will:
 - Ensure that, where applicable, the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 are met. Discuss the accident and the contributory factors with all relevant parties
 - Ensure, so far as reasonably practical, that proper action is taken to help prevent the accident being repeated.
 - Investigate serious accidents or serious near misses and implement any improvements as a result

In summary, RIDDOR reports are required if an accident at the Foundation has resulted in:

- Death;
- An employee being absent from work for more than 7 days;

- A student being taken to hospital as a result of poor supervision, faulty equipment or inadequate facilities/set up.

The above summary list is not exhaustive and staff should read the Foundation's RIDDOR Policy. Further detailed information on RIDDOR reporting, in Schools, can be found here: <http://www.hse.gov.uk/pubns/edis1.pdf>

9.0. FIRST AID FOR HEAD INJURIES

- 9.1. Head injuries can be extremely serious, please see Appendix 4 for further advice on the action to take.

10.0. WHEN TO CALL AN AMBULANCE

IF IN DOUBT ABOUT ANY INJURY, CALL AN AMBULANCE.

- 10.1. Call 999 in a medical emergency. This is when someone is seriously ill or injured and their life is at risk. Medical emergencies can include:

- loss of consciousness
- an acute confused state
- fits that aren't stopping
- chest pain
- breathing difficulties
- severe bleeding that can't be stopped
- severe allergic reactions
- severe burns or scalds
- major trauma
- Call 999 immediately if you or someone else is having a heart attack or stroke. Every second counts with these conditions.

- 10.2. The condition, the treatment and the location of the casualty should be clearly stated to the operator and the instructions given by the ambulance service followed. Medical and contact information will be extracted from iSAMS and provided to the paramedics as needed.

- 10.3. Once an ambulance has been called, inform a member of the DET immediately and write up notes to be added to the Foundation Incident Log.

11.0. HYGIENE AND INFECTION CONTROL

- 11.1. All staff should take precautions to avoid infection and must follow basic hygiene procedures. Single use disposable gloves are contained in each first aid kit and are to be used. There are extensive hand washing facilities in the Foundation and these must

be used. Staff should exercise care when dealing with blood or other body fluids and disposing of dressings or equipment.

- 11.2. It is to be assumed that any pupil could have an infectious illness which can be transmitted by contact with blood. Any contact with blood from another person should be reported to the Foundation Nurse who will advise on next steps.
- 11.3. Disposable gloves are always to be worn (available in all first aid kits and in the Wellness Centre) when dealing with bleeding or any spilt bodily fluids. Spilt blood or other body fluid spills are to be cleaned up as quickly as possible by the Foundation Cleaning Supervisor or House Staff using bio cleaner specifically for dealing with bodily fluids. They are to wear gloves and aprons. Blood-infected waste or other waste from bodily fluids (including vomit) is to be “double-bagged” in yellow plastic bags, secured and deposited in the yellow Clinical Waste Bin provided in the Wellness Centre. The local authority will collect waste for incineration. All blood-infected waste must be disposed of in these bins ONLY.
- 11.4. Sick bags are provided for school trips. Staff should be aware of the precautions above when on school trips in order to protect themselves from contamination.

12.0. RETURN TO SCHOOL AND QUARANTINE

- 12.1. If a pupil has an operation, accident, severe illness, or anything that may affect their ability to fully participate in Foundation life, parents must inform the Foundation Nurse. If a pupil has been exposed to anyone suffering from an infectious disease, they must not return to the Foundation until after the NHS recommended quarantine period has passed.
- 12.2. If an infectious disease is suspected, the pupil may not return to the Foundation until permission from the Health Protection Agency or other appropriate health professional (e.g., GP) has been obtained. If after the pupil has returned to the Foundation, infectious illness breaks out in the pupil’s home, parents must immediately notify the Foundation.
- 12.3. The Foundation follows NHS guidance with respect to quarantine following any episode of vomiting or diarrhoea. If a pupil is unwell with gastrointestinal problems, they must not be sent to school until 48 hours has passed since the last episode of vomiting or diarrhoea. If a pupil is sick or has diarrhoea at school, parents will be contacted and asked to collect the child as soon as possible. The pupil will not be permitted to return to school until a minimum of 48 hours has passed since the last noted episode of sickness. Should the pupil return to school before this time, they should expect to be quarantined in the clinic until a parent or emergency contact collects them from school; they will not be permitted to attend lessons or activities. Parents are expected to honour the Foundation’s request for quarantine periods, and persistent failure to adhere to the Foundation Nurse’s request for a possibly infectious child to remain away from school will be treated as a breach of contract between the Foundation and the parents.

- 12.4. The Foundation follows NHS guidance with respect to quarantine following a confirmed Covid-19 infection. These guidelines are subject to change and should be consulted regularly. Currently, if a pupil tests positive for covid-19, they are not to be sent to school for three days after they did the test. Over 18's, including staff, should not attend school for five days after the day they did the test.

13.0. ACTION TO BE TAKEN FOR SPECIFIC CONDITIONS

- 13.1. The specific conditions of Asthma, Epilepsy and Allergies are covered in Related Document *Supporting Pupils with Specific Medical Conditions* and for instructions on the use of the emergency salbutamol inhaler, we refer to the Department of Health document *Guidance on the use of emergency salbutamol inhalers in schools* (March 2015).

Appendix 1: First Aid Needs Risk Assessment – Example

Latest Risk Assessment can be found in the Health and Safety Folder on the S Drive.



Risk Assessment – First Aid Needs Assessment

| DATE | Assessor/s | Job Title |
|----------------|---------------------------------|-----------------------------------|
| September 2019 | Clair Wilkins and Jade McLellan | Bursar and Deputy Head (Pastoral) |

| Nature of activities, environment | Potential Harm | Risk Control Measures |
|---|---|---|
| <p>Studying and working in an education environment including extra-curricular and practical activities.</p> <p>Supporting children and adults with specific physical and/or mental health needs.</p> | <p>Injuries such as cuts, bruises, burns, broken bones and head injuries caused by various incidents including slips, trips, falls, collisions, chemicals, fire and altercations.</p> | <p>RAs in place for each medium/high risk activity. Specialist, trained staff supervising, as well as qualified first aiders and mental health first aiders.</p> <p>Ensure School policy, hazards and other specialist advice, such as CLEAPS, is followed.</p> <p>Ensure RAs are reviewed regularly and shared with relevant staff</p> <p>Ensure events/activities are carefully planned and lessons learnt are passed on</p> <p>Ensure all first aid boxes are fully stocked, according to latest HSE advice, contents checked regularly and location of first aid boxes is shared with staff.</p> <p>College Nurse coordinates all first aid training and books appropriate refresher courses</p> <p>AEDs and Epipens are held on both College sites. Appropriate training takes place with relevant staff</p> <p>Checks on specialist equipment such as spinal boards in swimming pool and associated training is up to date</p> <p>Additional first aiders & equipment organised for sports events.</p> <p>Pitch side experts are booked for contact sports out of hours</p> <p>Appropriate health care plans in place for individual students where known risks are present</p> <p>Contractors, such as kitchen staff, follow their own policies with regards to first aid</p> <p>First aid provision and fire information is provided to visiting Contractors</p> <p>All EYFS teachers are Paediatric first aid trained</p> <p>The school has a central location with easy access for emergency services at both sites.</p> <p>A medical area in our Wellness Centre has appropriate facilities for caring for those taken ill during school opening hours</p> |

Work Patterns - Lone working training is taken by staff who work, on occasion, by themselves.

Holiday Periods - first aid ratios are met with qualified first aiders available for staff during holiday periods.

Historical Data - Accident and first aid treatment data is reviewed by the College nurse and considered by the health and safety committee.

Offsite activities - Specialist companies are used for any extreme sports holidays or higher risk trips. First aiders will always accompany trips and visits. The EVC checks all requests for trips and provides appropriate risk assessments to ensure adequate levels of first aid.

Summary - The majority of activities that take place in the College are low risk and are covered by tried and tested lesson plans and working patterns. On occasion students are exposed to higher risk activities such as science experiments, sports activities or extreme sports whilst on trips and visits. Appropriate risk assessments are in place for each of these events with appropriate levels of first aid and specialist expertise in place at all times.

Appendix 2: First aid trained staff

The most up to date list of first aiders including dates and type of qualification is held by the DSL.

FIRST AID TRAINED STAFF

| STAFF NAME | SCHOOL PHASE OR TEAM |
|----------------------|----------------------|
| Allison Watson | Wellness Centre |
| Anna O-Connor-Coffee | Wellness Centre |
| Tom Telford | Senior School |
| Ben Ford | Senior School |
| Simona Masna | Senior School |
| Jon East | Support Staff |
| Amy Jenner | Enterprises |
| Gavin Halil | Enterprises |

PAEDIATRIC FIRST AID TRAINED STAFF

| STAFF NAME | SCHOOL PHASE OR TEAM |
|--------------------|----------------------|
| Allison Watson | Wellness Centre |
| Emily Rogers | Junior School |
| Lorraine Henderson | Junior School |
| Carol Issac | Junior School |
| Catherine Vidgeon | Junior School |
| Fiona Murphy | Junior School |
| Cynthia Brooks | Junior School |
| Anne Mulligan | Junior School |
| Deborah Mellish | Junior School |
| Kirsty Leane | Junior School |
| Sara Bowes | Junior School |
| Tom Pinder | Junior School |
| Rebecca Calogeras | Junior School |

Appendix 3: Locations of first aid kits

- All Junior School classrooms plus
- Wellness Centre
- LRC
- PE Block
- Biology / Chemistry office
- All Physics laboratories
- DT office
- Art office
- Foundation Office
- Senior School staff room
- Junior School new build staff room
- Junior School old build staff room
- Jubilee Pavilion and Sports Grounds

Appendix 4: Management of Head Injuries

Head injuries may occur in any area of Foundation life and are not exclusive to contact sports. When pupils suffer an impact to the head, it is vital that all members of staff manage the injury in a consistent way regardless of the circumstances. The health and wellbeing of the pupil is at all times of paramount importance and if a member of staff is in any doubt as to whether or not an injury has occurred, or concussion suffered, they should exercise caution in the best interest of the pupil.

Managing a pupil who has received an impact to the head

Members of staff, medical or otherwise, are not expected to be able to diagnose concussion, but will be required to make appropriate judgements when managing a pupil who has received an impact to the head. Pupils who receive an impact to the head should immediately be removed from any activity in which they are participating and checked for signs and symptoms of concussion which are summarised in the head injuries traffic light system below.

After a pupil receives an impact to the head, there are three scenarios for staff to manage:

1. No signs and/or symptoms are observed or reported
2. Some signs and/or symptoms are reported or observed that suggest a possible head injury (for example, concussion)
3. Some signs and/or symptoms are reported or observed that indicate the need to call an ambulance

In scenarios 2 and 3 above, it is vital that the pupil is seen by a health professional trained in assessing head injuries and this will usually mean a visit to A&E or an NHS walk-in centre. Parents must ensure that the pupil has been assessed in this way and that the diagnosis is reported back to the Foundation Nurse, before the pupil returns to school. Where concussion is suspected or diagnosed, a pupil must undergo an immediate 48-hour period of complete body and brain rest and should remain off school for that time. If symptoms persist, the pupil should not return to school and further medical advice should be sought.

HEAD INJURIES TRAFFIC LIGHT SYSTEM

Remove and Monitor

If a pupil receives an impact to the head...

- Remove them from the activity, assess them and monitor closely
- Complete the memory assessment
- Only return them to activity if there are no signs or symptoms, and the memory assessment is answered correctly
- Report the incident to parents before the pupil is released from school and provide them with this head injuries guidance
- Report the incident to the Foundation Nurse the same day

Dial 111

If the pupil has any of the following signs and symptoms...

- | | |
|---|---|
| <ul style="list-style-type: none">• Loss of consciousness• Headache, or “Pressure in head”• Seizure or convulsion• Dizziness or balance problems• Confusion• Difficulty concentrating or feeling like “in a fog”• Nausea or vomiting• Drowsiness, feeling slowed down, fatigue or low energy• More emotional or sadness• Blurred vision, or sensitivity to light or noise• Nervous, anxious or irritable• Difficulty remembering or amnesia• Neck Pain• “Don’t feel right” | <p>Staff should:</p> <ul style="list-style-type: none">• Remove the pupil from activity and supervise• Seek medical advice from the Foundation Nurse or by dialling 111• Contact parent(s), and assuming 999 is not required, arrange a ‘handover’ and signpost the parents to relevant information• Report the incident to the Foundation Nurse before the next day <p>Parents should:</p> <ul style="list-style-type: none">• Report to A&E/Minor Injuries Unit for diagnosis the same day• Report that diagnosis to the Foundation Nurse as soon as possible• Monitor symptoms and seek further medical advice if condition worsens/doesn’t improve |
|---|---|

Dial 999

If a pupil has:

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

Staff should:

- **DIAL 999**
- Contact parents immediately
- Accompany pupil to hospital if parents cannot
- Inform a member of the DET
- Report the incident to the Foundation Nurse before the next day.

- Bleeding from the nose, ears or mouth

Memory Assessment

As well as observing physical signs, staff should conduct a memory assessment as below:

For children aged 12 and over:

Say to the child, 'I am going to ask you a few questions. Please listen carefully and give your best effort.'

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

For children aged 5-12:

Say to the child, 'I am going to ask you a few questions. Please listen carefully and give your best effort.'

1. Where are we now?
2. Is it before or after lunch?
3. What subject did you have in your last lesson?
4. What is your form teacher's name?

GRTP

In scenarios 2 and 3 above, pupils will be required to follow the Graduated Return to Play programme. We follow the GRTP advice provided by Headcase (England Rugby).

Pupils may suffer a head injury whilst participating in an activity outside of the Foundation, for example, at a local hockey or rugby club. In all such cases, it is the parents' responsibility to provide the Foundation promptly with the details of the incident so that we can ensure no inappropriate activity occurs within the Foundation.

Pupils who have suffered a head injury and who have commenced the GRTP will only be permitted to return to exercise as indicated at each relevant stage of the programme and will not be allowed to accelerate or cease participation in the GRTP. Failure to adhere to its process and to sign off each stage as appropriate will result in a delayed return to normal activity.

GRADUATED RETURN TO PLAY – ROUTINE U19 AND BELOW

| STAGE | Aim | Activity | Goal | Time |
|-----------------|--|---|---|---------------------------------|
| STAGE 1 | Initial Rest (Physical and Cognitive) | No exercise or driving. Minimise screen time. Consider time off or adaptation of work or study | Recovery | 24-48 hours |
| STAGE 2A | Relative Rest (Symptom-limited activities) | Initially daily activities that do not provoke symptoms. Consider time off or adaptation of work or study | Return to normal activities (as symptoms permit) | Minimum 2 weeks (incl. stage 1) |
| STAGE 2B | Light aerobic exercise | Brisk walking or stationary cycling at slow to medium pace. No resistance training | Increase heart rate | Minimum 48 hours |
| STAGE 3 | Sport specific exercise | Running drills. No head impact activities | Add movement | Minimum 48 hours |
| STAGE 4 | Non-contact training drills | Harder training drills, eg. passing drills. May start progressive resistance training | Exercise, coordination, and cognitive load | Minimum 48 hours |
| STAGE 5 | Full contact practice | Following medical review, participate in normal training activities | Restore confidence and assess functional skills by coaching staff | Minimum 48 hours |
| STAGE 6 | Return to sport | Normal game play | Exercise, coordination, and cognitive load | |

