

First Aid Policy

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Aims

The aims of our First Aid Policy are to:

- Ensure the health and safety of all students, staff and visitors.
- Ensure that all staff and other members of the school community are aware of their responsibilities with regards to first aid health and safety.
- Provide a framework for responding to an incident and recording and reporting the outcomes.

Legislation and Guidance

The policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

The Department for Education guidance on First Aid in Schools (last updated 14 February 2022) which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and by qualified first aid personnel.

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE) and set out the timeframe for this and how long records of such accidents must be kept
- The Department for Education guidance: The Independent School Standards
- Guidance for independent schools (April 2019), which require that suitable space is provided to cater for the medical and therapy needs of students

Roles and Responsibilities

The role of the first aider is to provide care after an accident or injury including preserving life, minimising further injury and making the patient as comfortable as possible until professional help is available.

This document sets out the procedures to be followed for the provision of first aid at Bedford Modern School (hereafter referred to as 'the school') when the school is open: during term time, when holiday courses are running and when the school is open to staff and visitors during the holidays. It also gives general guidance for the provision of first aid for students and staff on sports fixtures and visits away from the school.

There is always a fully qualified nurse on duty during the school day, together with teaching and support staff who are trained first aiders, situated throughout school (see appendix a). On occasion, the school will use bank nurses and/or trained first aiders/paramedics

from an external agency, to supplement staffing as needed in the Medical Department or across the school site.

The nurses are responsible for:

- Taking charge when someone is injured or becomes ill.
- Providing nursing and first aid support.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Sending students home to recover, where necessary.
- Ensuring there is an adequate supply of medical materials in first aid kits, checking kits regularly and replenishing the contents of these kits as needed.
- Liaising with the Senior Deputy Head annually to review numbers of First Aiders in school, and support training and development as necessary.
- Organising first aid support at home sports fixtures.
- Providing support and first aid equipment to staff taking students on school trips.
- Completing accident forms (either those forwarded by staff or initiating an accident form).
- Analysing and maintaining accident form data and reporting such data to the school Health and Safety committee meetings.
- Maintaining equipment, appropriate storing of medications and administration of medications in line with Nursing and Midwifery Council guidelines and the school Medication Policy.

Trained first aiders are responsible for:

- Responding to any incidents as they arise, including during the school day, during sports fixtures, when attending trips away from school. First aiders can either provide immediate and appropriate treatment, signpost the injured or unwell student/person to the Medical Department or request that nursing staff are called to attend to the injured or unwell student/person.
- When a student or member of staff requires first aid when they are away from school, first aid should be provided by a trained first aider and professional medical help sought in the case of an emergency.
- Filling in an accident form on the same day, or as soon as is reasonably practicable, after an incident.

It is acknowledged that the nurse on duty is not expected to attend at other locations within school grounds to provide treatment except in an emergency. When an emergency arises, nursing staff should use their discretion – balancing the nature of the emergency being reported, with the conflicting need to cover the Medical Department, especially if there are patients in their care at the time.

First Aid Procedures

In-school procedures:

In the event of an accident resulting in injury, or a student/member of staff becoming unwell:

The closest member of staff present will assess the seriousness of the situation and seek the assistance of the nurse or a qualified first aider, if appropriate, who will provide the required first aid treatment. Where able, the unwell student/staff member/visitor may be able to make their way to the Medical Department (either accompanied or unaccompanied, depending on the situation).

Contact details for the Nurses:

Extension: 505 (internal)

Nurse Dept. number 01234 332505

Nurse Emergency Phone (1): 07788 970153

Nurse Emergency Phone (2): 07788 970154

The nurse (or first aider, if called) will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives.

The nurse/first aider will also decide whether the injured person should be moved or placed in a recovery position. Where possible, the student/staff member/visitor will be assisted to the nurse's room for further assessment and treatment if needed.

If the nurse judges that a student is too unwell to remain in school, parents/guardians will be contacted and asked to collect their child. Upon their arrival, the nurse will recommend next steps to the parents/guardians.

If emergency services are called, the nurse or an appropriate member of staff will contact parents/guardians immediately.

The nurse/first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury.

Off-site procedures

When taking students off the school premises (sports fixtures or trips), staff will ensure they always have the following:

- A mobile phone, fully charged, with relevant contact details stored.
- A portable first aid kit and where needed, a basic medicine box.
- Information about the specific medical needs of students and staff.
- Parents/guardians' contact details/ staff next of kin information.

For trips, risk assessments will be completed by the Trip Leader and Educational Visits Co-ordinator prior to any educational visit that necessitates students being off school premises.

For away sports fixtures, a transport assessment is carried out. The away hosts take responsibility for first aid provision, but Bedford Modern School sports staff carry individual first aid kits, with most sports staff first aid trained.

There is always at least one first aider at away sports fixtures, on school trips and visits.

Home sports fixtures:

During the autumn term Saturday fixtures, a minimum of two emergency care practitioners/paramedics will be in attendance for Saturday fixtures, supported by first aid trained staff.

During the spring term Saturday fixtures, one/two emergency care practitioner/paramedics will be in attendance supported by first aid trained staff.

During the summer term Saturday fixtures, first aid support is given by school staff who hold a relevant first aid qualification.

For mid-week fixtures, first aid will be provided by either a trained first aider, or an emergency care practitioner/paramedic. For all home sports fixtures, provision will depend upon participant numbers/ages of students taking part in fixtures.

First Aid Equipment

First Aid Boxes

First aid boxes/bags can be found in the following areas:

- Main Reception (opposite the reception desk)
- Nurses Room
- Junior School Reception

- Science Centre
- Rutherford Building
- DT Classrooms
- Drama Studios
- Sports Hall/King Room/ Swimming Pool
- School House
- School Kitchens (including the King Room and staff room kitchens).
- School Vehicles

Appendix a provides a list of exact locations for first aid boxes around the school. All boxes are checked and restocked each term by the Medical Department. First Aiders also restock as necessary, and allocated staff (see appendix a) can contact the Medical Department for supplies during their opening hours.

A typical first aid box/bag in the school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves and clinical waste bags
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Ice packs (sports bags only)

No medication is kept in first aid kits.

For school trips

Staff will be provided with a first aid bag – the quantity and size of bag provided depends on the number of trip attendees and the length/type of trip. Staff will be provided with a medication bag containing an Adrenaline Auto-Injector, a spare Salbutamol inhaler, paracetamol, ibuprofen and Piriton. Staff must receive training in giving medication before going on a trip and record accurately any medication given. This information should be returned to the Medical Department with the first aid kit on return. (See appendix b for training form and appendix c for medicine record form)

Any medication identified for students with known medical conditions (i.e., anaphylaxis, epilepsy) will also be provided. Trip staff and nurses will review the list of attendees in a timely manner before departure.

Away sporting fixtures

First aid trained sports staff carry a first aid bag to all fixtures. Students with known medical conditions (i.e., asthma, anaphylaxis) should carry, and be responsible for, any medication they may require (i.e., inhalers and adrenaline auto-injectors) brought from home. Staff will also be provided with a medication bag containing an Adrenaline Auto-Injector, a spare Salbutamol inhaler, paracetamol, ibuprofen and Piriton. Junior school students may require assistance from sports staff to look after any medicines that are sent with the student.

Other first aid equipment

The school also provides the following equipment/medical boxes in the designated locations:

Equipment Location	Defibrillator	Diabetes emergency box	Eye wash station	Emergency adrenaline auto-injector	Emergency inhaler kit
Main school reception		Yes		Yes	Yes
Junior school reception		Yes		Yes	Yes
Nurses room		Yes	Yes	Yes	Yes
Science building		Yes	Yes	Yes	Yes
Wall outside Art Department	Yes (External Defib Box)				
Rutherford building		Yes		Yes	Yes
Sports hall	Yes (External Defib Box)	Yes		Yes	Yes
King room	Yes (External Defib Box)	Yes		Yes	Yes
Swimming pool		Yes	Yes	Yes	Yes

All defibrillators, emergency adrenaline auto-injectors and emergency inhalers can be used by trained staff, and by untrained lay people who are willing to volunteer their support in an emergency.

Glucose gel (used to treat hypoglycaemia as part of a diabetic management plan) should only be administered by nurses and staff trained to give this medication.

Record-keeping and Reporting

Attendances to the Medical Department for treatment, or where the nurse is called to see a student/staff member, is logged on the school system in the medical module on iSAMS.

- An accident form will be completed by the first aider/relevant member of staff/nurse on the same day or as soon as possible after an incident resulting in an injury.
- As much detail as possible should be supplied when reporting an accident, including all of the information requested in the accident form.
- A copy of the accident report form will be logged by the nurses and a copy forwarded to the Director of Operations, Deputy Head Pastoral and other key staff when deemed necessary.
- Accident follow ups will be sought by the nurses and information fed back to the Director of Operations.

- Accident form records will be retained by the school for a minimum of 7 years, in accordance with the School's Retention Policy and then securely disposed of, either by shredding in school or using an external agency.
- All accidents are reviewed and discussed at the Health and Safety committee meeting, held termly.

Reporting to the HSE

The Deputy Bursar/Director of Operations will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

If required, the Director of Operations will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - 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)
 - 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - 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

Notifying parents/guardians

The nurse/tutor or another appropriate member of staff will inform parents/guardians of any accident or injury sustained by a student, and any first aid treatment given, on the same day, or as soon as reasonably practicable. This will either be by phone call, email or via a letter from the Medical Department.

Training

All school and support staff can undertake first aid training if they would like to and should approach the Assistant to the Senior Deputy Head to organise this.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is due to expire.

Staff are encouraged to renew their first aid training before it is no longer valid. Staff will be reminded of approaching expiry by the nurses and refreshers/further training booked as needed.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate and is updated at least every 3 years.

All staff can access online training in how to use adrenaline auto-injectors/inhalers. All staff can approach the nurses for ad-hoc training in the use of adrenaline auto-injectors, inhalers and basic first aid procedures. Refresher sessions are offered to all departments at the start of the academic year and then on an as needed basis. Where indicated, the senior nurse will organise external health professionals to visit the school to deliver training.

Miss B Fenske
Lead Senior Nurse

May 2025
Review date October 2025

Appendix A - Head Injury and Concussion Policy

Introduction

The aim of this policy is to ensure that Bedford Modern School students receive the highest possible standard of care following a head injury. The welfare of the student both short and long term must always come first.

This policy refers to head injuries and/or concussion sustained during any activity or incident, sporting or otherwise.

This policy will reflect current guidelines from the England Rugby (RFU) and World Rugby (formerly the International Rugby Board) and the National Institute for Health and Care Excellence (NICE).

This policy is for students, staff and parents/guardians of students at Bedford Modern School.

Terminology

It is important to distinguish between the terms 'head injury' and 'concussion'.

- Head injury is a trauma to the head, face, jaw or nose that may or may not include injury to the brain.
- Concussion is a mild traumatic brain injury resulting from a blow to head or body which results in forces being transmitted to the brain. It is usually the result of one of the following:
 - A direct blow to the head (e.g., a clash of heads or the head hitting the ground).
 - The head being shaken when the body is struck, e.g., high impacts tackle (RFU 2021).
 - Concussions can occur in many situations in the school environment, such as falling in the playground, on the sports field, impact injury to head from contact with a hard object such as the floor, a desk or another student's body, upper body injury without knock to head / whiplash. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE.
 - Students may also get concussion when playing rugby or other activities out of school but come into school with the symptoms and signs.
 - The nature of rugby means that concussion can occur in both training and fixtures. It is important that these situations are recognised as the concussion can affect their academic performance and or behaviour, as well as putting them at risk of more serious consequences if they sustain another concussion before recovery (RFU 2021).
 - The recovery process from a concussion is personal to everyone. Students and staff should not make comparisons.

Assessing the student

The School follows guidance from the RFU, specifically the **Recognise, Remove, Recover and Return process** (see guidelines below) and the **Graduated Return to Play (G RTP)** protocol.

Any student sustaining a head injury should be immediately removed from that activity and referred to the nurse healthcare/medical professional or first aider, parents/guardians will be contacted to inform and for them of the injury and to seek further medical assessment by a doctor for assessment and diagnosis.

- During home sports matches and training, the student must be removed from play and assessed at pitch side and transferred to available nursing/first aid resources or treated pitch side, depending on severity of injury.
- In school during usual school hours (i.e., 08:00 – 16.00hrs), the student should either be accompanied to the Medical Department for assessment, or a member of the nursing team called to assess the student.
- During 'out of hours' (i.e., evening events), where the nurse is not available or if the student is on a trip/at an away sports fixture, the student should be assessed by a First Aider. At such times, if the assessor is concerned for the health and well-being of the student, further advice should be sought (by telephoning NHS 111 or 999, if the head injury is assessed to be more severe).
- Parents/guardians will be contacted, as soon as is reasonably practicable, informing them that their child has sustained a head injury.
- Treatment should be given based on the assessment, applying the appropriate course of evidence-based treatment.

Nursing and sports staff are issued with emergency information cards including a laminated pocket sports 'Concussion Recognition Tool' (CRT 5 – see guidelines/resources below). Emergency procedure cards (with postcodes and phone numbers) are in all sports First Aid bags. Sports staff should contact the nurses' dept. should the pocket CRT 5 tool or emergency information card require replacing.

The nursing staff will refer to NICE guidelines (pre – hospital management for patients with head injury) and Headcase RFU guidelines in the assessment and referral for head injuries (see section on Guidelines/Resources). The Glasgow Coma Scale (GCS) will be used to assess the level of consciousness. A GCS chart can be found in appendix A.

Home fixtures are supported by an external ambulance support company who supply appropriately trained medical personnel for support at certain fixtures. For the 2021/2022 academic year, the school is supported by Paramedics and Emergency Technicians from Ambulance Response Services Ltd (ARSL). ARSL attend all Saturday home fixtures at The King Room, some mid-week fixtures and when there are many visiting players (i.e., for competitions/tournaments).

Referral to Hospital

The nurse or, in the absence of the nurse, the qualified First Aider should refer any student who has sustained a head injury to a hospital emergency department, using the ambulance service if deemed necessary, if any of the following are present:

- GCS score of less than 15 on initial assessment
- Any loss of consciousness because of the injury
- Any focal neurological deficit - problems restricted to a particular part of the body or a particular activity, for example, difficulties with understanding, speaking, reading or writing; decreased sensation; loss of balance; general weakness; visual changes; abnormal reflexes; and problems walking since the injury.
- Any suspicion of a skull fracture or penetrating head injury - signs include clear fluid running from the ears or nose, black eye with no associated damage around the eyes, bleeding from one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull of concern to the professional since the injury.
- Amnesia for events before or after the injury (assessment of amnesia will not be possible in preverbal children and is unlikely to be possible in children aged under 5 years).
- Persistent headache since the injury.
- Any vomiting episodes since the injury.

- Any seizure since the injury.
- Any previous brain surgery.
- A high-energy head injury. For example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height of greater than 1 meter or more than 5 stairs, diving accident, high speed motor vehicle collision, rollover motor accident, accident involving motorised recreational vehicles, bicycle collision, or any other potentially high-energy mechanism.
- Any history of bleeding or clotting disorders.
- Current anticoagulant therapy such as warfarin.
- Current drug or alcohol intoxication.
- There are any safeguarding concerns (for example, possible non-accidental injury or a vulnerable person is affected).
- Continuing concern by the professional about the diagnosis.

(NICE Head Injury Guidelines 2019 relating to referral to hospital)

In the absence of any of the risk factors above, consider referral to an emergency department if any of the following factors are present, depending on judgement of severity:

- Irritability or altered behaviour
- Visible trauma to the head not covered above but still of concern to the healthcare professional.
- No one can observe the injured person at home.
- Continuing concern by the injured person or their family or carer about the diagnosis.

(NICE Head Injury Guidelines 2019 relating to referral to hospital).

Where the student has been assessed as not meeting any of the criteria above, they should be discharged into the care of their parents/guardians together with a head injury advice letter from the nursing team (see appendix B) and following a discussion with the nurse caring for the student at that time. The discussion should include:

- providing a detailed account of how the injury was sustained
- what treatment has been provided thus far (including analgesia given, if any)
- 'safety' net' advice – warning signs to look out for, when to seek further help/medical advice
- Advice around ongoing management (i.e., rest, Graduated Return to Play).

Emergency Management

Where a student exhibits the following situations/symptoms, this indicates a medical emergency and requires emergency medical assistance, by telephoning 999 and requesting an ambulance.

- Rapid deterioration of neurological function
- Decreasing level of consciousness
- Decrease or irregularity of breathing
- Any signs or symptoms of neck, spine or skull fracture or bleeding
- Seizure activity
- Any student with a witnessed prolonged loss of consciousness and who is not stable (i.e., condition is worsening).

Concussion information

Concussion must be taken extremely seriously to safeguard the short- and long-term health and welfare of players, and especially young players.

Some estimates suggest that in a third of adolescents with concussion, recovery can take place in 1-2 days. The majority (80-90%) of concussions resolve in a short (7-10 day) period. This may be longer in children and adolescents and a more conservative approach should be taken with them. During this recovery time however, the brain is more vulnerable to further injury, and if a player returns too early, before they have fully recovered, this may result in:

- Prolonged concussion symptoms.
- Possible long-term health consequences e.g., psychological and/or brain degenerative disorders.
- Further concussive event (although rare) being FATAL, due to severe brain swelling – known as second impact syndrome.

It is extremely important that sports staff and parents/guardians acknowledge any head injuries and subsequent concussions, which occur away from the school. This could include (but is not limited to):

- During away schools' sports fixtures.
- Where students are taking part in sports for clubs external to school.
- During activities/incidents away from school (i.e., a fall whilst skiing, a head injury following a fainting episode at home for example).

Following such an incident, the responsible adult (i.e., parent/guardian or sports staff) should notify the nurse of any head injury/concussion by emailing: nurses@bedmod.co.uk

Students with concussion should follow the Concussion Management Pathway in school aged athletes (see appendix f). Students can only start the Graduated Return to Play (GRTP) from day 15, once all symptoms have resolved and they are ready to do so. If parents/guardians are unsure that the symptoms have resolved by this stage, they should seek advice from the nurses at school or their own GP.

A key aspect of recovery is for all parties – students, parents/guardians, sports coaches, concussion team and other staff – to have a clear and open understanding of the length of recovery and the stages contained therein. Honesty is required from all parties so that the student can be properly supported.

It is recommended that the students should have 24-48 hours complete rest at home, but extended absence is uncommon.

The GRTP should be undertaken on a case-by-case basis and with the full cooperation of the player and their parents/guardians.

In order to facilitate the GRTP process and communicate a student's progress through each stage, the school's post-concussion GRTP form (see appendix g) should be completed. This form is initiated by the nurses and a copy is sent to parents/guardians with a letter (see appendix h), to sports department staff and tutors within 48 hours of the head injury/concussion taking place. A paper copy of the post-concussion GRTP form will be held by the nurses and when completed, scanned onto the student's ISAMs medical records.

Concussion – Initial Diagnosis and Management

The nurses will be responsible for follow up and to liaise with appropriate medical staff, parents/guardians, the Head of Rugby, sports coaches and teaching staff.

A concussion clinic will be held in the Medical Department on an as needed basis. The school will be supported by doctors who will see students in school to assess their recovery and return to play. Parents/guardians are welcome to forward any queries/questions they may have to the nurses, who will then forward these to the medical staff as needed.

Communication from the nursing team regarding GRTP will be by email (or telephone as needed).

Prevention and Education

It is the aim of the School to protect students participating in sports and other unspecified activities (where possible). It is appreciated that proper education and supervision may help to minimise the risk to the student. It is recommended that:

- All staff associated with sport are issued with information on signs and symptoms of concussion.
- All sports staff to consider volunteering to undertake first aid training and to maintain an appropriate first aid qualification.
- All sports staff and staff associated with sporting activities to have an understanding of school protocols and available resources around concussion including RFU guidelines "Don't be a Head Case".
- Following a head injury, students and parents/guardians are given written handouts informing them of the signs and symptoms of concussion and follow up advice following all head injuries.
- All students, parents/guardians can recognise the signs and symptoms of concussion and are aware of the importance of informing staff if their child has sustained a head injury during outside clubs/activities and to inform clubs of injuries that have occurred at school.
- Where students are known to have long term disabilities and chronic medical conditions, the student should be risk-assessed before taking part in sports where there is a risk of injury or concussion. Parents/guardians are encouraged to share any medical information they feel is relevant to the safety of their child.
- Academic staff will inform the nurses if they notice any concentration issues in any of their students.
- Class or teammates are encouraged to report injuries or concerns which they have about class/social/behavioural changes in their friends.
- All staff must recognise the importance of the need for medical intervention to ensure ongoing evaluation of injury throughout graduated return to play (GRTP).
- Students should recognise the importance of reporting their injury and symptoms to their parents/guardians and informing their team coaches to ensure current guidelines are followed. All such instances must be passed onto Medical Centre.
- The RFU Headcase webpage should be accessed and read by parents/guardians are advised that appropriate staff are informed of any Head Injuries which have occurred at outside clubs and to pass such information to medical centre staff in all incidences.
- SCAT 5 baseline assessment to be carried out with all first and second team rugby players at the start of the season.

Training

All nursing staff, rugby coaches, games/PE staff and any other school staff who regularly support students with sporting activities complete the England Rugby on-line training course. This should be undertaken as soon as possible into the start of the autumn term.

All rugby players in years 10 and above complete the England Rugby on-line training course.

All rugby players in years 9 and below watch a video about Head Injury and concussion.

Key information regarding G RTP process:

- Concussion is recognised within 48 hours of the injury (ideally immediately)
- This decision is then fixed and the School will not allow the student to return to play until they have been reviewed by a suitably qualified Doctor trained in concussion assessment & management (this can be any Doctor but if the school has a concern regarding any decision then they can refer this concern to the Doctor covering the school concussion clinic and can provide further advice as needed).
- If a parent/guardian, coach or GP contests the original decision then, on the basis of child protection and World Rugby/RFU guidelines, this contestation will be rejected.
- The student should usually see the concussion Doctor around day 23 after the original injury, although in very occasional circumstances (and likely where there is a query over the original decision) the student can be seen at 10 days (but no earlier) after the injury.
- Any Doctor signing a student back to play before 10 days is not following national and international guidelines and demonstrates a lack of awareness of concussion management. The Concussion Doctor has advised the School to reject any such assessment and require assessment at the appointed time point by a concussion trained Doctor.
- The School has a duty of care to ensure its students are kept safe and allowing a child to return to play too early (even if the GP has signed them off) doesn't excuse the school from its duty of care.

Guidelines/Resources

British Journal of Sports Medicine– Concussion Recognition Tool 5. Link:
<https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097508CRT5.full.pdf>

British Journal of Sports Medicine – Sport Concussion Assessment Tool Fifth edition (SCAT 5). Link:
<https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf>

England Rugby – Concussion. Link:
[General Information \(englandrugby.com\)](http://General%20Information%20(englandrugby.com)Resources%20(englandrugby.com))
[Resources \(englandrugby.com\)](http://Resources%20(englandrugby.com))

Headway UK – guidance around Glasgow Coma Scale. Link:
<https://www.headway.org.uk/about-brain-injury/individuals/effects-of-brain-injury/coma-and-reduced-awareness-states/glasgow-coma-scale/>

National Institute for Clinical Excellence (NICE). Head injury: assessment and early management. Clinical guideline [CG176] Published date: January 2014. Last updated: September 2019

NHS - Head injuries and Concussion advice. Link:
<https://www.nhs.uk/conditions/minor-head-injury/>

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Appendix B – First Aid Boxes

First Aid boxes are checked on a monthly basis.

Location	Assigned to:
Art Dept. – C3	Head of Art
Art Dept. – C7	Head of Art
Caretakers' office	John Watts
Deputy bursar's office	Sylvia Styles
Drama – DR1	Nick Parker
Drama - DR2	Nick Parker
Drama - Prop Room	Nick Parker
Drama Studio	Nick Parker
Drama Workshop	Nick Parker
Design Technology	Hayley Worthington
Fitness Studio	Nurses
Garage and Garden Store	Nurses
Groundsman's Office	Terry King
Junior School Art room	Nurses
Junior School Design Technology	Nurses
Junior School CFH Kitchen Area	Nurses
Junior School Reception	Nurses
Junior School Staff room	Nurses
Library	Tanya Henning
Main Boiler House	James Burrows
Maintenance Workshop	James Burrows
Music Dept. – Music Office	Jacqui Piper
Rutherford Building– Ground floor, by water fountain	Nurses
Rutherford Building – Oakley room	Nurses
School House Kitchen	Jane Holliday
School House - Speech And Drama	Shelly Leather
School Office – Senior School Reception	Claire Sedgman
Science Centre S05 – Biology Prep Room	Gurinder Bhamra
Science Centre S18 – Chemistry Prep Room	Karen Solmon
Science Centre S28 – Physics Prep Room	Eva Collider
Senior School Wellbeing	Nurses
Sports Hall	Nurses
Staff Common Room – Old Sports Office	Nurses
Year 7 common room	Head Of Year
Year 8 common room	Head Of Year
Year 9 common room	Head Of Year
Year 10 common room	Head Of Year
Year 11 common room	Head Of Year
Clarendon Street	
Swimming pool	Nurses
First aid room	Nurses
King Room	Nurses

Vehicles	Assigned to:
Catering van CF63 MHU	Sylvia Styles
Astra Van WF60 OKX	Sylvia Styles
Red Van KM13 VPZ	Sylvia Styles
Pick up T250 BNV	Sylvia Styles
9 Seater SA73 GXE	Sylvia Styles
12 Seater YP73 HNR	Sylvia Styles
17 Seater GD69 KZA	Sylvia Styles
17 Seater GL70 COU	Sylvia Styles
17 Seater GL70 UVN	Sylvia Styles