



**Rye St Antony School**  
O X F O R D

<b>13a. First Aid and Health care Policy</b>	
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## Introduction

Physical health, mental health and emotional wellbeing are the priorities in the care of pupils. The school is concerned for the health and wellbeing of the whole person and thus takes a holistic approach to the care and education of each pupil.

## Accidents

Accidents on the playing fields or around the school must be recorded via the online Accident Form accessible on the Rye St Antony Staff Portal. Accidents or near misses to staff, visitors, contractors and pupils must be recorded. Records are kept of all accidents and injuries, and there is a procedure in place for ensuring that they are reviewed regularly in order, where possible, to minimise the likelihood of recurrence. The Accident Reports are reviewed by the school Health & Safety committee. Accidents resulting in major injuries or over-three-day injuries and dangerous occurrences (near-miss accidents) are reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) by the HOB. Parents should be informed via email or telephone of an accident or illness in school; this is usually done by the first aider on call

### First Aid

There is a first aider on call from 8am to 4pm every school day to deal with any accidents or emergencies, or to help if someone is taken ill. The Head of Boarding HOB is a qualified nurse and will take the lead on all matters medical. There are also a number of members of the teaching and support staff, including all House staff, who are trained as First Aiders and/or Paediatric First Aiders, who are capable of giving First Aid if a pupil is injured, e.g., during sport. There is always a member of staff trained in First Aid on site. A list of First Aiders, Paediatric First Aiders and members of staff trained in the management of anaphylaxis including the use of an

Auto-injector is posted in the Staff Room, the Early Years Foundation Stage (EYFS) office, the boarding house and on noticeboards throughout the school. Staff with a qualification in First Aid and/or Paediatric First Aid are required to update their training every three years.

First Aid boxes are available in all the areas of the school where an accident is considered possible or likely (e.g., the Sports Hall). First Aid kits are always taken when pupils go out of School for visits and sports events. There are First Aid notices around the school. All new pupils and staff are given information on where to go for help in the event of an accident as part of their induction programmes. It is the responsibility of any staff using first aid equipment to inform the HOB to ensure these kits are restocked.

In the event of a medical emergency, 999 should be called. This is when someone is seriously ill or their life is at risk. Medical emergencies include: loss of consciousness, an acute confused state, fits that are not stopping, chest pain, breathing difficulties, bleeding that cannot be stopped, severe

allergic reactions, a major trauma such as a fall, a serious head injury, and severe burns and scalds. 999 should be called immediately if someone is having a suspected heart attack or a stroke.

Parents should be contacted if a pupil suffers anything more than a trivial injury, if a pupil becomes unwell or if there are any worries or concerns about the pupil. Parents are asked to contact the Deputy Head Pastoral (DHP) or HOB at any time if they wish to discuss any concern relating to a pupil's health.

The HOB, DHP, Deputy Head of Boarding (DHOB) or the first aider on call will attend accidents, emergencies or sick pupils, there is always one person trained in first aid on site. The procedure for first aid cover as of 11 Jan 2024 is as follows:

	8.30-10am	10-12	12-1pm	1-3pm	3-4pm
Monday	HOB	HOB	DHP	A. Samuels	DHP
Tuesday	HOB	HOB	HOB	HOB	DHP
Wednesday	DHOB	DHP	A. Samuels	DHP	DHP
Thursday	DHP	A. Samuels	A. Samuels	HOB	HOB
Friday	DHOB	DHP	DHOB	DHOB	DHOB

- Pupils to report to reception if unwell.
- Reception to contact person on call for first aid. Medical number 07717 756705. DHP number is 07770805269
- Only HOB, DHP & DHOB and A. Samuels may give medication.
- Unwell pupils may wait in the health centre until parents can collect
- Boarders can be cared for in their bedrooms. House cover must be put in place to check on sick boarders, give food etc

**Commented [SaJT1]:** Additional info added by JT to be reviewed by SLT

#### Ice Packs

Ice packs can be found in the freezer compartment of the fridge and instant cold packs in the store cupboard in Health Centre. The Health Centre also has an ice maker so ice packs can be made as needed.

#### Administration of Medications

The school recognises the importance of having a clear policy for the administration of medicines that is made known to, understood and accepted by staff, parents and pupils and which provides a sound basis to ensure the proper and safe administration of both prescribed and non-prescribed.

**Non-Prescription medications**

- Non-prescription medications are kept securely in a locked cupboard in the boarding office.
- A list is kept of those medications stocked with indications for use, contra-indications, dosages and side-effects.
- Any errors or adverse reactions must be reported immediately to the HOB who will follow up as necessary.
- Non-prescription medications are issued to pupils under a home remedy protocol (see section below).
- Non-prescription medications will only be administered to pupils with parental consent for the administration of Non-prescription in school. Consent is given or declined when the pupil's parents complete the Online Health Form that is sent out to new starters.
- The HOB will inform the pupil's parents or guardians as soon as reasonably possible if a non-prescription medication is given, either by phone call or by email.
- All medications given to pupils are documented under the Medication section in ISAMS Medical Centre. Medications given to boarding pupils will also be documented in the Boarder's Medication Record (see Appendix 1) document in the boarding medication folder.

**Prescribed medications**

- During the school day, The Deputy Head of Boarding (DHOB), The Head of Boarding (HOB) or the Deputy head Pastoral (DHP) on call for first Aid will administer prescribed drugs to both day and boarding pupils. If a boarding pupil requires a prescribed medication in boarding time, this will be arranged with the HOB. The HOB will make House staff aware of the nature of the drug, its dosage, indications, contraindications and side effects. House staff should immediately inform the HOB should any errors or adverse reactions occur.
- Prescribed medications must be issued only to the pupils for whom they have been prescribed.
- Medications must be kept in their original container.
- The original dispensing label must not be altered.
- It is the responsibility of the pupil's parent or guardian to ensure that any medication they require during the school day is handed in to an appropriate adult, in its original container with written consent and instruction for administration. It is also the responsibility of the child's parent or guardian to ensure that a sufficient amount of the medication is supplied and that the medication is in-date.

- A Prescribed Medication Consent Form (see Appendix 2) must be completed by the pupil's parent or guardian.
- Any foreign medication brought to school should be authorised by the HOB.
- Medication for use in urgent situations (e.g., antibiotics) is prescribed individually for each boarding pupil as and when required by Bury Knowle Health Centre.
- Stocks of prescription medicines are not held in school.
- Refrigerated prescribed medications are stored in a locked fridge in the health centre. The temperature of the fridge is checked daily by the HOB.
- All medications given to pupils are documented under the Medication section in ISAMS Medical Centre.

#### **Controlled Medications**

- Controlled Medications are medications that are subject to special monitoring arrangements.
- Controlled medications are stored in a locked cupboard inside the medication cabinet in the boarding office which is in the Controlled drugs (CD) cabinet within the medication cabinet. Only authorised staff have access to the key. Any CDs dispensed to pupils are documented in the CD book kept in the medication cabinet and under the Medication section in ISAMS Medical Centre on the pupil's health record.
- Two signatures are required when administering and recording a controlled drug in school. If two members of staff are not available the pupil will be the countersignature.
- Any CDs no longer required will be returned to the pupil's parent or guardian for disposal. Where this is not possible, the CD should be returned to the dispensing pharmacist.

#### **Self-administration of medication**

- Pupils should not carry their own non-prescription medications in school. If a pupil requires any non-prescription medication at school, the HOB, and the boarding staff in the case of boarding pupils, can administer this from the health centre stock. If a day or boarding pupil requires a prescribed medication at school, the HOB should be informed in advance by parents and the medication should be stored in the drug cupboard. An exception to this is emergency medication that needs to be immediately accessible to the pupil, such as Epi-Pens, inhalers and antihistamines.
- In exceptional circumstances, such as in the cases of emergency medications or topical creams that need to be administered by the pupil themselves, the HOB will assess the pupil's capacity to understand the nature of their medication, the dose and the length of time for which it is to be

taken and any side effects, as well as the expectation to store all medication in their lockable facility.

- In these circumstances, the HOB and the pupil will complete and sign a Medication Risk Assessment Form for Pupils Self-Medicating (see appendix 3), indicating agreement with this policy. This risk assessment form is then uploaded onto ISAMS medical under the “Documents” section.
- Sixth form pupils, if considered responsible, can also complete a risk assessment with the HOB to administer their own prescribed medications during the school day. In these circumstances, the pupils’ parent or guardian is also required to sign the risk assessment (see appendix 3) and it is the responsibility of parents to inform the school immediately if they have any concerns regarding their child’s ability to safely carry and administer their medication in school after the initial risk assessment has been completed. In these circumstances the pupil will no longer be able to carry their medication in school and this will be administered by the HOB instead.

#### **Administration of prescribed and non-prescribed medication by staff in boarding houses**

House staff are trained in the administration and management of medicines. Training for all House staff highlights issues such as indications, contra-indications, side-effects, dosage, precautions regarding administration, clear reasons for not giving the drug and duration of treatment before nursing or medical advice is sought.

- Staff must complete the EduCare Administration of Medications in Schools online training in order to administer medications to pupils. (See Appendix 4a & 4b & 4c)
- Medication is available for staff to administer when they consider it needed or when a pupil requests it, for example, paracetamol. This medication is kept in a locked cupboard in the boarding office. These medicines may be given only after careful reading of the school’s medications policy.

Prior to administering any medication to a pupil, the member of staff must:

- Ask the pupil if they have seen by anyone – all medication should be dispensed by trained staff only.
- Ask the pupil if they have had any medication that day and, if so, what.
- Check the Boarder’s Medication Record (See Appendixes 1) sheet stored in the locked cupboard in the boarding office to see if and when the pupil last had medication on ISAMS medical for day pupils
- Check Medical Protocol for advice concerning which medication to give, how much and any contraindications to consider.



- Ask pupil if she has taken that medication before.
- Check allergy list for any notes relating to the pupil.
- Check expiry date on the medication package.
- Give medication, and ensure that it is taken in your presence.
- Advise the pupil to come back, should she suffer any reaction to the medication.
- Record all details fully in the Boarder's Medication Record sheet and ISAMS medical.
- If you have any concerns about the distribution of medication, please seek advice from the HOB
- Medication can be given by the HOB, deputy HOB, A. Samuels or DHP.
- Parents will be informed via email if over-the-counter medication is given to a day pupil.

#### **Recording and monitoring of records**

- A complete current record is kept providing an audit trail for all medications.
- Staff will keep an up-to-date record of all current prescribed medication.
- In the case of boarders, all medicines brought into school are recorded for each pupil including over-the-counter and complementary medicines.
- The Medicine Administration Record (MAR) Chart includes:
  - name of pupil
  - date of receipt
  - name, strength and dosage of drug
  - quantity of the drug
  - signature of the member of staff giving the drug
- The MAR Chart will be kept for all drugs administered (including homely remedies) and will be retained for 10 years after the last entry.
- The HOB will upload the medications given by the House staff to the ISAMS Medical Centre so that this can be added to their school health record.
- A record will be kept of medicines sent home or on residential visits with the pupil and if a pupil is admitted to hospital.
- If a pupil's refusal of a medication will cause a deterioration of their health further medical advice will be sought (111, or 999 depending on the pupil's presentation).

### **Disposal of medicines**

- Out of date medication or medication which is no longer required will be returned to the day pupil's parents to be disposed of safely.
- In the case of boarding pupils any out of date medications must be returned to the HOB and these will be sent to the dispensing Pharmacy for safe disposal.

### **Pupils who require inhalers**

- All pupils, other than those in EYFS who require inhalers must keep their inhalers with them at all times and the inhalers should be clearly labelled
- Inhalers for EYFS pupils should be clearly labelled and stored in the EYFS office.
- The HOB will ensure that boarders' inhalers are within the expiry date.
- Parents of day pupils are responsible for replacing medication when it is out of date.

### **Pupils who require Epi-Pens**

- Senior School pupils who are prescribed an AAI (Adrenaline Auto-Injector) are required to carry a named Epi-Pen with them at all times. Pupils also have a labelled back up Epi-Pen in a labelled box in the staff room.
- Pre-Prep and Prep School pupils prescribed an Epi-Pen have their own emergency boxes clearly labelled with the pupil's name and with full instructions of when and how to administer the medication. Emergency boxes are kept in the Head of Prep's office and the EYFS office.
  - The HOB will ensure that the medication is within the expiry date.
  - Parents of day pupils are responsible for replacing medication when it is out of date.
  - A number of members of staff trained in Emergency Aid and Paediatric First Aid have also received training in the use of Epi-Pens. The HOB also offers Epi-Pen training regularly.

### **Pupils with special medical needs**

Pupils with a special medical need have a red flag next to their names on ISAMS which allows all staff to identify these pupils.

### **Early Years Foundation Stage (EYFS) pupils: Nursery and Reception**

- The HOB will discuss with parents the procedure to be followed in the event of illness or infection.

- The HOB will obtain written permission from parents for the administration of any personal medication to a pupil.
- Where medication or First Aid is administered to a pupil, the HOB will contact the pupil's parent or guardian by phone or email as soon as reasonably possible.

#### Medication on School Trips

- On occasion it may be necessary for staff to give medication to students on trips away from school.
- The staff member planning a trip will be in contact with the HOB prior to the trip to discuss the health needs of the pupils attending and to complete the HOB's administration of medication form.
- Any staff member giving medication to pupils on a School Trip must complete the EduCare online Administration of Medication in School Training and complete the *Medication Administration for Rye Staff* (see Appendix 4a & 4b & 4c) form with the HOB before doing so.
- Where pupils require a prescribed medication on a trip the HOB will discuss the use, dosage, storage and administration of the medication with the teacher beforehand.
- Medication must be stored in a secure place which is not accessible by pupils. The only exceptions to this is in the case of a pupil's emergency medication (e.g. inhalers or Epi-Pens which must be accessible to the pupil for whom this has been prescribed at all times.
- Only prescribed medications sent into school in their original packaging with the prescription label intact will be accepted to be taken on the school trip. It is the responsibility of the pupil's parent or guardian to ensure that any medication they require on the trip is handed in to an appropriate adult, in its original container with written consent and instruction for administration.
- A parental consent form will be sent to parents prior to the trip to obtain written permission both for any prescribed medications required and for the administration of non-prescription medications (paracetamol or antihistamines) as needed (See Appendixes 5)
- Non-prescription medications will only be given to pupils by the accompanying teacher if they have a signed parental consent form in place for the administration of non-prescription medications.
- If a non-prescription medication is given to a pupil, the accompanying teacher will contact the pupil's parent or guardian to inform them as soon as reasonably possible and arrange collection of the pupil if required. If there are any concerns about a pupil's health, the trip

leader will seek further medical guidance (111 or 999 depending on the presentation of the pupil).

- If a pupil declines their prescribed medication the trip leader will inform the pupils parents as soon as reasonably possible and seek further medical assistance (111 or 999 depending on the pupil's presentation) if the refusal of the medication will negatively impact the health of the pupil.
- In the unlikely event of a medication error, the accompanying teacher will seek further medical assistance as soon as possible (111 or 999 depending on the presentation of the pupil). The accompanying teacher will also contact the pupil's parents as soon as reasonably possible to inform them of the error.
- All medications given on the school trip must be documented by the administrating staff member. On the return from the trip, the trip leader must return this document to the HOB who will transfer this information to ISAMS Medical Centre.

See appendix 4a, b, c & 5 for medication procedure and documentation

## **Anaphylaxis**

Anaphylaxis is a severe allergic response by the body to medication, bee/wasp stings or foods (e.g., nuts, eggs, cow's milk, shellfish). This reaction develops after only a few seconds and is a medical emergency. In its most severe form, it is life threatening.

When a child is known to be at risk of anaphylaxis the treating doctor will prescribe medication for use in case of an allergic reaction. This may include adrenaline injections. Those most commonly in use are the Epi-Pen, the Anapen and the Min-i-Jet (auto-injectors). These devices are preloaded, contain clear and concise instructions, and the medications are simple to administer.

### **Management of Anaphylaxis in School**

It is the responsibility of a pupil's parents/guardians to notify the school if their child is at risk of anaphylaxis

- A list of pupils who are at risk of an anaphylactic reaction is posted on the noticeboard in the main Staff Room and in the Health Centre.
- Catering are informed of all children with food allergies and are aware of which pupils are AAI (Adrenaline Auto-Injector) carriers.
- Senior School pupils who are prescribed an AAI are required to carry a named AAI with them at all times. Pupils are also advised to have a backup AAI in a labelled box in the staff room. This back up AAI should remain on the school site at all times, with the exception of if the pupil is

going on a school trip or fixture when the back-up AAI must be taken with the pupil and returned to the staff room on their arrival back to school.

- Pre-Prep and Prep School pupils prescribed an AAI have their own emergency boxes clearly labelled with the pupil's name and with full instructions of when and how to administer the medication. Prep School pupils back up AAI's are kept in the Head of Prep's office.
- The school carries a number of back up AAI kits that can be used if a pupil's own AAI's cannot be located or misfire, providing written parental consent is in place. Parental consent is requested when the pupil's parents or carers complete the Online Health Form prior to admission to Rye if the child is already prescribed an AAI
- Back up AAI kits contain both an Epi Pen and an Epi Pen Junior and are available in the following locations:
  - Staff room
  - Boarding Office
  - Prep school first aid room

The back-up AAI kits also contain information on how to administer the AAI's, a list of pupils to whom the AAI's can be administered to, an administration record and a checklist where monthly checks of the AAI's are recorded. For more information see <https://www.sparepensinschools.uk>

- The HOB will send a reminder email to parents of when their child's AAI is due to expire but the parents or guardians of day pupils are responsible for keeping records of the expiry dates of their child's AAI's and ensuring these are replaced before they expire.
- A number of members of staff trained in Emergency Aid and Paediatric First Aid have also received training in the use of AAI's and The HOB is able to provide training to staff as needed.

#### **Recognition and Management of Allergic Reaction:**

##### **Recognition:**

Swollen lips, eyes or face

- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting

##### **Management:**

Do not leave pupil unattended, contact the first aider

- Give antihistamine according to the pupil's allergy plan/individual health care plan
- If prescribed, locate pupil's AAI

### **Observe for signs of anaphylaxis**

#### **Airway**

- Persistent cough
- Hoarse Voice
- Difficulty swallowing
- Swollen tongue

#### **Breathing**

- Difficult or noisy breathing
- Wheeze or persistent cough

#### **Consciousness**

- Persistent dizziness
- Pupil is pale or floppy
- Pupil is suddenly sleepy
- Pupil collapses/is unconscious

#### **If any one or more of these signs are present:**

- Lie pupil down and raise legs (allow to sit if having difficulty breathing)
- Administer AAI immediately
- Dial 999 for an ambulance and say “anaphylaxis”
- Administer second AAI 5-15 minutes after the first if symptoms do not improve
- Contact pupil’s parents at earliest reasonable opportunity
- Continue to monitor the pupil until the ambulance arrives. Do not stand the pupil up, even if they appear well
- If there are no signs of life commence CPR without delay and send for defibrillator

### **Asthma**

Asthma is a common lung condition that can cause breathing difficulties. There is no cure for asthma but symptoms can be alleviated with treatment.

#### **Management of Asthma in School**

- It is the responsibility of a pupil’s parent or guardian to inform the school if their child is asthmatic.
- Pupils must take their inhaler with them on school trips and fixtures.

- A pupil with asthma must carry their reliever (most commonly Salbutamol) inhaler with them at all times. It is the pupil's parent or guardian's responsibility to ensure that their child's inhaler is in date and has not run out.
- Students with asthma will be advised to not partake in physical activity if they do not have their inhaler with them.
- All pupils with asthma have a red flag against their names in ISAMS and a list of pupils with asthma is available in the staff room, the P.E. office and the prep school first aid room.

### **Emergency Inhaler Kits**

- The school carries a number of emergency inhaler kits which are located around the school, each containing one Salbutamol inhaler. These can be used in the event that a pupil's own Salbutamol inhaler cannot be located or is not working, providing the pupil is prescribed a Salbutamol inhaler and written parental consent is in place. Parental consent for the use of back-up Salbutamol inhalers is requested when parents or carers complete the Online Health Form prior to admission to Rye, or is requested by the HOB following a new diagnosis of asthma. Lists of pupils with parental consent for the use of back-up Salbutamol inhalers is available in the staff room, the P.E. office and the prep school first aid room.
- Emergency inhaler kits are present in the following locations: the health centre, the prep school first aid room, the main reception corridor, the art room and the sports hall
- Each emergency inhaler kit contains a Salbutamol inhaler, at least two plastic spacers which can be used with the inhaler, information about how to administer the inhaler, a checklist for the inhaler kit where monthly checks can be recorded and an administration record
- Staff are asked to contact the HOB in the event that an emergency inhaler kit is used to allow the HOB to review the pupil and replace the kit and to inform parents

### **Asthma Attack Guidelines**

In an asthma attack the muscles of the air passages in the lungs go into spasm and the linings of the airways swell. As a result, the airways become narrowed and breathing becomes difficult. Sometimes there is a specific trigger for an asthma attack such as:

- An allergy
- A cold
- Cigarette smoke
- Extremes of temperature

- Exercise

People with asthma usually deal well with their own attacks by using a blue reliever inhaler, however staff may be required to assist someone having an asthma attack or having an attack for the first time.

#### Recognition Features

- Difficulty in breathing, with a very prolonged exhaling phase.

There may also be:

- Wheezing as the casualty breaths out.
- Difficulty speaking and whispering.
- Distress and anxiety.
- Coughing.
- Features of hypoxia, such as a blue-grey tinge to the lips, earlobes and nailbeds.

#### Treatment

Your aims during an asthma attack are to ease the breathing and get medical help.

- You need to keep the casualty calm and reassure them. If there is a second person available ask them to call the Health Centre
- If they have a blue inhaler, then encourage them to use it. It should relieve the attack within a few minutes. If you are alone call the health centre at this point.
- Encourage the casualty to breath slowly and deeply.
- Encourage the casualty to sit in a position that they find most comfortable.

#### **DO NOT LIE THE CASUALTY DOWN.**

- A mild asthma attack should ease within 3 minutes, if not encourage the pupil to use their inhaler again.

**IF THE CASUALTY BECOMES WORSE OR IF THEY BECOME UNCONSCIOUS (Place in recovery position)**

**CALL AN AMBULANCE IMMEDIATELY.** For more information see : [Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](#) and [Asthma at school | Asthma + Lung UK](#)

#### Consent to treatment

Pupils are able to consent to medical or nursing treatment, regardless of age, if they are deemed Gillick 'competent'; otherwise, parental consent or the consent of a recognised person acting in loco parentis



is required. Authorisations concerning the dispensing of prescribed and non-prescribed medication, First Aid treatment and emergency treatment are requested on the School's Medical Questionnaire (Online Health Form).

The school is alert to the need for vigilance concerning particular health vulnerabilities, for example, anaphylaxis, eating disorders, virulent strains of influenza and any notifiable viruses.

### Confidentiality

With all medical and nursing matters, the staff will respect a pupil's confidence except on the very rare occasions when, having failed to persuade that pupil, or his or her authorised representative, to give consent to divulgence, the person in charge considers that it is in the pupil's better interests or necessary for the protection of the wider school community to breach confidence and pass information to a relevant person or body. (See *Safeguarding Policy*)

### Counselling

The school counselling service is a professional service primarily available to senior pupils (Years 7-13) to assist them in their personal development. Counselling is offered by a trained, fully qualified School Counsellor who works within the National Counselling Association's code of ethics. Counselling aims to support pupils in addressing emotional and behavioural difficulties by encouraging them to express their feelings and thoughts and develop their understanding of themselves and strategies for managing their emotional health.

The aim of Counselling is to help young people:

- make informed choices
- cope with crisis and give support through preventative strategies
- work through feelings of inner conflict
- improve relationships with others
- gain understanding of themselves
- develop coping strategies
- build confidence and self esteem

Referral is made by the deputy HOB, HOB, DHP or Head.

At the time of acceptance of a place, parents are asked to complete an Online Health Form and it is on this health form that parents are asked to give permission for their daughter to use the School Counselling Service, should the school deem a referral beneficial. The school recognises that good practice involves working in partnership with parents, and, in most cases, dialogue will take place between the school and parents if it is felt that counselling would be of benefit, but the school reserves

the right to refer an individual pupil for counselling without express parental permission in circumstances deemed to require this.

## Chronic Medical Conditions and Disabilities Policy

Pupils with chronic medical conditions and disabilities e.g., diabetes, epilepsy and severe allergic conditions have an Individual Healthcare Plan in place. Individual Healthcare Plans are accessible to all teaching staff via Provision Map. A physical copy of each care plan is also available in the Individual Healthcare Plan Folder, in the emergency medications cupboard in the staff room. There is a list of pupils with an Individual Healthcare Plan in the staff room. Named EpiPens and diabetic emergency kits are kept in the staff room for senior pupils, in the Head of Prep's office for prep school pupils, and in the EYFS classroom for Early Years pupils. For more information see [Supporting pupils with medical needs \(education-ni.gov.uk\)](https://www.education-ni.gov.uk)

### Diabetes

Diabetes is a condition where a person's blood glucose level is too high. There are two main types of diabetes, Type 1 and Type 2.

People with Type 1 diabetes are not able to produce any insulin at all, whereas people with Type 2 diabetes do produce insulin but it either does not work effectively or enough insulin cannot be produced.

It is the responsibility of a pupil's parent or guardian to inform the school if their child is diabetic. All students with diabetes must carry their blood testing kit with them at all times. There is also a blood testing kit stored in the Health Centre that can be used in the event that a pupil's own kit is not working or cannot be located.

The HOB will make an Individual Healthcare Plan (IHCP) for each student with type 1 Diabetes which will be reviewed at a minimum of every 6 months. IHCP's are found on Provision Map, in the "Documents" Section on ISAMS medical centre, displayed in the staff room and are included in the school trip pack given to teaching staff by the HOB prior to the trip. The pupil and their parents will be encouraged to be involved in the IHCP.

The HOB will inform the catering team of any students with Type 1 diabetes and the pupil's teachers will be made aware and have access to their IHCP. Any pupil with Type 1 diabetes must have their blood testing kit with them in order for them to take part in P.E. or sports clubs.

### **Hypoglycaemia (Low Blood Sugar) Emergency Guidelines for School Staff**

When the blood-sugar level falls below normal (hypoglycaemia or “hypo”) brain function is affected. This problem is sometimes recognised by a rapidly deteriorating level of response. A “hypo” is defined as being when a blood glucose level is less than 4.0 mmol/l.

Hypoglycaemia can occur in people with diabetes mellitus and, more rarely, appear with an epileptic seizure or after an episode of binge drinking.

#### **Recognition Features**

There may be:

- A history of diabetes; the casualty may recognise the onset of a ‘hypo’ attack.
- Weakness, faintness or hunger.
- Palpitations and muscle tremors
- Strange actions or behaviour; the casualty may seem confused or belligerent.
- Sweating and cold, clammy skin.
- Pulse may be strong and rapid.
- Deteriorating level of response.
- Diabetic’s warning card, or medic alert necklace/ bracelet, insulin syringe on person or glucose gel.

#### **Treatment**

The aim is to raise the sugar content of the blood as quickly as possible and to obtain medical help.

- Help the casualty sit down.
- If a second person is available ask them to phone for another first aider
- If the casualty is conscious and able to swallow, give them a sugary drink, sugar lumps, chocolate or any other sweet food.
- Alternatively, if they have their own glucose gel or glucose tablets, help the pupil to take them.
- The first aider will monitor the pupil and check their blood glucose level again after 10 minutes and support them to have a slow-release carbohydrate snack or meal as needed.

#### **Unconsciousness**

- Place casualty in recovery position and dial 999 for an ambulance and say that the pupil is diabetic

- Call the first aider to come and monitor
- Do not attempt to give the casualty anything to eat or drink.
- Call the pupil's parents at the earliest reasonable opportunity

The school has two Diabetic Emergency Response Kits which are mounted on the walls, located in the reception corridor above the AED and inside the sports hall by the emergency phone. These kits are to be used if a pupil is suffering from hypoglycaemia and contain the following items:

- 1 pack Glucogel Triple Dose 3 × 25g
- 1 Tube of Gluco Tabs 40g

These items are checked and replaced by the HOB as needed.

## Eating disorders

The school is keen to help pupils of all ages to develop healthy eating habits and values, and the promotion of healthy eating is an important part of the PSHE programme and form parts of the curriculum for Science and Food and Nutrition.

Sometimes, however, young people suffer from eating distress, perhaps as a result of personal or environmental factors. If an eating problem is diagnosed, a support strategy will be planned and implemented. A decision will also be made, taking into account medical advice, as to whether or not the pupil is fit to be in School. If a pupil needs to be away from school for a period of time, arrangements will be made for work to be sent home, if appropriate.

The school follows guidelines laid down by the Child and Adolescent Eating Disorder Group. Advice and information is also available from Child and Adolescent Mental Health Services (CAMHS). Parents will always be fully informed should any concerns arise in relation to disordered eating and their child.

## Epilepsy

A seizure- also called a convulsion or fit consists of involuntary contractions of many muscles in the body.

The condition is due to a disturbance in the electrical activity of the brain. Seizures usually result in the loss or impairment in consciousness.

The most common cause is epilepsy. Other causes include:

- Head injury

- Some brain damaging diseases
- Shortage of oxygen or glucose in the brain
- The intake of certain poisons including alcohol.

### **Recognition Features**

General recognition features are:

- Sudden unconsciousness
- Rigidity and arching of the back
- Convulsive movements

#### **In epilepsy the following sequence is common:**

- The casualty suddenly falls unconscious, often letting out a cry.
- They become rigid, arching his back
- Breathing may cease. The lips show a grey- blue tinge and the neck and face may become red and puffy.
- Convulsive movements begin. The jaw may be clenched and breathing may be noisy. Saliva may appear at the mouth and may be blood stained if the tongue or lips have been bitten.
- There may be loss of continence.
- Muscles relax and breathing becomes normal; the casualty recovers consciousness, usually within a few minutes. They may be dazed or act strangely. They may be unaware of their actions.
- After a seizure, the casualty may feel tired and fall into a deep sleep.

### **Aims**

- To protect the casualty from injury
- To give care when consciousness is regained
- To arrange removal of the casualty to hospital if necessary

### **Treatment**

- If you see the casualty falling, and if it will cause no harm to yourself, try to ease the fall

- Make space around them, ask bystanders to move away and someone to phone 999 if this is the pupil's first seizure. If not, call the health centre.
- Remove potentially dangerous items such as sharp objects and hot drinks.
- Note the time the seizure started and finished.
- If possible, protect the casualty's head by placing a soft padding underneath it.
- Loosen clothing around the casualty's neck. If you are alone call the health centre at this point.
- Call 999 for an ambulance if the seizure lasts more than 5 minutes, if it is the pupil's first known seizure, if the pupil has injured themselves badly or has difficulty breathing, or if the pupil has a seizure again, immediately after the first.

#### **When the seizure has ceased**

- Open the airway and check breathing.
- Be prepared to give rescue breaths and chest compressions if required and you are trained/able to do so. In this instance call an ambulance, do not wait for Nurse to arrive.
- If breathing is normal, place in the recovery position.
- Note duration of the seizure.

#### **Caution: Do not attempt to restrain the casualty or place anything in their mouth**

For more information see [First aid for all seizures | Epilepsy Society](#)

#### **Emergency medical treatment**

In accepting a place at the school, parents are required to authorise the Head (or an authorised deputy acting on her behalf) to consent, on the advice of an appropriately qualified medical specialist, to their child receiving emergency medical treatment, including general anaesthetic and surgical procedure under the NHS, if the school has been unable to contact the parents in time.

#### **GP Surgery & National Health Service Medical Card**

Boarding pupils are required to register for general medical services at Hedena Health Centre, Bury Knowle. If a pupil needs an urgent appointment the HOB or DHOB will ring Bury Knowle Health Centre on 01865 597023 stating that an urgent GP appointment is required that day. The pupil should be accompanied by a member of the Housestaff on duty at that time.

At the time of a boarding pupil's entry to School, the pupil's parents are asked to send to the HOB the pupil's National Health Service Medical Card (or, if the pupil does not have an NHS Medical Card, NHS form GMS1, which can be downloaded from the internet).

#### **Boarders not registered with Bury Knowle Health Centre**

Some flexi and weekly boarders prefer to remain with their family GP. In this case, the parents must collect their daughter and take her to their own GP if she needs to be seen by a doctor. In exceptional circumstances, a full boarder may choose to remain with her family GP.

## Head Lice

To address the issue of head lice in school

### Objective

To help pupils and staff identify and reduce the head lice population in the school community

### Action

- If head lice are suspected, refer pupil to the HOB or DHP
- If a living, moving louse is found and identified, the school will notify the pupil's parents and will send out a Head Lice Letter to all parents of children in the pupil's year group. The confidentiality of the pupil with head lice will be protected
- In the case of a boarding pupil having head lice, the House staff will be notified by the HOB and will provide treatment accordingly
- Form tutors of the pupil's year group will be informed and will encourage pupils to tie their hair back in school

See appendix 7 – Head lice letter

## Head Injury

The aim of this information is to:

- Ensure understanding of the key terms and the link between head injury and brain injury;
- Identify sport activities which carry a risk of head injury;
- Underscore the importance of creating suitable risk assessments for sport activities being undertaken by the school; and
- Provide clear processes to follow when a pupil does sustain a head injury.

This policy applies to:

- School staff (including part time or occasional employees or visiting teachers);
- Pupils of the School;
- Parents of pupils at the school

- Any other individual participating in any capacity in a school activity. For example, this would include a contractor providing sports coaching, or a volunteer on a school trip.

A head injury could happen in any area of School life. This policy focuses on sport activities (both contact sports and non-contact sports) where the risk of head injuries happening is higher but can be used for head injuries which occur in another context.

### Definitions

The following terms are used in this policy:

- **Head injury:** means any trauma to the head other than superficial injuries to the face.
- **Traumatic Brain Injury (TBI):** is an injury to the brain caused by a trauma to the head (head injury).
- **Concussion:** is a type of traumatic brain injury (TBI) resulting in a disturbance of brain function. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
- **Transient Loss of consciousness:** is the sudden onset, complete loss of consciousness of brief duration with relatively rapid and complete recovery. It can also be referred to as 'being knocked out' or a 'blackout.'
- **Persistent loss of consciousness:** is a state of depressed consciousness where a person is unresponsive to the outside world. It can also be referred to as a coma.
- **Chronic Traumatic Encephalopathy (CTE)** is one type of degenerative and progressive brain condition that's thought to be caused by TBIs and repeated episodes of concussion. CTE usually begins gradually several years after receiving TBIs or repeated concussions. The symptoms affect the functioning of the brain and eventually lead to dementia.
- **Contact sport:** is any sport where physical contact is an acceptable part of play for example rugby, football and hockey.
- **Non-contact sport:** is any sport where physical contact is not an acceptable part of play but where there are nonetheless potential collisions between players and between players and the ball, for example cricket and netball.

### The risks



- Playing contact and non-contact sport increases an individual's risk of collision with objects or other players.
- Collisions can cause a head injury, which can cause a traumatic brain injury such as a concussion.
- It is very important to recognise that a pupil can have a concussion, even if they are not 'knocked out'. Transient loss of consciousness is not a requirement for diagnosing concussion and occurs in less than 10% of concussions.
- Children and young adults are more susceptible to concussion than adults because their brains are not yet fully developed and thus more vulnerable to injury.
- The current evidence suggests that repeated episodes of concussion, even where there is no transitory loss of consciousness, can cause significant changes to the structure and function of the brain in a condition known as Chronic Traumatic Encephalopathy (CTE).

**Preventative steps to reduce the risks**

- Any person responsible for the undertaking of a sporting activity must ensure a suitable risk assessment for the specific sport activity is created.
- This risk assessment should be tailored to the specific School environment and should:
- Identify the specific risks posed by the sport activity, including the risk of players sustaining head injuries;
- Identify the level of risk posed;
- State the measures and reasonable steps taken to reduce the risks and identify the level of risk posed with the measures applied.

**Potential measures to reduce the risk of players sustaining head injuries while playing sports might**

**include:**

- Structuring training and matches in accordance with current guidelines from the governing body of the relevant sport (see above);
- Removing or reducing contact elements from contact sports, for example removing 'heading' from football;
- Removing or reducing removing the contact elements of contact sports during training sessions;
- Ensuring that there is an adequate ratio of coaches to players in training;
- Ensuring that pupils are taught safe playing techniques (e.g., tackling in rugby);
- Ensuring that pupils are taught to display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally;

- Using equipment and technology to reduce the level of impact from collision with physical objects (e.g., using padding around rugby posts, using soft balls, not overinflating footballs etc.);
- Using equipment and technology to reduce the level of impact from collision between players (e.g., gumshields, helmets etc);
- Coaching good technique in high-risk situations (such as football or hockey tackles);
- Ensuring that the playing and training area is safe (for example, that is not frozen hard, and there are suitable run-off areas at the touchlines);
- Ensuring that a medical professional is easily accessible during training and matches.

### **Head injuries sustained outside of school**

- As noted above, repeated concussions can cause significant changes to the structure and function of the brain, in particular the child's brain.
- It is therefore very important that the school, pupils and their parents take a holistic approach to the management of head injury causing concussions and cooperate with regards to sharing information.
- Where a pupil sustains a head injury which has caused a concussion whilst participating in an activity outside of the school, the parents of the pupil concerned should promptly provide the Head and the HOB with sufficient details of the incident, and keep the school updated of any developments thereafter. This would apply, for example, if a pupil suffers a concussion playing for an external club or if a pupil sustains a head injury while taking part in an informal game of sport, for example in the local park.
- The school will determine the appropriate way forward on receiving a notification of this nature. That might include reviewing any return to play plan already established by the external club, or if no such plan has been put in place, considering whether a return to play plan should be established under this policy.
- In turn the school will inform parents where a pupil has sustained a head injury at school.

### **Procedure to follow where a pupil sustains a head injury at School**

The welfare of pupils is of central importance. Any person to whom this policy applies should adopt a cautious approach if they are in any doubt as to whether a head injury has occurred. Where a pupil sustains a suspected head injury or concussion, the person supervising the activity should immediately remove the pupil from play where it is safe to do and contact the on call first aider who will review the pupil.

Those individuals to whom this policy applies should be aware of the symptoms of a concussion. The British Medical Journal has published a one page 'Pocket Concussion Recognition Tool' to help identify concussion in children, youth and adults (See Appendix 8) and is also available for download

(<https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf>)

In the case of any "red flag" symptoms following a head injury such as:

- Loss of consciousness
- Seizure
- Clear fluid coming from ears or nose

- Numbness or decreased coordination/balance
- Repeated Vomiting or prolonged nausea
- Increased confusion, restlessness or agitation
- Weakness
- Slurred speech, difficulty speaking/understanding
- Convulsions/ loss of consciousness
- Very painful or increasingly painful headache that will not go away
- A pupil has hit their head at speed e.g., hit by a car or bike
- A pupil has fallen from a height of more than one meter

The ambulance services should be called immediately on 999 and the pupil's parents will be contacted as soon as reasonably possible.

If the pupil is displaying potential symptoms of concussion but none of the above "red flag" symptoms are present, the first aider will contact the pupil's parents to collect them and to arrange an urgent medical review with their registered GP. Anyone sustaining a head injury and showing symptoms of concussion will not be allowed to drive themselves or travel home unaccompanied on public transport.

If the pupil is not displaying any symptoms of concussion and is assessed to be able to continue with the school day, the first aider will contact the relevant school staff to inform them of the injury (e.g., form teacher and P.E. teachers). The first aider will also contact the pupil's parents as soon as reasonably possible after the injury to inform them and will provide a head injury letter (see *Appendix 9*) which includes information on the signs and symptoms for parents to monitor for in the days following a head injury and the appropriate steps to take if these occur. The first aider assesses the pupil to have no symptoms of concussion, they will contact the pupil's parents as soon as reasonably possible and provide a head injury form for the pupil to take home, (See *Appendix 7*).

### **Managing a return to play following a head injury**

Any pupil that has suffered a head injury and been diagnosed with a concussion should be subject to a graduated return to play programme (**GRTP**).

The GRTP should be developed in consultation with a suitably qualified medical professional and be tailored to the specific circumstances of the individual (including the type of injury sustained and the relevant sport).

For an example GRTP, see the GRTP developed by England Rugby here:

[World Rugby Passport - Graduated return to play \(GRTP\)](#)

It is the responsibility of the parents to ensure that their child does not participate in any inappropriate physical activity outside of School whilst they are subject to a GRTP.

#### **Breaches of this policy**

The school takes its duty of care very seriously. The school will take appropriate action against any person found to have breached this policy. For example:

- if a pupil attempts to return to play in breach of their GRTP plan, the school would consider the matter under the school's pupil disciplinary policy;
- if a member of staff fails to report a head injury, the school would consider the matter under the school's staff disciplinary policy; and
- If a parent fails to report to the school a head injury their child sustains outside of School, the School would consider the matter under the terms of the school parent contract.

#### **Health Education**

Issues concerning sex education and substance abuse are topics included in the PSHEE programme. Health Education is promoted through the Personal, Social, Health and Economic Education (PSHEE) programme, a programme delivered by members of the teaching and support staff as well as by outside professionals.

#### **Hygiene procedures**

Any spill of blood or body fluids (faeces, urine, nasal and eye discharges, saliva and vomit) is regarded as potentially infectious, and when an incident occurs a suitably trained member of staff (Housekeeper, Caretaker or members of the House staff should be called to help, ensuring that the affected area is safely decontaminated and cleaned, and that all waste is placed in a clinical waste bag, and any soiled clothing sealed in a plastic bag and taken to the school laundry. Staff should ensure that pupils do not come into contact with the spill.

#### **Immunisations**

All pupils should be up-to-date regarding routine immunisations in accordance with Department of Health schedules. Those who are not fully immunised should receive appropriate immunisations as soon as practicable, both for their own protection and that of the wider School community. Parental consent

will be sought from time to time for pupils to receive the routine range of immunisations recommended by the Department of Health.

Rye St Antony supports the delivery of school age vaccinations as recommended by the Department of Health Childhood Immunizations Schedule. The local Immunizations team come into school to provide these vaccinations to students and the immunization sessions are overseen by the HOB. When students are in Year 8, they are offered their first dose of the Human Papilloma Virus (HPV) vaccination, with an offer of the second dose 6 to 24 months after the first.

When students are in Year 9, they are offered the Diphtheria, Tetanus, Polio (DTP) and Meningitis ACWY (Men ACWY) vaccinations (two vaccinations which are administered separately). Please be aware that the immunisation schedules are subject to change by the National Health Service and Department of Health. Parents or carers with enquires regarding the immunization schedules are advised to contact the Immunisation team directly.

### Medical records

The NHS records of pupils who are registered with Bury Knowle Health Centre are stored securely at Hedena Health Centre. At School, we keep records of all treatment and immunisations that pupils receive during their time at Rye. Pupils seen for sickness or injuries are recorded under the 'Diary' section in ISAMS Medical Centre. Access to medical records is restricted to the HOB, Deputy HOB and DHP. They have access to the "Parental Consent" and "Medications" sections of ISAMS Medical Centre. This is to allow these staff members to administer medications to pupils with parental consent.

NHS records will be transferred to the new doctor when a pupil registered through School leaves and re-registers elsewhere. The health forms and school medical records of ex-pupils are scanned. The HOB and downloaded to a secure file, "Medication and First Aid Record" in the "Departments" folder on the school computer system. The paper copies of the medical records are disposed of in the confidential waste once they have been scanned. The electronic health records of ex-pupils will be kept securely until the pupil reaches the age of 25, when the records will be deleted.

### Medical Questionnaire

A Medical Questionnaire (Online Health Form) giving a full medical history is required to be completed for every new pupil, boarding and day, at the time of entry to the school. Health Forms are kept in a locked cabinet in the medical Office, and are confidential. Information from the Health Form, including parental consent for first aid and non-prescription medications, allergies and medical conditions, is uploaded to ISAMS Medical Centre by the HOB. Parents should notify the HOB (a qualified nurse) of all

additions to be made to their child's health record during the pupil's time at School, ensuring that their health record is kept up to-date.

### **Medical treatments received during school holidays**

Parents are asked to inform the HOB at the start of term if a pupil received any significant medical treatment or any immunisations during the school holidays.

### **Notifiable viruses**

In the event of a pupil returning to School from an infected area or having been in close contact with someone who is subsequently confirmed as having a notifiable virus, the pupil should report to the first aider on call. This will enable the HOB to monitor the pupil's health for the required seven days. Should a pupil at School become infected with a notifiable virus, the school will follow the advice of the Health Protection Agency, and notice of the situation will be given via the school's website ([www.ryestantony.co.uk](http://www.ryestantony.co.uk)). Parents are asked to check the website regularly during times of sickness.

#### **Influenza**

In view of the concern of recent years about virulent strains of influenza, parents are asked to keep pupils at home if they display symptoms of influenza (cough, sore throat, headache, aching muscles, and raised temperature). Parents are advised to seek guidance by telephone from their own doctor or from the NHS 111 advice service.

### **Diarrhoea and vomiting**

To prevent the spread of infection in school settings, the Health Protection Agency recommends the exclusion of any affected member of staff or pupil for a period of 48 hours from the last episode of diarrhoea and vomiting. In the case of boarders, girls will be closely supervised and isolated until free of symptoms for 48 hours.

## References

Spare Auto-injector Pens in Schools: <https://www.sparepensinschools.uk>

Department of Education, Supporting Pupils with Medical Needs: [Supporting pupils with medical needs \(education-ni.gov.uk\)](https://www.education-ni.gov.uk)

Department of Health, Guidance of the use of Emergency Salbutamol Inhalers in Schools: [Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

Diabetes in Schools: [Diabetes in Schools | Diabetes UK](#)

Asthma in Schools: [Asthma at school | Asthma + Lung UK](#)

Epilepsy Seizure Management: [First aid for all seizures | Epilepsy Society](#)

RFU Graduated Return to Play guidelines: [World Rugby Passport - Graduated return to play \(GRTP\)](#)

[Head injury and concussion - NHS \(www.nhs.uk\)](#)

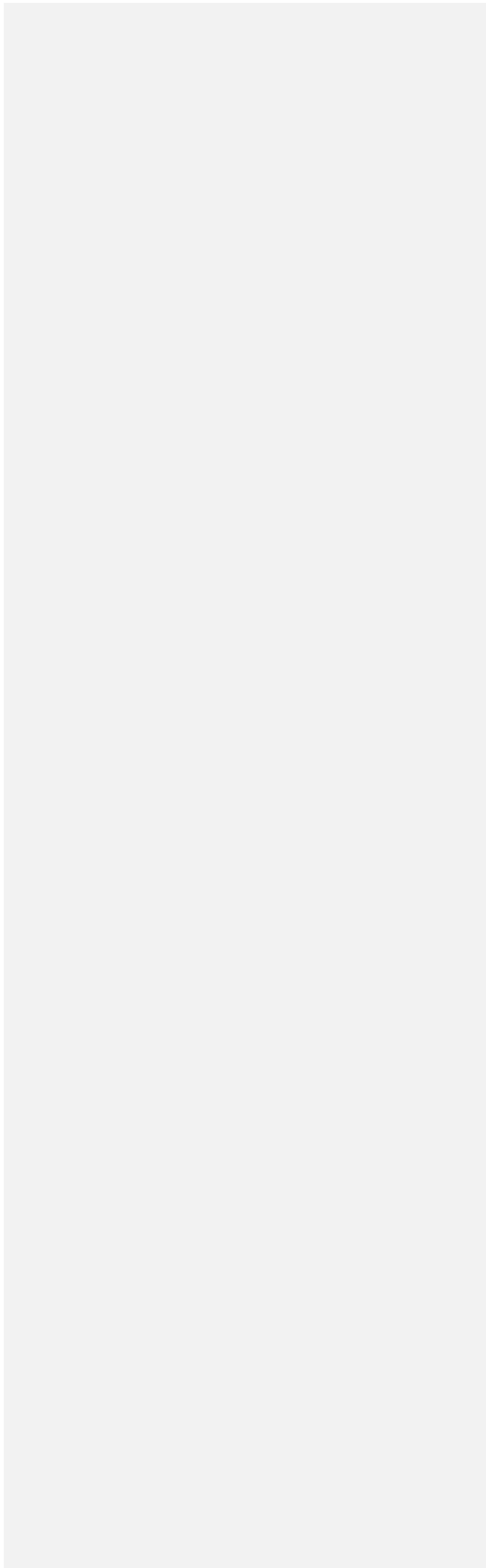


Appendix 1: Boarders' Medication Record

**Boarders' Medication Record**

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ The

Date	Time	Medicine Given	Dose	Reason for giving	Signature



Appendix 2: Prescribed Medication Consent Form

**Medicine Consent Form**

**I give permission for Rye St Antony staff to give my child their prescribed medication.**

Childs name \_\_\_\_\_

Date of birth \_\_\_\_\_

Next of kin details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of medicine \_\_\_\_\_

\_\_\_\_\_

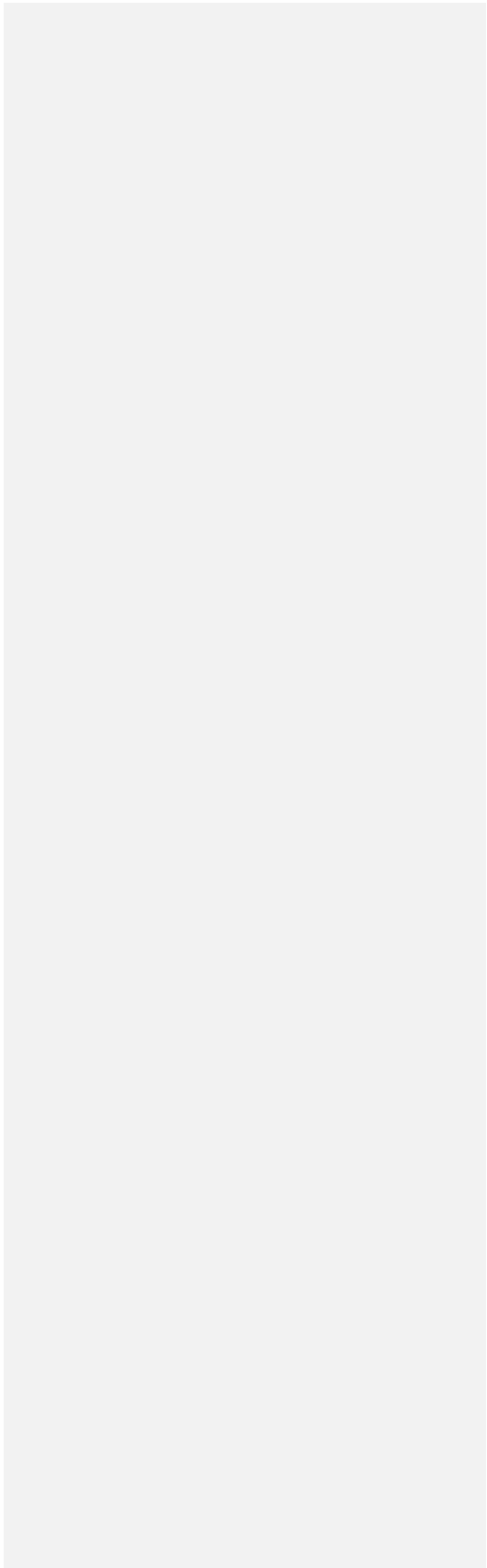
Dosage \_\_\_\_\_

Time to be administered \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian sign \_\_\_\_\_

Date \_\_\_\_\_



### Appendix 3: Medication Risk Assessment Form for Pupils Self-Administering

Name	DOB
Medication	Dose

Assessment Criteria	Yes/No	Pupil Signature	Nurse signature
Understands why they are taking their medication and has read information leaflet accompanying the medication.			
Knows to ask for any advice/concerns with the HOB			
Can recognise her different tablets, creams, inhalers etc.			
Able to operate inhaler devices effectively (if using)			
Understands how to store medication safely without endangering others/ locked drawer in room			
Understands where it should be stored i.e. fridge			
Aware of expiry date			
Knows there should be no accumulation of medication			
Understands to hand into the Nurse unwanted/ discontinued medication			
Knows to re-order a repeat prescription before medication runs out i.e., two weeks before			
Understands the medication is for her only and that it is dangerous to give to another girl			

I have read and understand fully the above criteria for self-medicating.

Signed:
Date:
Nurse:

Parents/guardians:

I have read and understand the above criteria and give consent for my child to self-administer their medication in school. I agree to inform the school immediately should I have any concerns over my child's ability to follow the above criteria.

Signed:
Date:

## Appendix 4a: Administration of Medicine

### **When issuing a medication, the following procedure should be followed:**

- The pupil's parents must provide written consent for Rye staff to administer medication to their child. No medication should be administered without parental consent.
- Only staff who have received the required medication training can dispense medications to pupils.
- The reason for giving the medication should be established.
- The contraindications of giving the medication should be known or checked.
- Check whether the pupil has taken any medication recently, and if so what. (Paracetamol should not be given more frequently than every four hours and a maximum of 4 doses can be given in 24 hours).
- Whether the student has taken the medication before and, if not, whether the student is allergic to any medication.
- Check that the medication is in date.
- A prescribed medication can only be given to a pupil if it is supplied in its original packaging with the prescription label attached.
- Staff must not adjust the dosage medication on the recommendation of a parent, the medication instructions must be followed.
- The pupil should be seen to take the medication by the person issuing it. Medication cannot be dispensed to the pupil for them to take at a later date.
- Once the medication has been administered, the pupil's name, the medication issued, the dosage, the date, the time and the signature of the dispensing staff member should be noted immediately on the Medication Record sheet.

If a pupil declines to take their prescribed medication, the pupil's parents should be informed at the earliest reasonable opportunity and further medical advice should be sought via NHS 111 if the refusal of the medication will impact the pupil's health. If there are any immediate concerns about the health of a pupil following their refusal of the medication, the staff member should call 999 for an ambulance.

Medication must be stored in a secure place which is not accessible by pupils. The only exceptions to this is in the case of a pupil's emergency medication (e.g. inhalers or Epi-Pens) which must be accessible to the pupil for whom this has been prescribed at all times.

In the event that a medication is given in error or the wrong dosage of medication is administered, the following procedure should be followed:

- Medical advice must be sought (NHS 111 or dial 999 for an ambulance depending on the presentation of the pupil).
- Parents should be informed at the earliest reasonable opportunity.

Please sign and date this form to confirm that you have completed the Educare Administration of Medication in Schools online training and that you understand the procedure for administering medication to a student in your care. This training must be updated annually or sooner if required.

<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>Trained by</b>	<b>Signature</b>	<b>Date</b>

Appendix 4b: Medication Administration Induction for Rye St Antony Staff

**Medication Administration Induction for Rye St Antony Staff**

<b>Name of Staff:</b>
<b>Job Title:</b>

<b>Subject:</b> Administration of Medication	<b>Led by:</b> The HOB
--	------------------------

<p><b>Issues Covered:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Administration of Medication<ul style="list-style-type: none"><li><input type="checkbox"/> Record Keeping</li><li><input type="checkbox"/> Signed Protocol (next page)</li><li><input type="checkbox"/> Storage of medications</li></ul></li></ul>
---

**Signed:**

**Date:**

## Appendix 4c: Signature Bank

The administration of any medication must be recorded

Signatures must be kept of every person who is authorised to administer medication in order to aid recognition at a later date.

Name of Authorised Person:

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Name of Authorised Person:

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Name of Authorised Person:

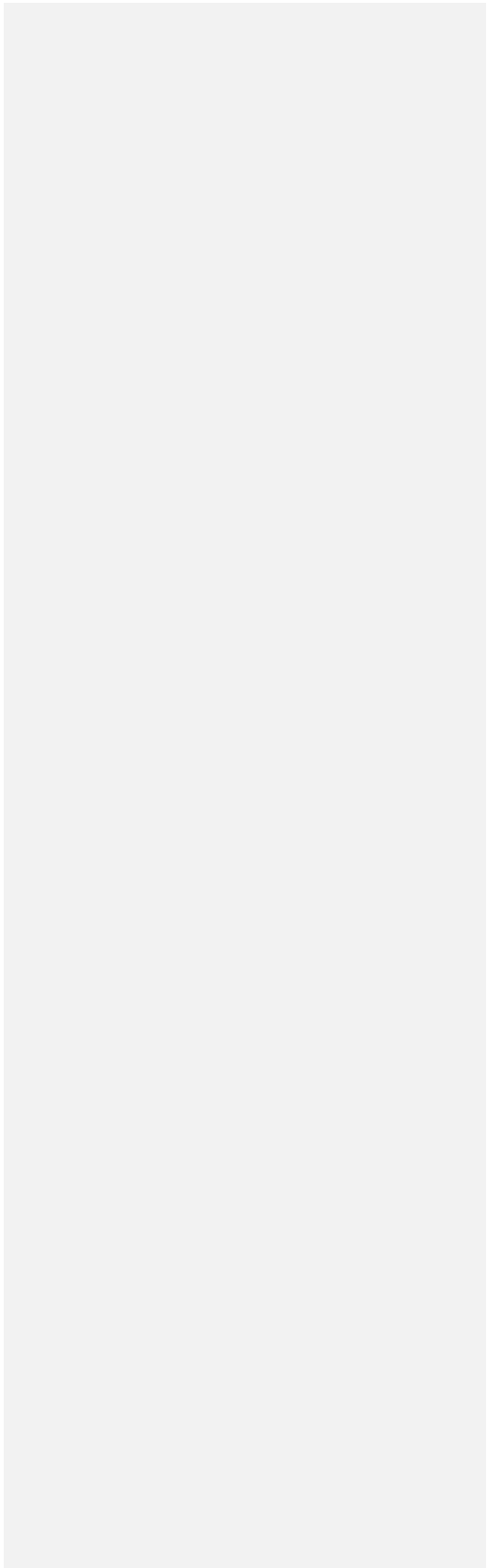
\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Name of Authorised Person:

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Name of Authorised Person:

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_





## Appendix 5: School Trip Medical Questionnaire

### School Trip Medical Questionnaire

Please complete the Medical Questionnaire and return it to the Trip Leader. The data, collected by this form, will be processed in accordance with the School's Privacy Notice and policy on Data Protection

Pupil Name: ..... Date of Birth: .....

#### 1) Medical information

a) Does your son or daughter currently suffer from any illness or medical problem? Yes/No

If yes, please give as much detail as possible:

.....  
.....  
.....

a) Is your child taking any regular medication? Yes/No

If yes, please state the name of the medication:

.....  
.....

b) Does your child suffer from any allergies, including any reactions to medication? Yes/No

If yes, please give as much detail as possible:

.....

.....

The teacher in charge of the trip will carry a small supply of over-the-counter medications such as paracetamol and antihistamines.

c) Do you consent for your child to be given over the counter medications on the trip? Yes/No

d) Does your child carry an epi-pen? Yes/No

2) Dietary requirements

Does your child have any special dietary requirements? Yes/No

If Yes, please give as much detail as possible:

.....  
.....  
.....

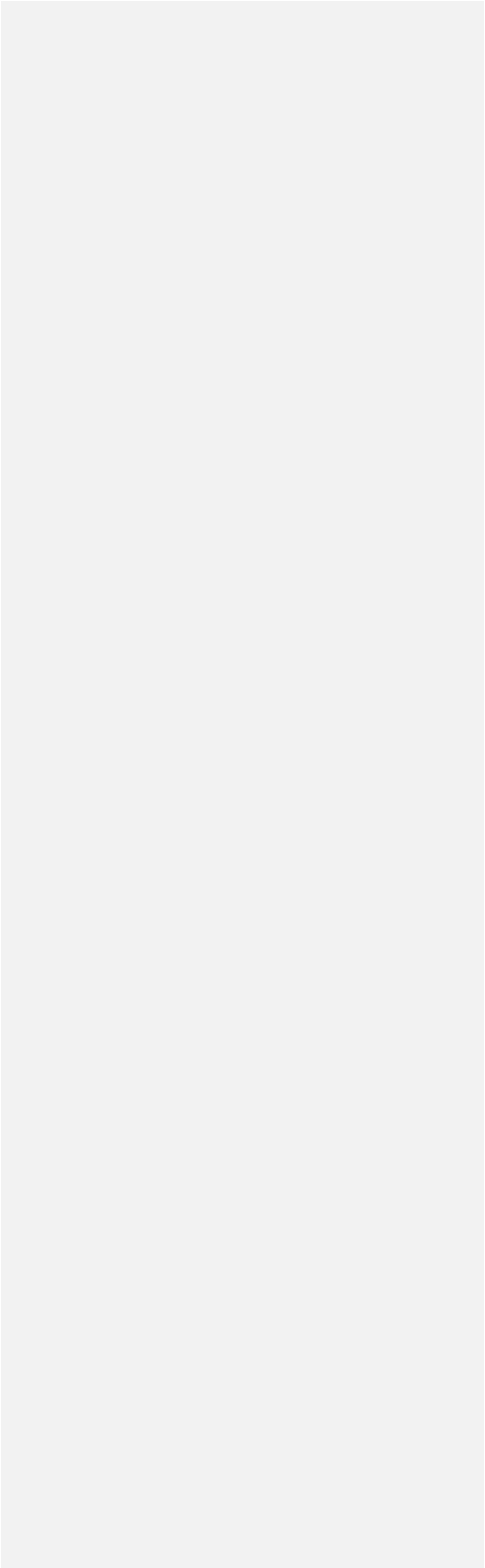
3) Any other information

Is there any other information (e.g. welfare information) that you would like to add which might be useful to the teacher leading the trip? Yes/No

If Yes, please give as much detail as possible:

.....  
.....

**Contact details:**



Home phone: .....

Mobile (father): .....

Work (father): .....

Mobile (mother): .....

Work (Mother): .....

Home address: .....

4) Emergency release consent

On rare occasions an emergency may occur which requires medical care, hospitalisation or surgery for a pupil. So that such treatment can be administered without delay, we ask parents or guardians to sign the following statement authorising the Rye St Antony teacher in charge of the trip (or other authorised adult) to secure the necessary treatment.

In the event of injury to (full name of pupil) ....., date of birth ....., we hereby authorise any representative of Rye St Antony to secure any necessary treatment including administration of anaesthetic and/or surgery.

Parent/Guardian signature ..... Date: .....

Appendix 6: non-prescription medications held in boarding office; indications, cautions, side effects and Dose

Name of Medication	Paracetamol 500mg Caplets (ASPAR)
Indications	Treatment of mild to moderate pain including headache, migraine, neuralgia, toothache, sore throat, period pain, flu, fever, aches and pains including muscle pains, backache and rheumatic aches and pains.
Cautions	Do not administer these tablets to pupil's who: <ul style="list-style-type: none"> <li>• Are allergic to Paracetamol</li> </ul> Warnings and precautions for pupil's who: <ul style="list-style-type: none"> <li>• Suffer from liver or kidney problems</li> <li>• Suffer from non-serious arthritis and need to take painkillers every day</li> </ul>
Side effects	Serious side effects: <ul style="list-style-type: none"> <li>• Allergic reactions which may be severe such as skin rashes and itching sometimes with swelling of the mouth or face or shortness of breath</li> <li>• Skin rash or peeling or mouth ulcers</li> <li>• Difficulty breathing. These are more likely if you have experienced them before when taking other painkillers such as ibuprofen and aspirin.</li> <li>• Unexplained bruising or bleeding, throat and mouth ulcers or bleeding gums accompanied by tiredness and flu like symptoms</li> <li>• Hepatitis – inflammation of the liver.</li> </ul> Other side effects <ul style="list-style-type: none"> <li>• Blood problems which can lead to an increased risk of infection.</li> </ul> Very rare cases of serious skin reactions have been reported. See Patient Information Leaflet for full list of side effects <a href="#">1st,2nd,Final Draft/Medical Services Approved Copy (date) (medicines.org.uk)</a>
Dose	Dosage in adults, the elderly and children 16 years and over: Take one or two tablets every four to six hours as needed. Do not take more than 8 tablets in 24 hours. Dosage in children 10 to 15 years: Take one tablet every four to six hours as needed. Do not take more than 4 tablets in 24 hours. Do not give the tablets to children aged under 10 years unless told to by your doctor.

Name of Medication	Calpol 6 plus fast melts
Indications	Fever and pain relief
Cautions	Do not give tablets to the below: <p>Anyone with phenylketonuria (a hereditary disease discovered at birth)</p> <p>Anyone who is allergic to the ingredients</p> Warnings and precautions for pupil's who:

	<ul style="list-style-type: none"> <li>• Suffer from liver or kidney problems</li> <li>• Suffer from non-serious arthritis and need to take painkillers every day</li> </ul> <p>Are taking any other medicines including:</p> <ul style="list-style-type: none"> <li>• metoclopramide or domperidone (used to treat nausea and vomiting)</li> <li>• cholestyramine (used to treat high cholesterol)</li> <li>• anticoagulants (drugs that thin the blood, such as warfarin)</li> <li>• anticonvulsants (drugs to treat epilepsy)</li> <li>• flucloxacilin (antibiotic)</li> </ul>
Side effects	<ul style="list-style-type: none"> <li>• allergic reactions including swelling of the face, tongue or throat, difficulty swallowing, unexplained wheezing, shortness of breath, rash or hives.</li> <li>• becoming unusually tired, unexpected bruising or bleeding and getting more infections (such as colds) than usual. These are very rare effects in people taking paracetamol.</li> <li>• very rare cases of serious skin reactions have been reported.</li> <li>• Long term use: People who use medicines containing paracetamol every day for a long time (several months or more) could get certain side-effects, including liver and kidney damage.</li> </ul> <p>See Patient Information Leaflet for full list of side effects (<a href="#">pil.10402.pdf (medicines.org.uk)</a>)</p>
Dose	<ul style="list-style-type: none"> <li>• 6-9 years- 1 tablet</li> <li>• 9-12 years- 2 tablets</li> <li>• 12-16 years 2-3 tablets</li> </ul> <p>Adults and children over 16 years- 2-4 tablets</p> <p>Do not give more than 4 doses in any 24-hour period. Leave at least 4 hours between doses.</p>

Name of Medication	Calpol Infant Suspension Liquid
Indications	Fever and pain relief
Cautions	<p>Do not give tablets to the below:</p> <p>Anyone with phenylketonuria (a hereditary disease discovered at birth)</p> <p>Anyone who is allergic to the ingredients</p> <p>Warnings and precautions for pupil's who:</p> <ul style="list-style-type: none"> <li>• Suffer from liver or kidney problems</li> <li>• Suffer from non-serious arthritis and need to take painkillers every day</li> </ul> <p>Are taking any other medicines including:</p> <ul style="list-style-type: none"> <li>• metoclopramide or domperidone (used to treat nausea and vomiting)</li> <li>• cholestyramine (used to treat high cholesterol)</li> <li>• anticoagulants (drugs that thin the blood, such as warfarin)</li> <li>• anticonvulsants (drugs to treat epilepsy)</li> <li>• flucloxacillin (antibiotic)</li> </ul>

Side effects	<ul style="list-style-type: none"> <li>•allergic reactions including swelling of the face, tongue or throat, difficulty swallowing, unexplained wheezing, shortness of breath, rash or hives.</li> <li>•becoming unusually tired, unexpected bruising or bleeding and getting more infections (such as colds) than usual. These are very rare effects in people taking paracetamol.</li> <li>•very rare cases of serious skin reactions have been reported.</li> <li>•Long term use: People who use medicines containing paracetamol every day for a long time (several months or more) could get certain side-effects, including liver and kidney damage.</li> </ul> <p>See Patient Information Leaflet for full list of side effects (<a href="#">pil.6634.pdf (medicines.org.uk)</a>)</p>
Dose	<ul style="list-style-type: none"> <li>•2-4 years- 7.5ml</li> <li>•4-6 years- 10ml</li> </ul> <p>Do not give more than 4 doses in any 24 hour period. Leave at least 4 hours between doses</p>

Name of Medication	Ibuprofen Tablets (Ibucalm) 200mg
Indications	The effective relief of mild to moderate pain including rheumatic and muscular pain, backache, neuralgia, migraine, headache, dental pain, period pains and feverishness. For effective relief from the symptoms of colds and flu.
Cautions	<p>Do not give tablets to the below:</p> <p>Warnings and precautions for pupil's who:</p> <ul style="list-style-type: none"> <li>•Are allergic to ibuprofen, aspirin or any other painkillers or to any of the ingredients contained in these tablets.</li> <li>•Pupils who have or have ever had stomach ulcers.</li> <li>•Pupils with kidney, liver or heart problems</li> <li>•Pupils taking aspirin or other medicines for rheumatism such as methotrexate or cyclosporin, tablets for high blood pressure or 'water tablets' or tablets to 'thin the blood', tablets for diabetes, quinilone anti-biotics or lithium</li> </ul>
Side effects	<ul style="list-style-type: none"> <li>• Stomach pain, indigestion, nausea or heartburn, and occasionally peptic ulcer and bleeding in the stomach.</li> <li>• Unexplained wheezing, shortness of breath, skin rash, hives, itching, unexpected bruising, facial swelling and very rarely skin peeling.</li> <li>• Rarely changes to the blood which may lead to unexpected bruising.</li> <li>• Blood in urine, kidney damage or kidney failure has been reported.</li> <li>• Rarely liver problems. Also headache, dizziness or hearing disturbance</li> </ul> <p>See Patient Information Leaflet for full list of side effects (<a href="#">IBUCALM 200MG TABLETS   Drugs.com</a>)</p>
Dose	Adults, the elderly and children over 12 years of age should take 1 or 2 tablets two to three times daily. The dose should not be repeated more frequently than every 4 hours, and not more than 6 tablets should be taken in any 24 hours. Do not give to children under 12 years old, except on the advice of a doctor. Ibuprofen

	tablets should be taken with meals and swallowed with a drink of water.
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Name of Medication	Calprofen Infant Suspension
Indications	Fever, relieves pain such as muscular pain, headache, earache, dental pain, backache and symptoms of cold and flu
Cautions	<p>Do not give to pupils who:</p> <ul style="list-style-type: none"> <li>• Have ever had a reaction after taking ibuprofen, aspirin or non-steroidal anti-inflammatory painkillers.</li> <li>• If they are taking any other anti-inflammatory painkillers (NSAIDs) or aspirin with a daily dose above 75 mg.</li> <li>• Have or have ever had a stomach ulcer</li> </ul> <p>Warning and caution for pupils who:</p> <ul style="list-style-type: none"> <li>• Have or have previously had high blood pressure</li> <li>• Have diabetes, high cholesterol, asthma, heart, liver, kidney or bowel problems</li> <li>• Are dehydrated</li> <li>• Suffer from lupus or a chronic inflammatory bowel disease</li> <li>• Taking other medications, check list in PIL leaflet (<a href="#">pil.6608.pdf (medicines.org.uk)</a>)</li> </ul>
Side effects	The most common side effect is irritation of the stomach which can cause problems (e.g. indigestion, heartburn) in some patients. See PIL for full list of side effects ( <a href="#">pil.6608.pdf (medicines.org.uk)</a> )
Dose	3 years - 7 years 5 ml 3 or 4 times a day 8 years - 12 years 10 ml (5 ml + 5 ml) 3 or 4 times a day Doses should usually be given every 6 - 8 hours. Leave at least 4 hours between doses. Short term use only:

Name of Medication	Rennie tablets
Indications	relief from heartburn, indigestion and acid reflux.
Cautions	<p>Do not give to pupils who:</p> <p>Have severe kidney disease.</p> <ul style="list-style-type: none"> <li>• Have high calcium in the urine or kidney stones.</li> <li>• Have high calcium or low phosphate levels in the blood.</li> <li>• Are allergic to any of the ingredients</li> <li>• Have Kidney problems</li> </ul>
Side effects	Rarely allergic reactions to ingredients have been reported, e.g. rashes, itching, difficulty in breathing and swelling of the face, mouth or throat and anaphylactic shock (anaphylactic shock is a severe sudden allergic reaction, symptoms of which are low blood pressure, shock, palpitations, difficulty in breathing, bronchospasm, skin reactions, abdominal pain or cramps, vomiting and diarrhoea). Long term use of high doses can cause high blood levels of calcium and magnesium, especially in people with kidney

	conditions. See Patient Information Leaflet for full list of side effects ( <a href="#">pil.13862.pdf (medicines.org.uk)</a> )
Dose	Adults and children over 12 years only: 2 tablets to be sucked or chewed, as required, preferably 1 hour after meals and before bedtime. For heartburn an extra 2 tablets may be taken between these times. Do not take more than 10 tablets a day. Children under 12 years: Not recommended.

Name of Medication	Piriteze Tablets (10mg Cetirizine)
Indications	To treat the allergic symptoms of hayfever (itchy or watery eyes, sneezing and a runny nose) and other allergies e.g. pet, house dust mite and mould spore allergies. They can also be used to relieve the rashes and itching of chronic urticaria (hives).
Cautions	Do not give to pupils who: <ul style="list-style-type: none"> <li>• Have ever had an allergic reaction to antihistamines or to any of the other ingredients</li> <li>• Have severe kidney problems.</li> </ul> Warnings and cautions: <ul style="list-style-type: none"> <li>• Pupils who are epileptic or at risk of convulsions</li> <li>• Pupils with an intolerance to some sugars</li> </ul>
Side effects	Common side effects include: Headache or dizziness, drowsiness or tiredness, restlessness, dry mouth, sore throat, abdominal pain, diarrhoea, nausea [feeling sick], runny nose. See Patient Information Leaflet for full list of side effects ( <a href="#">7193715_PA_V3_59525459.pdf (medicines.org.uk)</a> )
Dose	Adults and children aged 12 years and over: Swallow one tablet once a day. Children aged 6 to 12 years: Swallow half a tablet twice a day. Children under 6 years: Not recommended.

Name of Medication	Zirtek liquid
Indications	- for the relief of nasal and ocular symptoms of seasonal and perennial allergic rhinitis. - for the relief of urticaria.
Cautions	Do not take Zirtek Allergy Solution - if you have a severe kidney disease requiring dialysis; - if you are allergic to cetirizine dihydrochloride or any of the other ingredients of this medicine (listed in section 6), to hydroxyzine or to any piperazine derivatives (closely related active ingredients of other medicines). Warnings and precautions Talk to your doctor or pharmacist before taking Zirtek Allergy Solution. If you are a patient with renal insufficiency, please ask your doctor for advice; if necessary, you will take a lower dose. The new dose will be determined by your doctor. If you have problems passing urine (like spinal cord problems or prostate or bladder problems), please ask your doctor for advice. If you are an



	epileptic patient or a patient at risk of convulsions, you should ask your doctor for advice.
Side effects	Common side effects (may affect up to 1 in 10 patients) - Somnolence (sleepiness) - Dizziness, headache - Pharyngitis (sore throat), rhinitis (runny, stuffy nose) (in children) - Diarrhoea, nausea, dry mouth – Fatigue  See patient information leaflet for full list of side effects ( <a href="http://pil.6752.pdf">pil.6752.pdf</a> ( <a href="http://medicines.org.uk">medicines.org.uk</a> ))
Dose	Adults and adolescents above 12 years old: The recommended dose is 10 mg once daily as 10 ml oral solution (2 full measuring spoons) Use in children between 6 and 12 years old: The recommended dose is 5 mg twice daily as 5 ml (one full measuring spoon) twice daily. Use in children between 2 and 6 years old The recommended dose is 2.5 mg twice daily as 2.5 ml oral solution (a half-measuring spoon) twice daily Patients with renal impairment Patients with moderate renal impairment are recommended to take 5 mg once daily.

Name of Medication	Piriton Liquid
Indications	treat the itchiness, redness, swelling, tenderness and irritation that can be caused by: <ul style="list-style-type: none"> <li>• hayfever and other allergies e.g. pet, house dust mite and mould spore allergies</li> <li>• nettle rash and hives</li> <li>• skin allergies and dermatitis</li> <li>• prickly heat and heat rash</li> <li>• reactions to food, food additives or medicines</li> <li>• insect bites and stings</li> <li>• the itchy rash of chickenpox.</li> </ul>
Cautions	Do not give to pupils who: <ul style="list-style-type: none"> <li>• Have ever had an allergic reaction to antihistamines or any of the other ingredients</li> <li>• Have taken monoamine oxidase inhibitors (MAOIs) prescribed for depression in the last two weeks</li> <li>• Are taking other medicines containing antihistamines</li> </ul> Cautions and warnings: <ul style="list-style-type: none"> <li>• Pupils with very high blood pressure, heart disease, epilepsy, glaucoma, liver disease, kidney disease, bronchitis, asthma, bronchiectasis or chronic lung disorders (difficulty in breathing and cough that won't go away)</li> <li>• Piriton Children's Allergy Syrup contains 2.36 g of liquid sucrose per 5 ml. This should be taken into account in patients with diabetes mellitus.</li> </ul>
Side effects	Very Common (may affect more than 1 in 10 people) • drowsiness and sedation Common (may affect up to 1 in 10 people) •

	<p>disturbance in concentrating, un-coordination, dizziness, headache</p> <ul style="list-style-type: none"><li>• blurred vision</li><li>• feeling or being sick, dry mouth</li><li>• fatigue</li></ul> <p>See Patient Information Leaflet for full list of side effects (<a href="#">7200853_PA_v1_56817617.pdf (medicines.org.uk)</a>)</p>
Dose	<p>2-6 years One 2.5 ml spoonful every 4-6 hours Six 2.5 ml spoonful (15 ml) 6-12 years One 5 ml spoonful every 4-6 hours Six 5 ml spoonful (30 ml) Adults and children over 12 years Two 5 ml spoonful (10 ml) every 4-6 hours Twelve 5 ml spoonful (60 ml)</p>

## Appendix 7- Head Lice Letter

Dear Parents and Guardians,

There has been a case of head lice in Year .... It is important that all families connected with this year group are made aware of the outbreak and the simple steps required in combating the problem.

As with many other social situations where young people are closely together, it is possible in the school environment for head lice to transfer from head-to-head. Head lice are picked up by head-to-head contact and do not have anything to do with dirty hair. Your child has as much chance of becoming infected as any other.

The first thing to do is to check whether lice are present. It is important not to rely on signs like itching and scratching as infection has to be well advanced for this to occur. The best way to detect lice is by combing hair when wet using a fine-toothed comb and lots of conditioner. Lice are greyish brown, six legged insects which can be anything up to the length of a match head.

If you find that your child is infected, please use the wet combing method (as above) for two weeks to remove the lice. You should also check your child's hair again on day 17 to be sure that the lice have gone. You can also ask your local pharmacist to advise you about the many treatments available which can help to get rid of head lice. Other members of your family may also be infected so it is important to check the whole family.

Do get in touch if you have any questions.

Thank you for your co-operation.

Yours sincerely,

## Appendix 8: Concussion Recognition Tool:

**Pocket CONCUSSION RECOGNITION TOOL™**  
To help identify concussion in children, youth and adults



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

**Annexure 1 Visible clues of suspected concussion**  
Any one or more of the following visual clues can indicate a possible concussion:

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

**Annexure 2 Signs and symptoms of suspected concussion**  
Presence of any one or more of the following signs & symptoms may suggest a concussion:

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

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### 3. Memory function

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

"What venue are we at today?"

"Which half is it now?"

"Who scored last in this game?"

"What team did you play last week / game?"

"Did your team win the last game?"

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

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

### RED FLAGS

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

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

Weakness or tingling / burning in arms or legs

### Remember:

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

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

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## Appendix 9: Head Injury Letter

Dear Parent

..... sustained a head injury today caused by

.....

.....

His/Her observations were satisfactory when I examined Him/her, she/he did not lose consciousness and no signs of serious complications have been found. It is expected that recovery will be rapid and it is unlikely that she/he will suffer any further problems, however please seek medical advice (GP, walk in centre, A&E or by calling NHS 111) if he/she complains of any of the symptoms below in the next 48-72 hours:

- Drowsiness or feeling very sleepy that goes on for more than one hour when he/she is normally wide awake
- Any problems with eye-sight

If any of the below RED FLAGS are present, phone 999 for immediate care:

- Clear fluid coming from ears or nose
- Numbness or decreases in coordination/balance
- Repeated Vomiting or prolonged nausea
- Increased confusion, restlessness or agitation
- Weakness
- Slurred speech, difficulty speaking/understanding
- Convulsions/ loss of consciousness
- Very painful or increasingly painful headache that will not go away
- Complaints of blurred, double vision, buzzing in the ears or if the child is unsteady on his feet

Long Term Problems:

Most people will recover quickly from their injury and will experience no long term problems. However, some people may go on to develop problems a few weeks after their injury. If you feel that things are not quite right then you must go and see your doctor to discuss this.

Further Advice:

- Paracetamol can be given providing that the child is not known to have an allergy to paracetamol and has not had paracetamol in the previous 4 hours.
- Do not leave your child alone for the first 48 hours

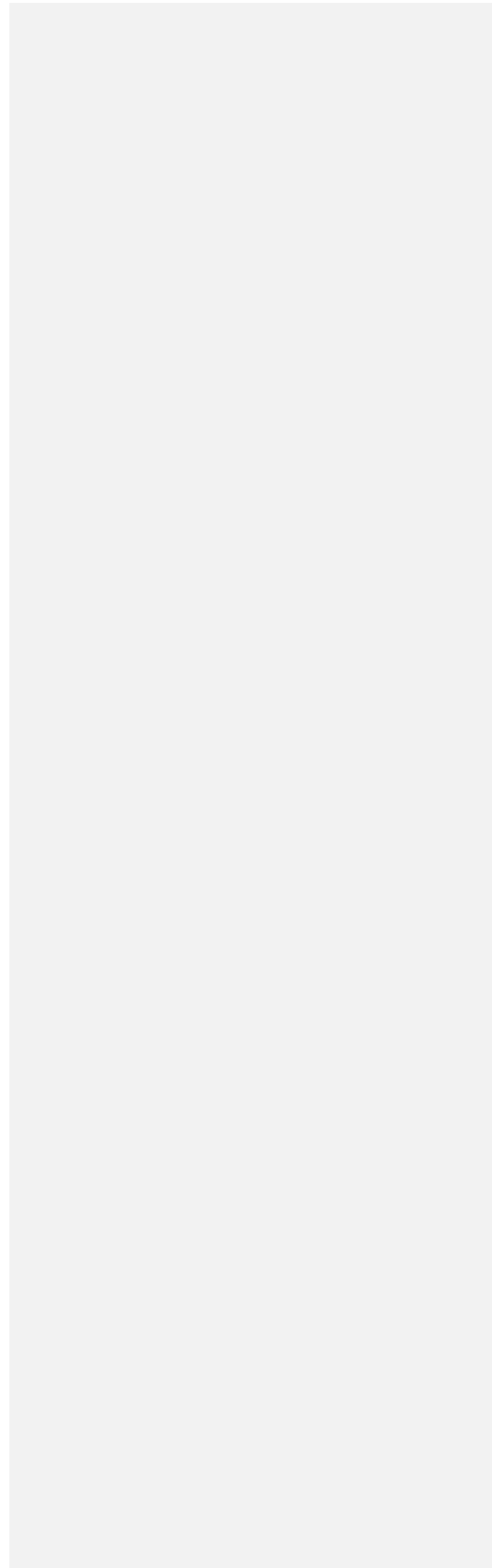
- If you are worried or have any doubts about your child's health, seek medical advice without delay

Please do not hesitate to contact me if I can be of any assistance.

Yours sincerely,

.....

The HOB



Appendix 10: Head Injury Form

**Head Injury Form**

<b>Name of pupil</b>	
<b>Date of incident</b>	
<b>Time of incident</b>	
<b>Description of incident</b>	
<b>Description of head injury</b>	
<b>Action taken</b>	

Please see the NHS website for further advice on caring for a child after a head injury and the signs and symptoms to monitor for following these, [Head injury and concussion - NHS \(www.nhs.uk\)](http://www.nhs.uk).

SIGNED: .....

NAME: .....

POSITION: .....