

**St Cuthbert's  
Catholic High School**

*Live life in all its fullness*

# First Aid Policy

2022 - 2023

|  |   |
|--|---|
| <b>Person responsible for Policy:</b>              | Assistant Headteacher (PDBW)/Senior Leadership Team |
| <b>Committee responsible for Policy:</b>           | Pastoral & Personal Development                     |
| <b>Date To Governors:</b>                          | May 2023  |
| <b>Date Agreed:</b>                                | April 2023  |
| <b>Review Due:</b>                                 | September 2023 and annually thereafter              |
| <b>Is this Policy to appear on school website:</b> | Yes   |

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## Statement of intent

St Cuthbert's Catholic High School is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, students and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, students and visitors.

The school will take every reasonable precaution to ensure the safety and wellbeing of all staff, students and visitors.

Details of such precautions are noted in the following policies:

- **Health and Safety Policy**
- **Behavioural Policy**
- **Child Protection and Safeguarding Policy**
- **Lone Working Policy**
- **Supporting Students with Medical Conditions Policy**
- **Allergen and Anaphylaxis Policy**
- **Educational Visits and School Trips Policy**

The school's medical assistant has overall responsibility for ensuring that the school has adequate and appropriate first aid equipment, facilities and personnel, and for ensuring that the correct first aid procedures are followed.

This policy aims to:

- Ensure that the school has adequate, safe and effective first aid provision for every student, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.
- Ensure that staff and students are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are only administered at the school when express permission has been granted for this.
- Ensure that all medicines are appropriately stored.
- Promote effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

### **St Cuthbert's Vision**

*'A vibrant community uniquely created by God, which embraces everyone, especially those in need and celebrates difference. Enabled by a staff dedicated to our Catholic ethos and a culture of excellence, our young people will be inspired to know more, and be more.'*

## 1. Legal framework

This policy has due regard to legislation and statutory guidance, including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Road Vehicles (Construction and Use) Regulations 1986
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2019) 'Automated external defibrillators (AEDs)'
- DfE (2022) 'First aid in schools, early years and further education'

The policy is implemented in conjunction with the following school policies:

- Health and Safety Policy
- Behavioural Policy
- Child Protection and Safeguarding Policy
- Lone Working Policy
- Supporting Students with Medical Conditions Policy
- Allergen and Anaphylaxis Policy
- Educational Visits and School Trips Policy

## 2. Roles and responsibilities

**The governing board is responsible for:**

- The overarching development and implementation of this policy and all corresponding procedures.
- Ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.
- Ensuring that there is a sufficient number of appointed first aiders within the school based upon these assessments.
- Ensuring that there are procedures and arrangements in place for first aid during off-site or out-of-hours activities, e.g. educational visits or parents' evenings.
- Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
- Ensuring that appropriate and sufficient first aid training is provided for staff, and ensuring that processes are in place to validate that staff who have undertaken training have sufficient understanding, confidence and expertise in carrying out first aid duties.
- Ensuring that adequate equipment and facilities are provided for the school site.
- Ensuring that first aid provision for staff does not fall below the required standard and that provision for students and others complies with the relevant legislation and guidance.
- Ensuring that an 'appointed person' is selected from amongst staff to take the lead in first aid arrangements and procedures for the school.

**The headteacher is responsible for:**

- The development and implementation of this policy and its related procedures.
- Ensuring that all staff and parents are made aware of the school's policy and arrangements regarding first aid.
- Ensuring that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.

- Ensuring that all students and staff are aware of the identities of the school first aiders and how to contact them if necessary.

**Staff are responsible for:**

- Ensuring that they have sufficient awareness of this policy and the outlined procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- Securing the welfare of the students at school.
- Making students aware of the procedures to follow in the event of illness, accident or injury.

**First aid staff are responsible for:**

- Completing and renewing training as dictated by the governing board.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools.

**The appointed person (Mrs J Jaundrill, Medical Assistant) is responsible for:**

- Overseeing the school's first-aid arrangements.
- Taking charge when someone is injured or becomes ill.
- Looking after the first-aid equipment, e.g. restocking the first aid container.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Calling the emergency services where necessary.
- Maintaining injury and illness records as required.
- Partaking in an appointed persons course, emergency first aid training, first aid at work, and refresher training where appropriate, to ensure they have knowledge of:
  - What to do in an emergency.
  - How to assess and monitor a casualty.
  - First aid for the unconscious casualty.
  - First aid for someone who is having a seizure.
  - Maintaining injury and illness records as required.
  - Paediatric first aid.

### **3. First aid provision**

The school will routinely re-evaluate its first aid arrangements through a [risk assessment](#), at least annually, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individuals onsite, and the nature and distribution of students and staff throughout the school.

The school will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the school will maintain the following minimum provision of first aid items:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings, of assorted sizes
- 2 sterile eye pads
- 2 individually wrapped triangular bandages, preferably sterile
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large-sized individually wrapped sterile unmedicated wound dressings
- 3 pairs of disposable gloves

All first aid containers will be identified by a white cross on a green background.

The appointed person will routinely examine the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.

First aid boxes are in the following areas:

- **The School Medical Room**
- **The School Administration Office**
- **Science Preparation Room**
- **Food Technology Room**
- **Creative Technology & Computing Preparation Room**
- **Gymnasium**
- **Sports Hall**
- **School Kitchen**
- **School Café**

#### 4. First aiders and appointed persons

The main duties of first aiders will be to administer immediate first aid to students, staff or visitors, and to ensure that an ambulance or other professional medical help is called when necessary.

The school will ensure that all first aiders hold a valid certificate of competence, issued by a HSE-approved organisation, and that refresher training and retesting of competence is arranged for first aiders within the school before certificates expire.

The school will be mindful that many standard first aid at work training courses do not include resuscitation procedures for children, and will consequently ensure that appropriate training is secured for first-aid personnel where this has not already been obtained.

First aiders will ensure that their first aid certificates are kept up-to-date through liaison with the SBM.

Each classroom's first aiders will be responsible for ensuring all first aid kits are properly stocked and maintained. The appointed person will be responsible for maintaining supplies.

First aid notices will be clearly displayed throughout the school with information on the names and locations of first aiders to ensure that students and staff know who they must contact in the event of illness or injury.

The current first aid appointed person(s) are:

| <b>Name</b>                             | <b>Location</b>         | <b>First Aid Qualification</b>  | <b>Date of Expiry</b> |
|---|-------------------------|---------------------------------|-----------------------|
| Julie Jaundrill-Medical Assistant       | Medical Room            | First Aid at Work Level 3 3 day | 03/06/2024            |
| Catherine Connor-LSA 3                  | Attendance Office       | First Aid at Work Level 3 3 day | 15/01/2024            |
| Wayne Kevlin-Site Manager               | Site Office             | Emergency First Aid at Work     | 19/01/2024            |
| Gillian Green-LSA 2                     | Achieve Room            | Emergency First Aid at Work     | 06/05/2024            |
| Nicola Stott - SEN Support Officer      | Achieve Room            | Emergency First Aid at Work     | 10/06/2024            |
| Joanne Norton-Senior Science Technician | Science Prep Room       | Emergency First Aid at Work     | 04/11/2025            |
| Janis Moss-LSA 2                        | Achieve Room            | Emergency First Aid at Work     | 25/11/2025            |
| Jade Welding-LSA 3                      | Melrose Centre          | Emergency First Aid at Work     | 25/11/2025            |
| Tiegan Shaw – LSA 3                     | The Farne               | Emergency First Aid at Work     | 23/02/2026            |
| Debra Wilson – LSA 2                    | Achieve Room            | Emergency First Aid at Work     | 02/03/2026            |
| Natasha Gallagher – LSA 2               | Achieve Room            | Emergency First Aid at Work     | 11/05/2026            |
| Michael Pearson – Site Maintenance      | Site Maintenance Office | Emergency First Aid at Work     | 11/05/2026            |
| Catherine Connor                        | Attendance Office       | Mental Health First Aid         | 08/07/2024            |
| Karen Tierney                           | The Farne               | Mental Health First Aid         | 08/07/2024            |

The school will ensure that there is always a sufficient number of first-aid personnel available on site at all times to provide adequate cover to all areas of the school.

All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role.

When selecting first aiders, the school will follow the criteria laid out in government guidance, considering the individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Availability to respond immediately to an emergency.

The school will ensure that first aid training courses cover mental health in order to help them recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe. Students will be supported in accordance with the school's Social, Emotional and Mental Health (SEMH) Policy.

## **5. Automated external defibrillators (AEDs)**

The school has procured an AED through the NHS Supply Chain, which is located in **the school office and the Sports Hall**.

Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device. A general awareness briefing session, to promote the use of AEDs, will be provided to staff on an annual basis, and usually during the first INSET session of the academic year. Use of the AED will be promoted to students during PD lessons.

## **6. Accommodation**

The school's first aid room will be suitable to use as and when it is needed, and any additional medical accommodation will be available in accordance with the school's first aid needs assessment.

The first aid room will be used to enable the medical examination and treatment of students and for the short-term care of sick or injured students. The first aid room includes a wash basin and is situated near a toilet.

The first aid room will not be used for teaching purposes.

The first aid room will:

- Be large enough to hold an examination or medical couch.
- Have washable surfaces and adequate heating, ventilation and lighting.
- Be kept clean, tidy, accessible and available for use at all times when employees are at work.
- Have a sink with hot and cold running water.
- Be positioned as near as possible to a point of access for transport to hospital.
- Display a notice on the door which advises the names, locations and, if appropriate, the contact details of first aiders.

## **7. Emergency procedures**

If an incident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

If called, a first aider will assess the situation and take charge of first aider administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims.

Where the seriously injured or unwell individual is a student, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, a staff member accompanies the student in the ambulance and calls the student's parent as soon as possible to inform them of the course of action taken. The staff member remains with the student at the hospital until a parent arrives.
- Where an ambulance is not required, but medical attention is needed, the student is taken to a hospital or doctor in a staff car, accompanied by at least **two** staff members – one to drive the car, and one who is a first aider, to sit with the student in the back seat and attend to their medical needs. The student's parent is called as soon as possible to inform them that this course of action has been taken, and at least one of the staff members remains with the student at the hospital or doctor's office until a parent arrives.
- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or, if they are fit to be moved, by removing injured persons from the scene.
- Responding staff members will see to any students who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These students will be escorted from the scene of the incident and comforted. Younger or more vulnerable students may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to:

- The headteacher.
- The parents of the victim(s).

## 8. Reporting accidents and record keeping

In the event of incident or injury to a student, a parent will be informed as soon as practicable. In the event of a serious injury or an incident requiring emergency medical treatment, the student's class teacher will telephone the student's parent as soon as possible. Parents will be informed in writing of any injury to the head, whether minor or major, and be given guidance on the action to take if symptoms develop.

A list of emergency contacts will be kept at the **school office**.

The appointed person will ensure that records are kept of any injuries, accidents or illnesses, as well as any first aid treatment that is given – this will include:

- The date, time and place of the incident.
- The name and class of the injured or ill person.
- Details of the injury or illness and what first aid was given.
- Details of what happened to the person immediately afterwards, e.g. whether they were sent home or went back to class.
- The name and signature of the first aider or person dealing with the incident.

The headteacher will ensure that any injury or accident that must be reported to the HSE or LA under RIDDOR obligations is reported in a timely and detailed manner.

All records will be filed and stored in line with the Records Management Policy.

## 9. Offsite visits and events



Before undertaking any offsite visits or events, the teacher organising the trip or event will assess the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

The school will take a first aid kit on all offsite visits which contains at a minimum:

- A leaflet giving general advice on first aid.
- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated dressing.
- 2 triangular bandages individually wrapped and preferably sterile.
- 2 safety pins.
- Individually wrapped moist cleansing wipes.
- 2 pairs of disposable gloves.

Additionally, the school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition which contains:

- 10 antiseptic wipes, foil packed.
- 1 conforming disposable bandage that is not less than 7.5cm wide.
- 2 triangular bandages.
- 1 packet of 24 assorted adhesive dressings.
- 3 large sterile unmedicated ambulance dressings that are not less than 15x20cm.
- 2 sterile eye pads, with attachments.
- 12 assorted safety pins.
- 1 pair of non-rusted blunt-ended scissors.

For more information about the school's educational visit requirements, please see the Educational Visits and School Trips Policy.

## **10. Storage of medication**

Medicines will be stored securely and appropriately in accordance with individual product instructions, save where individual students have been given responsibility for keeping such equipment with them. Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription and the date of expiry of the medicine.

Medicine brought in by students will be returned to their parents for safe disposal when they are no longer required or have expired.

An emergency supply of medication will be available for students with medical conditions that require regular medication or potentially lifesaving equipment, e.g. an EpiPen.

Parents will advise the school when a child has a chronic medical condition or severe allergy so that an IHP can be implemented and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes and anaphylaxis. A disclaimer will be signed by the parents in this regard.

Students will have any medication stored and, where appropriate administered, in accordance with their EHC plans and the school's Administering Medication Policy.

## **11. Illnesses and allergies**

When a student becomes ill during the school day, their parent will be contacted and asked to pick their child up as soon as possible.

A quiet area will be set aside for withdrawal and for students to rest while they wait for their parent to pick them up. Students will be monitored during this time.

Where a student has an allergy, this will be addressed via the school's Allergen and Anaphylaxis Policy.

The school will manage any emergencies relating to illnesses and allergies in accordance with the [Emergency procedures](#) section of this policy.

## 12. Consent

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, alongside details of allergies and chronic conditions – these forms will be updated at the start of each school year.

Staff will not act 'in loco parentis' in making medical decisions as this has no basis in law. Staff will always aim to act and respond to accidents and illnesses based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the student in mind – guidelines will be issued to staff in this regard.

## 13. Monitoring and review

This policy will be reviewed **annually** by the governing board, and any changes will be communicated to all members of staff.

Staff will be required to familiarise themselves with this policy as part of their induction programme. Staff will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities and personnel.

The next scheduled review date for this policy is **September 2023**.

## **HEAD INJURY POLICY - (Concussion Guidelines)**

The following has been developed in accordance with:

- NICE clinical guideline 176 - Head Injury,
- World Rugby Concussion Guidelines,
- RFU Guidelines for schools and colleges.
- Child-SCAT3 – Sport Concussion Assessment Tool.
- SBNS – Concussion Guidelines for the Education Sector.

### **Background**

Injuries to the head can occur in many situations in the school environment, when a student's head comes into contact with a hard object such as the floor, a desk, or another student's body. The potential is probably greatest during activities where collisions can occur such as in the playground, during sport and PE.

Concussion is a disturbance of the normal working of the brain without causing any structural damage. It usually follows a blow directly to the head, or indirectly if the head is shaken when the body is struck.

It is important to recognise that it is not necessary to lose consciousness to sustain a concussion following a blow to the head.

The risk of injury is dependent upon the velocity and the force of the impact, part of the head involved in the impact and any pre-existing medical conditions.

Symptoms may not develop for some hours, or even days, after a knock to the head, and in rare cases can develop weeks after a head injury.

Whilst an initial concussion is unlikely to cause any permanent damage, a repeat injury to the head soon after a prior, unresolved concussion, can have serious consequences. The subsequent injury does not need to be severe to have permanently disabling or deadly effects.

A return to sporting activity before complete resolution of the concussion exposes the player to the risk of recurrent concussions which can occur with ever decreasing forces. There are concerns that repeated concussion could shorten a player's career, interfere with academic performance, and may have some potential to result in permanent neurological impairment.

Players must be encouraged to report any suspected injury and to be honest with themselves, parents, coaching and medical staff for their own protection.

### **Measures to reduce risk of Head Injury/Concussion**

The Health & Safety team (HS&S) will ensure the school environment is inspected regularly to minimise the risks for sustaining head injuries.

Staff are encouraged to take the following steps to minimise the risk of any potential head injuries:

- Students should be healthy and fit for sport
- Students are taught safe playing techniques and expected to follow rules of play
- Students should display sportsman like conduct at all times and maintain respect for both opponents and fellow team members equally
- Students always wear the right equipment for each sport. These guidelines will be given to the parents by the school.

- Staff are to ensure all students are wearing the right equipment before play starts.
- Equipment should be in good condition and worn correctly.
- Inform and reinforce to the players the dangers and consequences of playing whilst injured or with suspected concussion.
- Qualified first aiders are present at all matches and practices, in accordance with the first aid policy, and are able to summon immediate medical assistance.
- All coaching staff are able to recognise signs and symptoms of concussion, and are vigilant in monitoring players accordingly.
- Accident/Incident forms are completed promptly and with sufficient detail.
- Every head injury/concussion is taken seriously.
- If In doubt, sit them out.

## **Symptoms of Concussion**

Staff should be aware that the symptoms of concussion can include any of the following:

- Headache
- Hearing problems/tinnitus
- Nausea and vomiting
- Memory problems
- Disorientation
- Visual problems
- Problems with balance and dizziness
- Fatigue and drowsiness
- Sensitivity to light and noise
- Numbness or tingling sensation
- Feeling slowed down or mentally foggy
- Slow to follow instructions or to answer questions
- Impaired balance and poor hand-eye coordination
- Poor concentration
- Slurred speech
- Vacant stare
- Unsteady and shaky mobility
- Loss of insight
- Loss of consciousness
- Seizures or convulsions
- Sleeping difficulties
- Problems with waking up
- Appearing confused and disorientated
- Slurred speech
- Weakness or numbness in a part of the body  Inappropriate emotions, such as irritability or crying

## **Managing a head injury during sporting activity**

- Remember Basic First Aid and check for possibility of a neck injury
- Pocket Concussion Recognition Tool is in all sports bags for reference and guidance
- Players suspected of having a head injury/concussion must be removed from play immediately and not return.
- Any student with a suspected head injury/concussion should be monitored and not be left alone.
- Appropriately trained First Aiders are on site during all matches and training sessions. All coaches are to adhere to the guidelines as set out in this policy.
- It is important to realise that the signs and symptoms of concussion may only last a matter of seconds or minutes and can easily be missed.

## **IF IN DOUBT, SIT THEM OUT**

### **Criteria for referral to an emergency ambulance service**

1. Unconsciousness or lack of full consciousness, (for example, problems keeping eyes open).
2. Any focal (that is, restricted to a particular part of the body or a particular activity) neurological deficit since the injury (examples include problems understanding, speaking, reading or writing; loss of feeling in part of the body; problems balancing; general weakness; any changes in eyesight; and problems walking).
3. Any suspicion of a skull fracture or penetrating head injury (for example, clear fluid running from the ears or nose, black eye with no associated damage around the eye, bleeding from one or both ears, new deafness in one or both ears, bruising behind one or both ears, penetrating injury signs, visible trauma to the scalp or skull).
4. Any seizure ('convulsion' or 'fit') since the injury.
5. A high-energy head injury (for example, pedestrian struck by motor vehicle, occupant ejected from motor vehicle, a fall from a height of greater than 1 m or more than five stairs, diving accident, high-speed motor vehicle collision, rollover motor accident, accident involving motorized recreational vehicles, bicycle collision, or any other potentially high energy mechanism).
6. The injured person or their carer is incapable of transporting the injured person safely to the hospital emergency department without the use of ambulance services (providing any other risk factor indicating emergency department referral is present).

## CONCUSSION RECOGNITION TOOL 5<sup>®</sup>

To help identify concussion in children, adolescents and adults



FIFA<sup>®</sup>

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### RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

#### STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

#### STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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#### STEP 3: SYMPTOMS

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

#### STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

- Failure to answer any of these questions (modified appropriately for each sport) 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?"

#### Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

**ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE**

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## Pocket Concussion Recognition Tool – In all sports bag

### Protocol at St Cuthbert's Catholic High School

- Fully stocked first aid bags are provided for matches. Away matches are individually prepared for all teams, with Adrenaline Auto Injectors (AAI) and Inhalers which have been prescribed for those students. Home matches can use the first aid bag, Universal AAI's and Universal Inhalers which are stored in the Henderson field shed.
- To be seen by the school nurse or by a qualified first aider for injuries to be assessed and treated. Pocket Concussion Recognition Tool in all sports bags as a guide.
- Ensure a safe environment for treatment/assessment.
- Decision to be made regarding the need for an ambulance, further assessment or treatment.
- In the event of a student sustaining a head injury, the Parents/Guardians should be informed immediately.
- The medical room and class teacher (if at a weekend) should be informed by email and the incident/injury documented.
- The staff member on duty or witnessing the injury/incident should complete the injury/accident form plus a description of events on the students SIMS record.
- If required, the student should be seen by a medical professional to assess the extent of the injury, more symptoms may develop in time.
- Once we have a diagnosis and assessment the Concussion/RTP guidelines can commence. A student with a suspected Head Injury or Concussion will not be allowed back to play sports until they have completed the RTP guidelines and are free of symptoms.
- Students should have complete rest until symptom free. Once symptom free they should have a relative rest period for a minimum of 14 days from the injury.

**This applies to injuries sustained outside school, as well as during school hours.**

- All those having sustained a head injury but considered well enough to go home, will be given a head injury advice sheet outlining when urgent medical advice should be sought, if necessary. This is available from the Medical Room and the link can be found here: [head-injury-suggested-written-discharge-advice-pdf-191717245 \(nice.org.uk\)](#)
- Anyone sustaining a head injury will not be allowed to travel home unaccompanied by either school or public transport, and alternate arrangements must be made.
- All head injuries must be recorded on an Incident Form and forwarded to the Medical Centre for monitoring and review. These forms are signed by the Headmaster and the Health and Safety Officer notified.
- The student should be registered on the Concussion Watch List in the Medical room and the off games list on ISAMS.

It is recommended that any individual suffering a head injury or concussion should avoid the following initially and then gradually re-introduce them:

Reading  
TV  
Computer games/phone/hand held devices

It may be reasonable for a student to miss a day or two of academic studies but extended absence is uncommon. Even if a student considers him/herself to be fit or uninjured, he/she will be automatically placed off games until seen by the School Nurse and assessed.

Any student sustaining a concussion type injury may be excluded from all contact sports for period of 23 days, with reassessment during that period.

Return to play will not be permitted unless the GTP guidelines are followed.

### **Concussion and School Studies**

Once symptom free at rest, students should undertake a graded return to academic studies. Consideration should be given to a managed return to full school days and gradual reintroduction of homework.

The child must be off all medication that may modify symptoms.

In a small number of cases, symptoms may be prolonged and this may impact on the child's studies. In such cases, an early referral back to their GP is advised.

Form tutors should liaise with the parents to ensure support is put in place to aid learning and a full recovery.

### **Return to play after concussion**

- Students are placed on the Concussion Watch list in the medical room and on the OffGames list on ISAMS.
- Students are monitored and staff will liaise with parents to ensure a safe return to full academic and sporting activities.
- **Follow the U19 and GRTP guidelines below as a guide. Each child's pathway must be arranged individually to ensure a safe recovery and graduated return to play.**

Children should avoid activities that have a predictable risk of further head injury for a minimum of 14 days after their symptoms have resolved, unless their recovery is closely supervised by a doctor with expertise in concussion management.

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

Children who struggle to return to their studies or persistently fail to progress through the GRTP because symptoms return should be referred to their doctor.

Children who sustain two or more concussions in a 12 month period should be referred to their doctor for a specialist opinion in case they have an underlying predisposition.

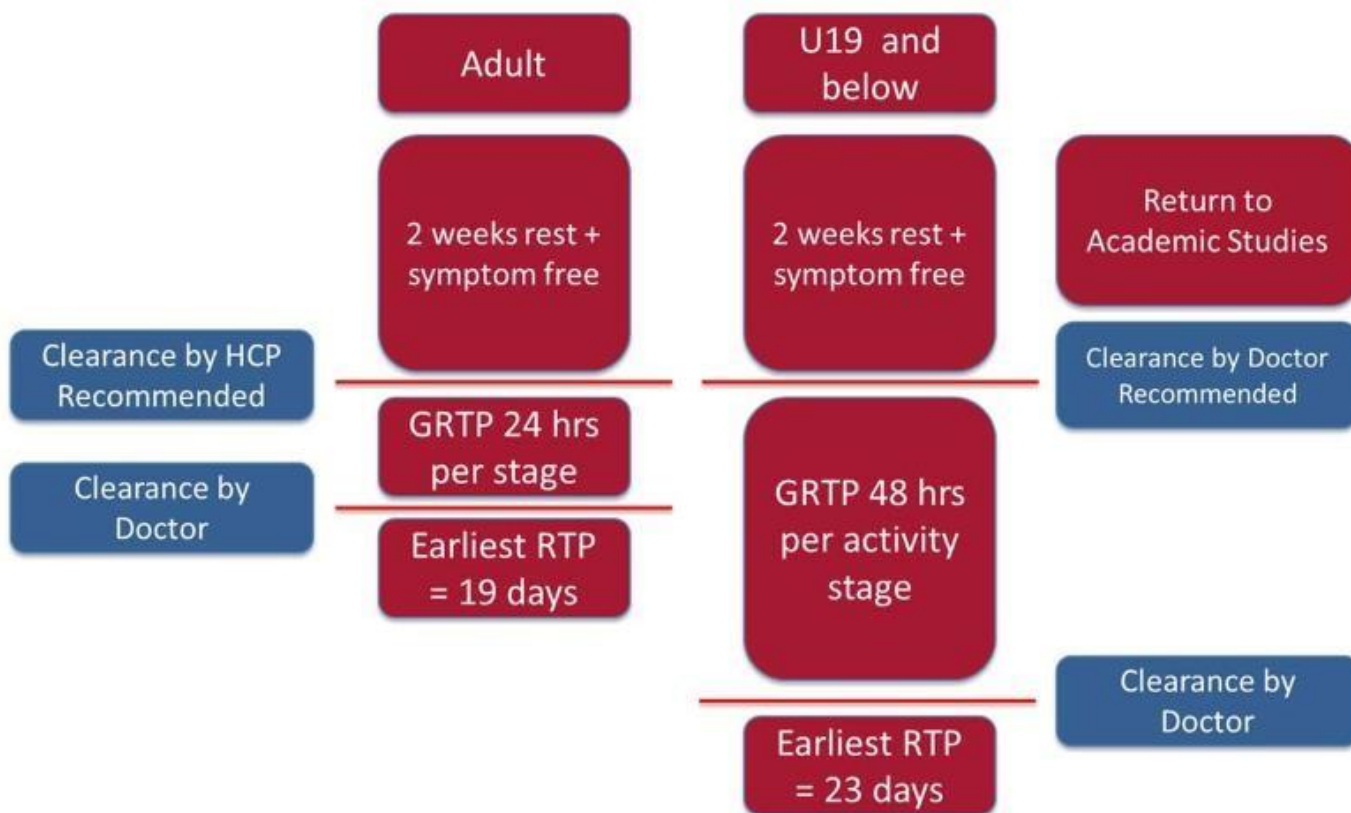
**The majority (80-90%) of concussions resolve in a short (7-10 days) period. This may be longer in children and adolescents and a more conservative approach should be taken with them.**

During the recovery time 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
- Increased risk of developing Post-Concussion Syndrome (PCS) with symptoms lasting over 3 months.
- Possible long term health consequences e.g. psychological and/or brain degenerative disorders in later life.
- Further concussive event being FATAL, due to severe brain swelling – known as second impact syndrome.

### What should players do to return to play (RTP)?

The routine return to play pathway is shown in the diagram below:



A player's age is deemed to be their age as at 1<sup>st</sup> September.



This policy has been developed in accordance with:

1. **NICE clinical guideline 176 - Head Injury: Triage, assessment, investigation and early management of head injury in infants, children and adults.**  
<https://www.nice.org.uk/guidance/cg176>
2. **World Rugby, Concussion Guidelines**  
<https://playerwelfare.worldrugby.org/>
3. **Rugby Football Union, HEADCASE Concussion Awareness Programme**  
<https://www.englandrugby.com/participation/playing/headcase>
4. **Society of British Neurological Surgeons, 'Concussion Guidelines for the Education Sector' can be downloaded at:**  
<https://www.sbns.org.uk/index.php/policies-and-publications/protocol-andguidelines-2/>
5. **Child SCAT 5: Sport Concussion Assessment Tool. Ages 5 to 12**  
<https://bjsm.bmj.com/content/bjsports/early/2017/04/28/bjsports-2017097492childscat5.full.pdf>