City of London School First Aid Policy

1 Introduction

1.1 The aim of the policy is to provide clear guidance and information on how City of London School fulfils first aid requirements, manages illness and accidents and the reporting process within the school.

1.2 This policy has been devised by the School Nurse for use by Parents, Pupils and Staff. The policy adheres to the principles set out by the Department for Education in *Guidance on First Aid in Schools, 2014*[1] and *Supporting pupils at school with medical conditions 2015*[2].

1.3 The policy covers the following areas:

- First Aid
- Illness and Accidents
- Guidance for dealing with Head injuries
- Guidance on when to call for an ambulance
- Reporting of incidents
- Hygiene procedures for spillage of body fluids

1.4 This policy should be read in conjunction with:

- The Health and Safety Policy
- The Medicines and Medical Conditions Policy
- The Educational Visits Policy

2 General Principles

2.1 In the event of an accident or injury to a pupil, it is important to remember the responsibilities of the School 'in loco parentis'. Not only must the pupil receive immediate attention, either at the site of the accident or in a Treatment Room, but it is important to ensure that all necessary follow up action is taken.

2.2 Parents should be informed immediately if the accident is sufficiently serious that a pupil may have difficulty getting home or if he has to be referred to hospital. The pupil's Form Tutor (or Head of Year) and the Senior Deputy Head are also informed at the earliest opportunity.

2.3 If the School Nurse is absent for more than a day, an Agency Nurse will be employed.

[1] See https://www.gov.uk/government/publications/first-aid-in-schools
[2] See https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

3 First Aid

3.1 The arrangements for first aid provision will be adequate to cope with all foreseeable major incidents.

3.2 Supplies of first aid material is held at various locations throughout the School (as given in Annex 1), as determined by the School Nurse. This includes the provision of First Aid Stations. Signs are posted around the School indicating the location of the nearest First Aid Station and where First Aiders can be found in the case of an emergency, and all staff will be advised of their position. The materials will be checked regularly and any deficiencies made good without delay.

3.3 The number of certificated first aiders will not, at any time, be less than the number required by law (1:50). The **School Nurse**, in consultation with the Senior Deputy Head, is responsible for maintaining a list (as given in Annex 2) of current certificated First Aiders. This is updated at the beginning of each academic year, and at other times as necessary. There are currently 21 staff holding First Aid at Work Certificates (or equivalent) at the School and a minimum of 3 at Grove Park, the only other School site.
This list will be available in:

- Medical Centre
- Reception
- Staff Common Room
- Staff Departmental Rooms
- The Head's EA's Office
- PE Office
- Notice-boards around the School
- Grove Park Pavilion
- School Intranet

A copy of this list is also kept by Human Resources.

3.4 Anyone needing first aid should, in the first instance, contact the School Nurse. When the School Nurse is unavailable, the person seeking first aid should go to Reception, from where a First Aider will be summoned.

3.5 **First Aid training**
The School Nurse is responsible for facilitating first aid training for school staff.

3.6 At the discretion of the Board of Governors other staff will be given such training in first aid techniques as is required to give them a basic, minimum level of competence. The Board of Governors will agree this level after seeking appropriate advice. The number of such trained but uncertificated first aiders will be determined by the Board of Governors as that being sufficient to meet the needs of all foreseeable circumstances.

3.7 **Automated External Defibrillation (AEDs)**
The School recognises that in the case of cardiac arrest early intervention is vital to optimise survival and this includes the early use of a defibrillator. If used in the first 3-5 minutes of a collapse the survival rates can be as high as 50-70%.[3]

[3] See https://www.resus.org.uk/resuscitation-guidelines/adult-basic-life-support-and-automated-external-defibrillation/#sequence

3.8 AEDs are located in Reception at the main school and in the First Aid Room at Grove Park. The use of AEDs is designed so that even lay bystanders can use them by following the voice prompts and this is then combined with cardiopulmonary resuscitation (CPR). However the School aims to give an awareness and basic training to school staff and pupils in their use. This will be delivered by the School Nurse at various intervals throughout the school year.

3.9 **Trips and visits**
First Aid arrangements for School Trips and Visits are contained in the Educational Visits Policy. Adequate and appropriate first aid provision will form part of the arrangements for all out-of-school activities. First Aid Kits are to be taken on School trips and the Qualified First Aider is appointed to be responsible for the kit and for taking charge of the situation (i.e. calling for assistance if a serious injury or illness occurs).

3.10 A record will be made of each occasion any member of staff, pupil or other person receives first aid treatment either on the School premises or as a part of a school-related activity.

4 Illness and Accidents

In the event of a pupil becoming ill or having an accident the following procedures are to be followed:

4.1 Illness

4.1.1 When a pupil feels ill at School, he should be escorted to the School Nurse who will decide on what action should be taken. Staff with First Aid qualifications may be asked to administer aid but it is the School Nurse, or, in her absence, a member of the Senior Management Team, who is responsible for deciding whether the pupil should be allowed to go home or be sent to Hospital. In the event of the School Nurse and the Senior Management Team all being absent, it is incumbent on staff to act as a reasonable parent would act in the circumstances, i.e. they must fulfil their duties 'in loco parentis'.

4.1.2 If the School Nurse is not available, a pupil requiring treatment should report to Reception who will arrange for a First Aider to be summoned.

4.1.3 If the illness is not severe and does not require treatment, the pupil may be invited to rest in the nursing bay within the Medical Centre or to sit outside the Common Room or, at Grove Park, the First Aid Room until he feels better.

4.1.4 If the School Nurse or a member of SMT decides that a pupil should go home, then a parent or guardian must be contacted to collect the pupil.

4.1.5 If the pupil is not fit for lessons but can safely return home and there is no one available to collect him, he may be allowed home if the parent gives permission. In such cases the pupil is to be instructed to ring the School to confirm he has returned home safely. In exceptional cases, the School Nurse or a member of SMT may ask a member of staff to accompany the pupil home.

4.1.6 If the pupil requires medication, the School Nurse may administer it according to the guidelines within the School's Medicines and Medical Conditions Policy.

4.1.7 If the pupil requires care at a hospital, the parents or guardian are to be informed immediately. If deemed to be a non-emergency, a parent or guardian should be asked

to collect the pupil without delay and accompany him to a hospital of their choice. If it is deemed necessary to attend hospital without delay, the pupil is to be accompanied to the hospital by a member of the School staff[4] who will wait with the pupil until a parent arrives and assumes responsibility for their son. In these circumstances, parents must make every effort to attend to their son as quickly as possible.

4.1.8 If the pupil has to be taken to hospital, the School Nurse, or a member of SMT, will arrange for one of the following methods of transport to be used, depending upon the urgency and nature of the circumstances:

- School minibus
- taxi (black cab or contract)
- ambulance

4.2 Accidents

4.2.1 Victims of accidents should be taken to the School Nurse where the same procedures as given above will apply. However, if the accident is of such a nature that the victim should not or cannot be moved the School Nurse and/or a qualified First Aider should be contacted immediately.

4.2.2 The Head or Senior Deputy Head (or, in their absence, another member of the SMT) must be contacted immediately if the injury is of a serious nature.

4.3 Head Injuries

4.3.1 For head injuries and suspected concussion please refer to the Head injuries and concussion protocol (see Annex 3).

5 Guidance on when to call for an Emergency Ambulance

5.1 An emergency 999 ambulance should be called when a qualified First Aider has assessed a casualty and deemed it necessary to do so based upon the knowledge acquired through their training. Usually this will be for casualties with the following problems:

- any instance in which it would be dangerous to approach and treat a casualty
- unconscious
- not breathing
- not breathing normally and this is not relieved by the casualty's own medication
- severe bleeding
- neck or spinal injury
- injury sustained after a fall from a height (higher than 2 metres)
- injury sustained from a sudden impact delivered with force (e.g. car knocking a person over)
- suspected fracture to a limb
- anaphylaxis (*make sure to use this word when requesting an ambulance in this case*)
- seizure activity that is not normal for the casualty, especially after emergency medication has been administered
- symptoms of a heart attack or stroke

[4] This will usually be a School Keeper.

- rapid deterioration in condition despite the casualty not initially being assessed as requiring an ambulance

IF IN DOUBT, IT IS BETTER TO CALL FOR AN EMERGENCY AMBULANCE THAN NOT

5.2 If, for whatever reason, a qualified First Aider is not available, the above guidelines should be used to determine whether to call for an emergency ambulance.

5.3 **How to call for an emergency ambulance**

Should the need arise for an emergency ambulance to be summoned, the First Aider should:

- remain calm
- ask a bystander* to call 999 or 112 and, when prompted for which service is required, ask for an ambulance
  **Should a bystander not be available it may be necessary for First Aiders to leave the casualty and make the call themselves, relaying this information to the operator*

The caller should:

- be ready to provide details of their name, telephone number, address and exact location within the School
- relay the condition of the casualty, as assessed by the First Aider, and how the casualty came to be in this condition
- provide details of the number of casualties along with names, age and gender if these details are known
- ask that ambulances come to **'the bus stop beside the Salvation Army on Queen Victoria Street, EC4V 3AL'**; if possible, it should be arranged for a member of staff or bystander who knows the location of the casualty to meet the ambulance on arrival
- communicate any dangers or hazards into which the ambulance may be arriving
- stay on the line with the emergency operator until they have cleared the line
- return to the casualty immediately after the call to inform the First Aider that an ambulance is on the way and to bring a First Aid kit, blanket and AED if necessary

6 Reporting of Incidents

6.1 The School Nurse records all visits to her by pupils and staff requiring attention or treatment. This is done on the confidential database on iSAMS which the School Nurse maintains. This covers illnesses and accidents. The following details are recorded:

- Name
- Date
- Time
- nature of illness/accident (and location if appropriate)
- details of and first aid administered
- whether parents are contacted and whether a pupil is sent home or to hospital

With regard to the latter, the Form Tutor, Head of Year and Senior Deputy Head are notified by e-mail.

6.2 Any accidents involving pupils which may have been preventable, or which arose out of, or in connection with work, are to be recorded on a Health and Safety Form on the School Intranet[5]. These forms should be used **to report accidents, near misses or other Health and Safety concerns.** Details of the accident should be recorded as promptly as possible, together

[5] See http://intranet.cityoflondonschool.org.uk/home/health-and-safety/health-and-safety-reporting

with names of any witnesses, while details are still fresh in the mind. The following information should be recorded:

- Name of person reporting the incident
- Date of the incident
- Time of the incident
- Location of the incident
- Name of affected person
- Nature of illness/accident
- Details of any First aid administered
- whether parents are contacted and whether a pupil is sent home or to hospital

6.3 The School Nurse, who is line-managed by the Assistant Head Pastoral, is responsible for:

6.3.1 Reporting accidents under RIDDOR guidelines.

6.3.2 Reporting accidents on the correct form to the City of London Corporation Health and Safety Section and, where appropriate, the HSE.

6.3.3 Maintaining accident records for both pupils and adults in the appropriate book (adults) or on the appropriate form (pupils).

6.4 It is important that any lessons learned from accidents are taken fully into account to prevent a recurrence. All incidents, including "near misses", are fully investigated. The more serious the incident, the more intensive the investigation should be to determine:

- What happened
- The lessons that can be learned
- The changes, if any, that need to be made to risk control measures to avoid a recurrence.

6.5 Further information regarding Accident reporting and recording can be found in the Health and Safety Policy.

7 Hygiene procedures for spillage of body fluids

7.1 The Hygiene Procedures for dealing with the spillage of Body Fluids are given in Annex 4.

8 Review of Policy

This policy will be reviewed on a three yearly basis (or more regularly where required) prior to approval by the Board of Governors.

Policy last reviewed by:	RMB (Senior Deputy Head) / EH (School Nurse)
Date last reviewed:	February 2017
Approved on behalf of Governors by:	
Date approved:	February 2017

Annex 1: Locations of First Aid stations

First Aid Stations (*First Aid Kit, Eyewash Kit, Burns Kit and Biohazards Kit*) can be found in the following locations:

Level 1	South	Reception	North	Outside the Fencing Salle
	DVA Block	ICT Staff Room		
Level 2	South	Staff Common Room, and Medical Centre	North	Kitchen
Level 3	South	Art Department	North	PE Office
Level 4	South	Geography Staff Room	North	OG & 1st Form HOY Office
Level 5	South	Beside the Vivarium	North	Science Staff Room
Grove Park		First Aid Room		

The kits are stocked by the School Nurse with contents that are HSE compliant. The Sports Therapist at Grove Park is responsible for keeping the first aid kits fully stocked and is first aid trained. The members of staff responsible for re-stocking should be informed if the First Aid Stations have been used.

First Aid boxes are situated in:

- Biology, Chemistry and Physics Departments
- Swimming Pool and Sports Hall
- Theatre
- CCF
- And other locations around the school

Annex 2: Holders of a First Aid Certificate

CITY OF LONDON SCHOOL

Main School

Name	Expiry Date	Extension Number:
BERRY, G	03.08.2019	6414
BRACKEN, A	20.09.2019	6432
BROOKES, R	07.01.2019	6402
CORNWELL, N	17.03.2017	6446
DARIYA, L	16.06.2019	6323
DAVIES, O	23.03.2018	6341
DAWSON, G	19.06.2017	6463
DOWLER, G	16.06.2019	6440
DUGDALE, I	28.06.2019	6422
FERNANDEZ, A	26.01.2020	6337
GREGORY, M	09.06.2019	6337
HARRISON, J	22.10.2018	6444
IRELAND, K	04.01.2018	6435
KAHWA, H	02.06.2018	6322
KERR, M	23.09.2017	6463/6446
MARSHALL, P	23.04.2018	6310/6311
MCCALLAN, E	06.10.2019	6439
NAYLOR, P	12.08.2017	6453
PATEL, C	03.08.2019	6315
RALPH, S	13.03.2017	6433
SANTRY, J	18.05.2018	6446 / 6467
SCHOFIELD, N	06.04.2019	6423
SILCOCK, B	30.06.2019	6446
SINGH, B	03.06.2017	6343

Grove Park

Name	Expiry Date	Extension Number:
STOCKS, T (Grove Park)	09.03.2019	6348
CHAMBERLAIN, R (Grove Park)	13.06.2019	6348
DORRINGTON, S (Grove Park)	15.05.2019	6348/(6369 CLS)

Who to contact

1. The first person to contact should be the School Nurse in the MEDICAL CENTRE on Level 2 (South) (ext. **6369**).

2. If the School Nurse is unavailable, report to RECEPTION and a First Aider will be summoned.

3. At Grove Park, the first person to contact should be the Sports' Physiotherapist (ext. **6348**).

Annex 3: Head Injuries and Concussion Protocol

Protocol aims:

- To provide a safe environment.
- To ensure all staff have a clear understanding of how to manage someone who has sustained or potentially sustained a head injury.
- To be able to recognise the signs and symptoms of concussion and manage it correctly.
- To ensure all significant head injuries are reported on an accident form.
- To ensure all parents and pupils receive appropriate advice on managing a head injury.

Head injuries

Not all head injuries cause damage to the brain but minor ones can have symptoms including:

- Nausea
- Headaches
- Dizziness
- Tiredness

Pupils that sustain a head injury should be assessed by the School Nurse or the Sports Therapist and head injury advice will be given to the pupil and parents in every case.
The School Nurse is responsible for monitoring accident reports and informing the Health and Safety Committee of any areas of concern. This is then followed up by the Health and Safety Committee who will risk assess any areas of concern to minimise the risk(s) to pupils and staff of sustaining a head injury.

Red Flags for potentially more serious head injuries.

If any of the following are observed or develop then the pupil needs to be immediately seen by the School Nurse or the Sports Therapist, and, where appropriate (or in the absence of the School Nurse of Sports Therapist), an ambulance for urgent medical assessment:

- Deteriorating conscious state
- Increased confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizures (fits) or convulsions
- Double vision or deafness
- Weakness in arms or legs (may appear to be walking strangely)
- Clear fluid coming out of ears and/or nose
- Slurred speech, difficulty speaking and understanding.

Concussion

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. Effects are usually temporary but can include headaches and problems with concentration, memory, balance and coordination.
Concussion can occur at any time within the school environment and can occur if a pupil's head comes into contact with a hard surface such as a floor or a desk. It can also occur during sporting activities. Concussion can also occur when the head and the upper body are violently shaken, such as in whiplash injuries.
The School takes concussion seriously to safeguard the long-term welfare of pupils.

Concussion can affect academic performance and behaviour and can also put a pupil at risk of further serious consequences if he sustains another concussion before he has recovered. The School recognises that if the brain is not allowed to fully recover the brain is more vulnerable to further injury and may result in further long term consequences such as prolonged concussion symptoms and possible consequences such as dementia, and a further concussive event could cause brain swelling which can be fatal.

Pupils who sustain a head injury during sports sessions (practice / training and fixtures) will be removed from play and initially be assessed by the School Nurse or Sports Therapist. If concussion is suspected further medical advice will be sought.

The School understands that it is important to recognise the signs of concussion as early as possible but is aware that symptoms can present themselves at any time after the incident.

Pupils suspected of having concussion or whom have been diagnosed with concussion will undertake the graduated return to play protocol (GRTP). The School recommends that pupils receive medical clearance before returning to play.

If a concussion is suspected, and in the absence of the School Nurse or Sports Therapist, it is the member of staff's responsibility to:

- Inform the School Nurse and Sports Therapist.
- Communicate with the parents what happened and recommend that the pupil should undergo diagnosis and assessment from a medical practitioner or visit an emergency department for further assessment.
- Give the pupil and parents the head injury advice sheet (see Annex 3.4; this may also be accessed via the Medical Centre page of the School's intranet).
- Inform the pupil and parents that the pupil should see the School Nurse on the pupil's return to school.
- Complete an accident report form (accessed via the School's intranet).

The Graduated Return to Play pathway

The GRTP will be undertaken under the supervision of the Sports Therapist. The Sports Therapist will organise sessions to meet the pupil's needs and assess the pupil at every stage using the SCAT (see Annex 3.2) or ChildSCAT (see Annex 3.3). It is the responsibility of the pupil's parents to organise for medical clearance before returning to play. The School Nurse and / or Sports Therapist will keep a record of the parent's confirmation that clearance has been obtained.

Following a concussion it is reasonable to expect a pupil to miss a day or two of academic studies but extended absence is uncommon. The pupil should initially rest and this should involve avoiding reading, TV and computer games. These can be gradually reintroduced. Thereafter, the GRTP follows the timescale and activities shown below.

On return to academic studies the pupil's teachers will be made aware of the pupil's concussion by the School Nurse. Adjustments or support that the School will consider, on an individual basis, during the return to play period are:

- Extra time to complete assignments and tests
- Access to a quiet room to complete assignments and tests
- Avoidance of noisy areas such as the dining hall and assembly rooms
- Frequent breaks, as required, during class, homework and tests
- Shorter assignments
- Use of a peer helper
- Reassurance from teacher that the pupil will be supported through their recovery

The pupil may not to return to sport until they have successfully returned to school and learning without worsening of symptoms.

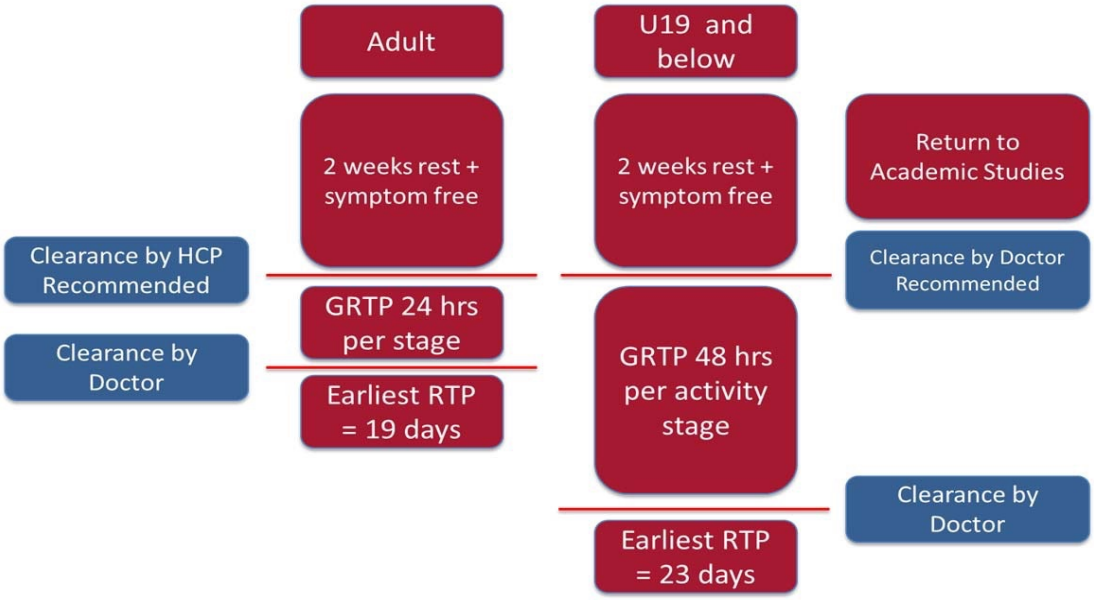

Table 1 Graduated return to play protocol

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Symptom limited physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate No resistance training	Increase HR
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, eg, passing drills in football and ice hockey May start progressive resistance training	Exercise, coordination and cognitive load
5. Full-contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	

Staff Education

All staff have been issued with a 'Pocket Concussion Recognition Tool' (see Appendix 1) as a recognition guide for potentially serious head injuries and concussion. General awareness of the seriousness of head injuries and concussion will be raised at various times to all staff during staff training sessions throughout the school year.

All staff involved in coaching sports carry the 'Pocket Concussion Recognition Tool' upon their person. These staff undertake the online course provided by the RFU which provides guidance on concussion awareness for coaches[6]. This is to be undertaken annually and a register and copies of certificates are to be held by the School Nurse to ensure training is current.

[6] The 'Headcase' concussion awareness course is available at: http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/

Other sources of information

- The FA's concussion guidelines: http://www.thefa.com/get-involved/coach/concussion
- The RFU's concussion guidelines: http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/
- World Rugby concussion guidance: http://www.irbplayerwelfare.com/?documentid=158

Annex 3.1: Pocket Concussion Recognition Tool

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

FIFA FEI

RECOGNIZE & REMOVE

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

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

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

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
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

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 so do.
- 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

Annex 3.2: SCAT

SCAT3™

Sport Concussion Assessment Tool – 3rd edition

For use by medical professionals only

Name: Date / Time of Injury: Examiner:
Date of Assessment:

What is the SCAT3?[1]

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 12 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively[1]. For younger persons, ages 12 and under, please use the Child SCAT2. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool[1]. Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.
NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is "normal".

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and / or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of any one or more of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT

Indications for Emergency Management

NOTE: A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

Potential signs of concussion?

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and **should not be permitted to return to sport the same day** if a concussion is suspected.

Any loss of consciousness?	Y	N
"If so, how long?"		
Balance or motor incoordination (stumbles, slow / laboured movements, etc.)?	Y	N
Disorientation or confusion (inability to respond appropriately to questions)?	Y	N
Loss of memory:	Y	N
"If so, how long?"		
"Before or after the injury?"		
Blank or vacant look:	Y	N
Visible facial injury in combination with any of the above:	Y	N

1 Glasgow Coma Scale (GCS)

Best eye response (E)	
No eye opening	1
Eye opening in response to pain	2
Eye opening to speech	3
Eyes opening spontaneously	4
Best verbal response (V)	
No verbal response	1
Incomprehensible sounds	2
Inappropriate words	3
Confused	4
Oriented	5
Best motor response (M)	
No motor response	1
Extension to pain	2
Abnormal flexion to pain	3
Flexion / Withdrawal to pain	4
Localizes to pain	5
Obeys commands	6
Glasgow Coma score (E + V + M)	of 15

GCS should be recorded for all athletes in case of subsequent deterioration.

2 Maddocks Score[3]

"I am going to ask you a few questions, please listen carefully and give your best effort."

Modified Maddocks questions (1 point for each correct answer)

What venue are we at today?	0	1
Which half is it now?	0	1
Who scored last in this match?	0	1
What team did you play last week / game?	0	1
Did your team win the last game?	0	1
Maddocks Score		of 5

Maddocks score is validated for sideline diagnosis of concussion only and is not used for serial testing.

Notes: Mechanism of injury (**"tell me what happened"?**):

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of injury.

Annex 3.3: Child SCAT

Child-SCAT3™

Sport Concussion Assessment Tool for children ages 5 to 12 years

For use by medical professionals only

What is the Child-SCAT3?[1]

The Child-SCAT3 is a standardized tool for evaluating injured children for concussion and can be used in children aged from 5 to 12 years. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively[2]. older persons, ages 13 years and over, please use the SCAT3. The Child-SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion recognition Tool[3]. Preseason baseline testing with the Child-SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the Child-SCAT3 are provided on page 3. If you are not familiar with the Child-SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.
NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The Child-SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their Child-SCAT3 is "normal".

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and / or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of any one or more of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT

Indications for Emergency Management

NOTE: A hit to the head can sometimes be associated with a more serious brain injury. If the concussed child displays any of the following, then do not proceed with the Child-SCAT3; instead activate emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs
- Persistent vomiting
- Evidence of skull fracture
- Post traumatic seizures
- Coagulopathy
- History of neurosurgery (e.g. Shunt)
- Multiple injuries

1 Glasgow Coma Scale (GCS)

Best eye response (E)	
No eye opening	1
Eye opening in response to pain	2
Eye opening to speech	3
Eyes opening spontaneously	4
Best verbal response (V)	
No verbal response	1
Incomprehensible sounds	2
Inappropriate words	3
Confused	4
Oriented	5
Best motor response (M)	
No motor response	1
Extension to pain	2
Abnormal flexion to pain	3
Flexion / Withdrawal to pain	4
Localizes to pain	5
Obeys commands	6
Glasgow Coma score (E + V + M)	of 15

GCS should be recorded for all athletes in case of subsequent deterioration.

Potential signs of concussion?

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and **should not be permitted to return to sport the same day** if a concussion is suspected.

Any loss of consciousness?	Y N
"If so, how long?"	
Balance or motor incoordination (stumbles, slow / laboured movements, etc.)?	Y N
Disorientation or confusion (inability to respond appropriately to questions)?	Y N
Loss of memory:	Y N
"If so, how long?"	
"Before or after the injury?"	
Blank or vacant look:	Y N
Visible facial injury in combination with any of the above:	Y N

2 Sideline Assessment – Child-Maddocks Score[3]

"I am going to ask you a few questions, please listen carefully and give your best effort."

Modified Maddocks questions (1 point for each correct answer)

Where are we at now?	0	1
Is it before or after lunch?	0	1
What did you have last lesson / class?	0	1
What is your teacher's name?	0	1
Child-Maddocks score		of 4

Child-Maddocks score is for sideline diagnosis of concussion only and is not used for serial testing.

Any child with a suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration (i.e., should not be left alone). No child diagnosed with concussion should be returned to sports participation on the day of injury.

BACKGROUND

Name: Date / time of injury:

Examiner: Date of assessment:

Sport / team / school:

Age: Gender: M F

Current school year / grade:

Dominant hand: right left neither

Mechanism of injury ("tell me what happened"):

For parent / carer to complete:

How many concussions has the child had in the past?

When was the most recent concussion?

How long was the recovery from the most recent concussion?

Has the child ever been hospitalized or had medical imaging done (CT or MRI) for a head injury?	Y N
Has the child ever been diagnosed with headaches or migraines?	Y N
Does the child have a learning disability, dyslexia, ADD/ADHD, seizure disorder?	Y N
Has the child ever been diagnosed with depression, anxiety or other psychiatric disorder?	Y N
Has anyone in the family ever been diagnosed with any of these problems?	Y N
Is the child on any medications? If yes, please list:	Y N

Annex 3.4: Head injury advice for parents

CITY OF LONDON SCHOOL

Date: **Time of injury:**

This is to inform you that your son …… sustained a head injury.

Few head injuries sustained at school are likely to result in significant complications. It is, however, important to recognise that, though injuries to the head may initially appear minor, the condition of your son may deteriorate.

Please monitor your son closely over the next 48 hours and follow the guidance provided on the back of the slip. If at all concerned seek immediate medical advice/attention from A&E.

Take your son to your local accident and emergency department (A&E) department if they:

- Are unusually sleepy or you cannot wake them
- Have a headache which is getting worse
- Are unsteady when they walk
- Develop a squint or blurred/double vision
- Repeatedly vomit
- Have a seizure (fit)
- Decreased/loss of consciousness

Please do not hesitate to contact the School Nurse/Sports Therapist if you have any further queries regarding this. They may be contacted at:

- schoolnurse@cityoflondonschool.org.uk (School Nurse)
- 0203 680 6369 (School Nurse)
- sam.dorrington@cityoflondonschool.org.uk (Sports Therapist)

Annex 4: Hygiene Procedures for Spillage of Body Fluids

4.1 General statement

The aim is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence is the responsibility of all staff who may come into contact with spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection.

Disinfection aims to reduce the number of micro-organisms to a safe level. Whilst a variety of chemical disinfectants is available, high concentration chlorine-releasing compounds provide an effective method of treating body fluid spills with activity against a range of bacteria and viruses.

4.2 Legal position

The School has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and Oral Secretions
- Vomit
- Faeces
- Urine

4.3 Personal Protective Equipment (PPE)

PPE is available from the Deputy Facilities Manager or School Nurse.

All staff dealing with a biohazard spill are to ensure that they:

- Wear a plastic disposable apron.
- Wear disposable gloves.
- protect eyes and mouth with goggles and mask (or full face visor) if splash or spray is anticipated
- wear protective footwear when dealing with extensive floor spillages
- use the Body Fluid Disposal Kits provided by the school (not “just a cloth or mop”)
- always dispose of PPE and contaminated waste into a yellow clinical waste bag

4.4 Procedure

All biohazard spills are to be reported to the School Health & Safety Co-ordinator (the Facilities Manager).

All staff dealing with a biohazard spill are to:

- wear appropriate PPE
- take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular blood or body fluids reaching the eyes or the areas inside the mouth and nose should be avoided.
- use the Body Fluid Disposal Kits provided by the Facilities Manager, School Nurse or cleaning staff, or located at the First Aid Stations

- place all soiled paper towel and gloves into a yellow clinical waste bag to dispose of in an approved manner
- wash hands, including arms to the elbow, with warm water and soap immediately after **every** clean-up of blood or body fluid. This should be performed **even** if gloves have been worn.
- wash all areas that have come into contact with blood