City of London School

First Aid Policy

0. Review of policy

0.1 This policy will be reviewed annually (or more regularly where required) prior to approval by governors.

Last reviewed by:	Jane Elliott-Waine (Head of Facilities, Operations and Compliance) and Nicola Callis (Lead School Nurse)
Date last reviewed:	February 2026
Approved for Governors:	Board of Governors
Date approved:	10 March 2026

1. Introduction

1.1 The aim of the policy is to provide clear guidance and information on how City of London School ('the School') fulfils first aid requirements, its approach to dealing with minor and major injuries, managing accidents and illnesses, and the reporting process within the School and to the City of London Corporation (CoL).

1.2 This policy has been devised 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* and *Supporting pupils at school with medical conditions* .

1.3 This policy forms the basis of our first aid needs assessment approach to ensure that we have suitable provisions for staff, pupils and visitors, i.e. sufficient numbers of first aiders, training needs, first aid accommodation, information sharing, reporting systems and individual responsibilities.

1.4 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

1.5 This policy should be read in conjunction with:

- The Health and Safety Policy
- The Medicines and Medical Conditions Policy
- The Educational Visits Policy
- City of London Corporation First Aid Policy

And the following CoL guidance:

- CoL HSG44: First Aid Guidance
- CoL HSSG01: Guidance on reporting schools' accidents, incidents and dangerous occurrences
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1.6 This policy has regard to Part 3 (Welfare, health and safety of pupils), Paragraph 13 (First Aid) of the Independent School Standards Regulations.

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 they have to be referred to hospital. The pupil's Form Tutor (or Head of Year or Head of Section) and the Deputy Head (Pastoral) are also informed where appropriate.

2.3 If the School Nurse isabsent for more than a day, an Agency Nurse will be employed. In the event of an unplanned absence of a day, an Agency Nurse will be employed where possible and first aiders will be called upon to provide cover where needed.

3. First Aid

3.1 The arrangements for first aid provision will be monitored by the Schools Lead Nurse in conjunction with the Head of Facilities and Compliance and Senior Deputy Head. The Lead Nurse will liaise with Heads of Department and other staff as required to ensure appropriate provisions are available onsite and offsite.

3.2 Line managers will ensure that all staff are informed, as part of new staff induction programmes and when changes are made, of first aid procedures. This will include basic protocols, locations of equipment, facilities, first aid personnel and reporting systems. New pupils will be informed of these arrangements by their Form Tutors.

3.3 Supplies of first aid material are held at various locations throughout the School (as given in Appendix 1), this is determined through the School's risk assessment process by the Lead Nurse and Head of Facilities and Compliance. 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 and pupils are advised of their positions at induction. The contents of these First Aid Stations will be checked regularly by the School Nurses. Where first aiders, or other staff, have used material from the Stations they should notify the School Nurses so that the stock can be replenished, and deficiencies made good without delay. Designated first aiders

may be asked to check the contents of the boxes in their areas by the School Lead Nurse to assist in ensuring they are always stocked.

3.4 The number of certificated first aiders will not, at any time, be less than the number required by legislation and/or guidance (a ratio of 1 first aider per 50 pupils and staff), with a minimum of 3 first aiders at Grove Park, the only other School site. The Lead Nurse, in consultation with the Head of Facilities and Compliance and Senior Deputy Head, is responsible for maintaining a list of current certificated First Aiders[1]. This is updated at the beginning of each academic year, and at other times as necessary. This list will be available in:

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

3.5 **First Aiders' Role Description and Appointment**

3.5.1 When selecting first aiders consideration will be given to the individual's reliability, communication skills, aptitude, ability to cope with stressful situations and physically demanding emergency procedures, and likelihood of being available when required (i.e. their ability to leave their normal duties and immediately attend to an emergency).

3.5.2 The role of the first aider is to give immediate assistance to casualties who are injured or become unwell. Where necessary they will ensure that professional medical help, e.g. the School Nurses and / or an ambulance, is called. They will need to keep proper records when treatment is provided, even if first aid assistance has been refused. (Also see the *Reporting Incidents* section below).

3.5.3 First aiders will need to ensure they continually update and practice their skills and become familiar with the layout and equipment available in the medical suite by arranging a visit to the School Nurses.

3.5.4 They may also be asked to review stock levels of first aid materials around the school and following training from the School Lead Nurse, complete monthly checks on the defibrillators.

3.5.5 Where required in the educational visits risk assessment, first aiders may be called upon to attend to provide appropriate levels of support offsite.

[1] This list will be published around school and on the Staff Intranet by the Lead Nurse. A copy of this list is also kept by Human Resources.

3.6 **Seeking First Aid**

Anyone needing first aid should, in the first instance, contact their local first aider who will provide immediate treatment and, if necessary, refer them to the School Nurses. When a local first aider or the School Nurses are unavailable, the person seeking first aid assistance should go to Reception, from where a First Aider will be summoned.

3.7 **First Aid training**

The Lead Nurse is responsible for acquiring suitable first aid training for School staff. They will also work with the Head of Facilities and Compliance to ensure that at any given time (including outside of school term and evening) there are sufficient numbers of first aiders to meet or exceed legislative guidelines. An assessment will be made in terms of age and activities undertaken to ensure appropriate coverage of skills and available staff to deal with emergencies, this will include those trained as follows:

- RN/RM (registered nurse/midwife on duty during core school hours;
- First Aid at Work (FAW) – 3-day certificated training
- Emergency First Aid at Work (EFAW) – 1-day Training

Where appropriate, additional types of training will be taken into account when assessing our level of cover (e.g. DofE Outdoor First Aid and Lifeguard First Aid courses). At the discretion of the Senior Deputy Head other staff will be given basic training in first aid techniques as is required to give them a basic, minimum level of competence where an assessment has been made that this may be beneficial for staff.

3.8 **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.

AEDs may be found at the locations given in Appendix 1. AEDs are 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 Nurses or external trainer.

3.9 **Trips and visits**

Adequate and appropriate first aid provision will form part of the risk assessment for all out-of-school activities. First Aid Kits are to be taken on school trips and the First Aider or trip leader 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). Further information about the First Aid arrangements for School Trips and Visits is contained in the Educational Visits Policy.

3.10 **Recording incidences of the provision of First Aid**

A record will be made of **all** occasions that 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. The person giving the first aid, or person in charge of trip or event, should report this using the School's Health and Safety reporting form on the Staff Intranet. or in the case of sporting injuries or illness, by emailing the School Nurse all details of the incident. (Also see the *Reporting Incidents* section below.)

4. Illness and Accidents

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

4.2 **Illness**

4.2.1 When a pupil feels ill at School, they should visit 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 their absence, a member of the Senior Management Team (SMT)) 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 SMT 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').

4.2.2 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.

4.2.3 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 in the Medical Centre waiting area or, at Grove Park the First Aid Room, until they feel better.

4.2.4 If the School Nurse or a member of SMT decides that a pupil should go home, then a parent / carer must be contacted to collect the pupil. If the pupil is not fit for lessons but can safely return home and there is no one available to collect them, they may be allowed home if the parent gives permission, and the parents will be informed of the exact time that the pupil left school. In exceptional cases, the School Nurse or a member of SMT may ask a member of staff to accompany the pupil home.

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

4.2.6 If the pupil requires care at a hospital, the parents / carers are to be informed immediately. If deemed to be a non-emergency, a parent / carer should be asked to collect the pupil without delay and accompany them 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[2] who will wait with the pupil until a parent arrives and assumes responsibility for their child. In these circumstances, parents must make every effort to attend to their child as quickly as possible.

4.2.7 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 (with a driver plus one other member of staff)
- taxi (black cab or contract)
- ambulance

[2] This will usually be a School Keeper and / or a First Aider.

4.3 **Accidents**

4.3.1 If the accident is of such a nature that the casualty should not or cannot be moved the local qualified First Aider and / or School Nurse should be contacted immediately. Following assessment of injuries, the same procedures as above will apply as appropriate.

4.3.2 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. The Head of Facilities and Compliance and / or the Facilities Manger should also be contacted so that an accident investigation can be conducted promptly, where required.

4.4 **Head Injuries**

For head injuries and suspected concussion please refer to the *Head Injuries and Concussion protocol* (see Appendix 2).

4.5 **Recording illness, injuries and accidents**

All incidences of illness or injury or accidents which result in a visit to the School Nurse or treatment from a First Aider are to be recorded, as outlined in the *Reporting Incidents* section 6 below.

5. Guidance on when to call for an Ambulance in an Emergency

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
- 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[3] to call 999 or 112 and, when prompted for which service is required, ask for an ambulance

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 biological sex, if these details are known
- ask that ambulances come to 'the bus stop beside the Salvation Army on Queen Victoria Street, EC4V 3AL (*what3words location reference* ***wrong.pages.sings)***'; 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

If safe and possible to do so, the person requesting an ambulance should also inform the School's Reception.

6. Reporting Incidents

6.1 The School Nurse records **all** visits by pupils and staff requiring attention or treatment. This is done on the confidential database[4] 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

When a pupil is sent home, the Form Tutor and Head of Year are notified by e-mail, and when a pupil is sent to hospital the Deputy Head (Pastoral) will additionally be notified.

6.2 Any accidents involving pupils or staff 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

[3] 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.

[4] This database is confidential and may be viewed only by the School Nurses and the Designated Safeguarding Lead (or Deputy DSLs as required).

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 with names of any witnesses, while details are still fresh in the mind. When detailing the nature of the accident as much information as possible as to what actually happened should be recorded so that a full picture of events can be formed; 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 (and year group, if known, for a pupil)
- nature of illness / accident
- details of any First Aid administered
- Outcome and any further action required
- whether parents have been contacted and whether a pupil returned to class, is sent home or to went hospital

6.3 The School Health and Safety form captures all incidents to our staff, pupils and visitors for our own records so we can track and review trends. However, certain categories of accidents / incidents need to be reported to the Corporation, so they have oversight of accidents to staff, visitors (including pupils and contractors) as well as safety concerns within the premises. They also oversee the management of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrence Regs) reports to the Health and Safety Executive.

The system for reporting accidents to the Corporation changed in January 2025 with the introduction of a new online accident form, this form can be found on the SafetyNet - Home page. These reports are submitted by either the Head of Facilities, Operations and Compliance and/or the Health and Safety Advisor using the information in CoL guidance: *HSSG 01 Reporting School Accident, Incidents and Dangerous Occurrences*. Any resulting investigation reports will be completed by the Compliance Team with the assistance of the relevant Head of Department.

6.4 It is important that any lessons learned from accidents or near misses are taken fully into account to prevent a recurrence. 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 prevent 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 Hygiene Procedures for dealing with the spillage of Body Fluids are given in Appendix 3.

[5] See https://cityoflondonschool.sharepoint.com/sites/Intranet/SitePages/Hea.aspx

8. First aid in the event of an Internal Evacuation

8.1 The procedures relating to the provision of First Aid in the event of an Internal Evacuation are given in Appendix 4.

8.2 Further information regarding Internal and External Evacuations is available in the School's Security Policy.

Appendix 1: Locations of First Aid stations

1.1 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***	Entrance from parking area; Gym
	Technology Block	DVA Entrance		
Level 2	***South***	Staff Common Room; Medical Centre	***North***	Kitchen
Level 3	***South***	Art Department Cafe	***North***	Outside PE Office
Level 4	***South***	Geography Staff Room	***North***	
Level 5	***South***	Beside the Vivarium (Biology)	***North***	Science Staff Room
Grove Park		First Aid Room		

The kits at the First Aid Stations are stocked by the School Nurses as guided by HSE guidelines. At Grove Park, the Sports Physiotherapist/ Pitch Side First Aider (who is first aid trained) is responsible for keeping the first aid kits fully stocked.

1.2 First Aid boxes are also situated in:

- Biology and Physics prep rooms
- The Swimming Pool and PE Office
- The Winterflood Theatre
- And other locations around the school

1.3 The members of staff responsible for re-stocking (i.e. the School Nurses and / or Sports Physiotherapist / Pitch Side First Aider) should be informed if the First Aid Stations or First Aid boxes have been used.

1.4 AEDs are located in Reception and in a cabinet outside the PE Office (in an alarmed cabinet) at the main school and in the First Aid Room at Grove Park.

1.5 It is the responsibility of the Lead Nurse to ensure AEDs are checked, as per manufacturers guidelines and that they are effectively maintained. Training will be provided to first aider so that they can complete these checks outside of term time.

Appendix 2: Head Injuries and Concussion Protocol

2.1 **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 the School's accident form.
- To ensure all parents and pupils receive appropriate advice on managing a head injury.

2.2 **Head injuries**

Not all head injuries cause damage to the brain, but they can have symptoms including:

- Nausea
- Headaches
- Dizziness
- Tiredness

Pupils that sustain a head injury should be assessed by the School Nurse or the Sports Physiotherapist/ Pitch Side First Aider and head injury advice will be given to the pupil and parents in every case.

2.3 **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 Physiotherapist/ Pitch Side First Aider, and, where appropriate (or in the absence of the School Nurse of Sports Physiotherapist/ Pitch Side First Aider), 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.

2.4 **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.

Concussion can affect academic performance and behaviour and can also put a pupil at risk of further serious consequences if they sustain another concussion before they have recovered. The School takes concussion seriously to safeguard the long-term welfare of pupils. 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 Physiotherapist/ Pitch Side First Aider. 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.

2.5 **What to do if a concussion is suspected**

If a concussion is suspected, and in the absence of the School Nurse or Sports Physiotherapist/ Pitch Side First Aider, it is the member of staff's responsibility to:

- 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 *Head Injury Advice for Parents* below; this may also be accessed via the Medical Centre page of the School's intranet) or email the official NHS guidance.
- 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 Staff intranet) and inform the School Nurse and / or Sports Physiotherapist/ Pitch Side First Aider.

2.6 **The Graduated Return to Play protocol (GRTP)**

Pupils diagnosed with concussion or suspected of having concussion will undertake the Graduated Return to Play protocol (GRTP).

The GRTP will be undertaken under the supervision of the Sports Physiotherapist/ Pitch Side First Aider, who will organise sessions to meet the pupil's needs and assess the pupil at every stage using the SCAT 5 Child process. The School recommends that pupils also receive medical clearance before returning to play: it is the responsibility of the pupil's parents to organise for medical clearance before returning to play. The School Nurse and / or Sports Physiotherapist/ Pitch Side First Aider 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:

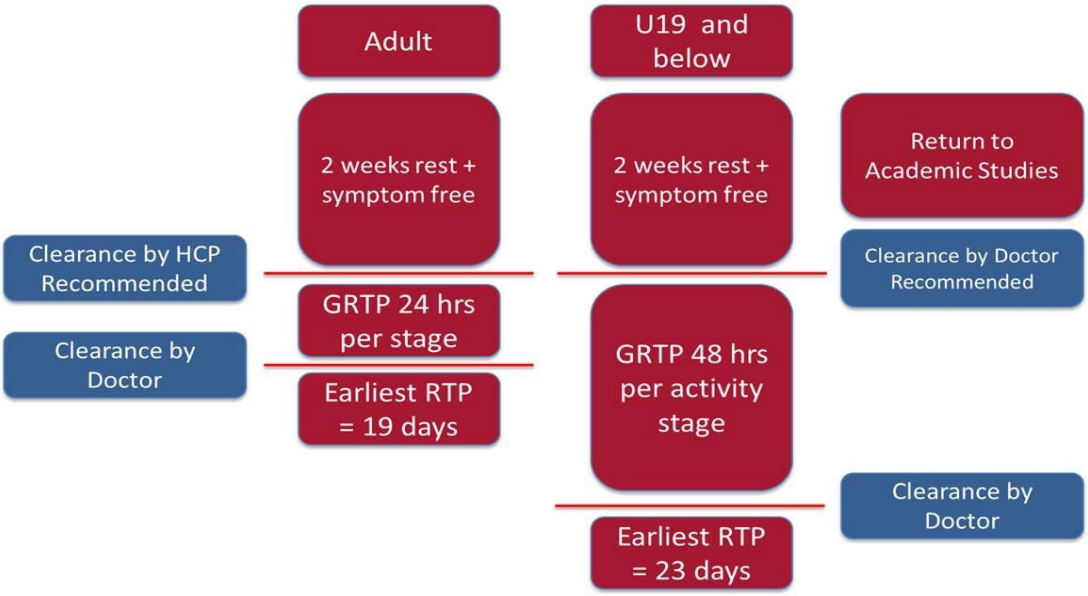


Table 1 Graduated return to play protocol

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	

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 teachers that the pupil will be supported through their recovery

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

2.7 **Staff Education and Pupil / Parent information**

All staff are issued with the Head Injuries Leaflet (see Annex 2.2), which should be carried by staff involved in coaching sports and used as a recognition tool when treating pupils who have suffered a head injury. These staff undertake the online "Headcase" course (provided by the RFU) which provides guidance on concussion awareness for coaches. A register and copies of certificates are to be held by HR. General awareness of the seriousness of head injuries and concussion will be raised regularly during staff training sessions.

Pupils will be issued with this leaflet to share with their parents, along with the letter (see Annex 2.1).

2.8 **Monitoring Head Injuries and Concussion**

The School Nurses are responsible for monitoring accident reports and informing the Senior Deputy Head 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.

2.9 **Other sources of information**

- The FA's Concussion guideline for football | England Football
- Concussion Guidance | World Rugby

Annex 2.1: Head injury advice for parents

City of London School

Date:

Time of injury:

This is to inform you that your child …… 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 child may deteriorate.

Please monitor your child 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 your local accident and emergency department (A&E).

Take your child to 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 or Sports Physiotherapist/ Pitch Side First Aider if you have any further queries regarding this. They may be contacted at:

- School Nurse: 0203 680 6369 or schoolnurse@cityoflondonschool.org.uk
- Sports Physiotherapist: **Isla.Chapman-Hammond@cityoflondonschool.org.uk**

Annex 2.2: Head Injury Leaflet

Overview

Concussion is a temporary injury to the brain resulting in a disturbance to brain function. It can be caused by a direct blow or bump to the head but also when a blow to another part of the body results in rapid movement of the head (e.g. whiplash injury).

It usually only lasts up to a few days or weeks, although it sometimes needs emergency treatment and some people can have longer-lasting problems.

Signs and Symptoms

- Headache
- Dizziness
- Feeling sick or vomiting
- Feeling stunned, dazed, or confused
- Difficulty concentrating
- You may not remember what happened before and / or after the injury
- Unsteady on feet / balance problems / poor coordination
- Unusual behaviour – irritable/mood swings
- Changes in your vision – blurred/double vision
- Loss of consciousness or struggling to stay awake
- A change in their normal behaviour, more emotional / irritable than normal for that person
- Fatigue
- Sensitivity to light or noise

Diagnosis

Treat a minor head injury at home

You should follow the advice given by school nurse / sports therapist after their head injury assessment. There is no need to seek further medical advice if you only have mild symptoms such as:

- A headache that goes away on its own
- Slight dizziness
- Feeling sick
- Being a bit dazed

When to go to hospital

Go to your nearest accident and emergency (A&E) department if you have:

- A new headache, or headache getting worse
- Repeated vomiting
- Changes in your behaviour, such as increasing confusion or irritability
- Deteriorating conscious level and/or slurred speech
- Seizures or fit
- Unresolved or new visual disturbance
- Weakness or numbness in arms or legs
- Neck pain

You need to be checked by a health professional trained in assessing head injuries.

Recovery

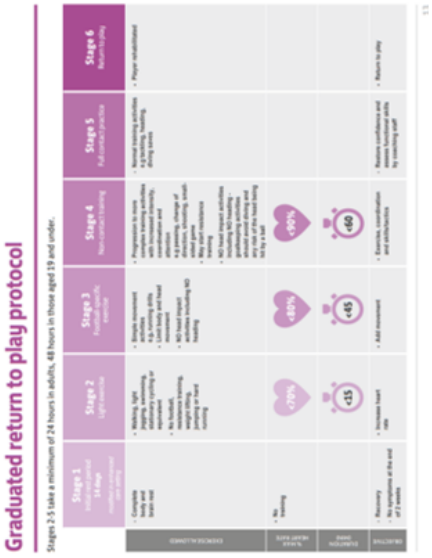
If you're diagnosed with concussion in hospital, you'll be able to go home when any serious brain injury has been ruled out and you're starting to feel better.

Most people feel back to normal within a few days or weeks of going home. But some people, especially children, can take longer to recover.

Things you can do to help your recovery include:

- Getting plenty of rest and avoiding stressful situations
- Supervision for the first 48 hours, by a responsible adult, so that they can monitor for any changes
- Do not use aspirin or anti-inflammatories such as ibuprofen, avoid sleeping tablets, avoid prescription and non-prescription drugs without medical advice
- Avoid alcohol
- Concussion may affect the ability to learn at school. You should discuss with your teachers if you have concerns and manage use of digital devices
- Consider managed return to school / work
- Do not drive or ride a bike until fully recovered
- Do not return to play/sport until clearance by a healthcare professional. Then follow a graduated return to play programme

Return to play



Notes / Appointments

Date	Comment Date / Time / Place of Injury				Seen by

City of London School

Medical Centre
Open 8:30 - 16:30

Concussion

Email:
School Nurse
schoolnurse@cityoflondonschool.org.uk
Sports Therapist (isla.Chapman-Hammond@cityoflondonschool.org.uk)
Tel: 0203 680 6369
Mobile: 07940528640 *(For use in emergencies)*

Appendix 3: Hygiene Procedures for Spillage of Body Fluids

3.1 **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.

3.2 **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

3.3 **Personal Protective Equipment (PPE)**

PPE is available from the Facilities Manager or School Nurses. 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

3.4 **Procedure**

All biohazard spills are to be reported to the Head of Facilities, Operations and Compliance to log on the health and safety incident log.

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 Nurses 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.

Appendix 4: Procedure in the event of an Internal Evacuation

4.1 In the event of an Internal Evacuation, the School Nurses will collect the green first aid backpack and the Emergency Salbutamol box from the Medical Centre.

4.2 The School Nurses will then meet a Keeper at the Emergency Equipment cupboard (in the access corridor to the toilets adjacent to the Bookshop on Level 1) in order to collect the red Grab Bags and green Emergency First Aid Kits to take to the Internal Evacuation muster points (the Great Hall and Winterflood Theatre).

4.3 A second keeper and the Sport Physiotherapist/ Pitch Side First Aider (if they are on site) will also collect red Grab Bags and green Emergency First Aid Kits and bring these to the Great Hall and Winterflood Theatre (or to the Sports Hall if there are exams). The second Emergency Salbutamol box and Defibrillator will be collected from the PE office (normally by the Director of Sport or a Keeper) and taken to the Great Hall (or to the Sports Hall if there are exams).

4.4 The Keepers are responsible for collecting the Defibrillator and Pupils' Generic Emergency Medication Kits from Reception (containing emergency adrenaline auto-injectors) for those pupils who have severe life-threatening allergies and, if it is safe to do so, bringing them to the Great Hall.