COGNITA

First Aid Policy including Concussion

ELIS MURCIA

September 2022

KEY FACTS:

- **To ensure that we promote the good health of all the children in our care.**
- **First aid can save lives and prevent minor injuries become major ones**
- **The school will ensure that there are adequate facilities and appropriate equipment for providing first aid in the workplace, including for visitors, as well as for the age of children.**
- **Minimum first aid provision is a suitably stocked first aid container, an appointed person to take charge of first aid arrangements and for information for employees on first-aid arrangements, as well as adequately trained and experienced staff.**
- **This minimum provision is supplemented with a first aid needs assessment to identify any additional requirements specific to the school, to record the findings and to introduce measures to manage any risks.**
- **First aid provision must be available at all times whilst children are on the school premises and including school visits off site.**
- **Our school, staff and others have a duty to safeguard and promote the welfare of children.**
- **The school fully supports pupils with medical conditions as detailed in the Supporting Pupils with Medical Conditions Policy**

1. General Statement

1.1. The definition of First aid is as follows:

- In cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until help is obtained; and,
- Treatment of minor injuries which would otherwise receive no treatment, or which do not need treatment by a medical practitioner or nurse.

1.2. This policy provides an overview of the statutory requirements and how these are met in school. All safeguarding and child protection policy guidelines must be adhered to both on and off the school site, when first aid is administered.

1.3. The policy applies to all pupils including those pupils covered by the Statutory Frameworks for the Early Years Foundation Stage (EYFS) 2017.

1.4. The responsibility for drawing up and implementing the First aid policy is delegated to the Head, including informing staff and parents. However, implementation remains the responsibility of all staff in our school in order to keep children healthy, safeguarded and protected whenever they are in our care.

2. Current Procedure

2.1 Our appointed person (First Aid Coordinator) undertakes and records an annual review. A first aid needs assessment is carried out to ensure that adequate provision is available given the size of our school, the staff numbers, our specific location and the needs of individuals.

2.2 Our first aid needs assessment includes consideration of pupils and staff with specific conditions and major illnesses, such as asthma and epilepsy, takes account of an analysis of the history of accidents in our school, as well as the identification of specific hazards. It also includes careful planning for any trips and visits, including residential and higher risk

trips which always include a suitably trained first aider, in keeping with our Educational Visits policy.

2.3 Our procedure outlines when to call for help when necessary, such as an ambulance or emergency medical advice from professionals. It outlines the requirements for documenting necessary treatment once applied. The main duties of a First Aider are to give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.

2.4 We ensure that first aid provision is available at all times, including out of school trips, during PE, and at other times when the school facilities are used.

2.5 We keep an electronic record of all accidents or injuries and first aid treatment on Medical Tracker (Accident reporting software tool). We must inform parent(s)/carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, of any first aid treatment. Records are stored confidentially in Medical Tracker. The recording of an accident is carried out in confidence at all times by the person administering first aid.

3. First Aid Training

3.1 We carefully consider, and review annually, the training needs of our staff to ensure that suitable staff are trained and experienced to carry out first aid duties in our school. In particular, we consider the following skills and experiences: -

- Reliability, communication and disposition,
- Aptitude and ability to absorb new knowledge and learn new skills,
- Ability to cope with stressful and physically demanding emergency procedures,
- Normal duties are such that they may be left to go immediately and rapidly to an emergency, and
- Need to maintain normal operations with minimum disruption to teaching and learning.

3.2 First Aiders in our school have all undertaken appropriate training. They have a qualification in First Aid for School Staff (First Aid at Work preferably to include Paediatric training). The school liaises with our training provider to make sure that the training can be tailored to the specific needs of the school, taking the local regulations on the use of defibrillators and the First Aid Needs Assessment into account. The school follows the recommendations of the *NTP 458: Primeros auxilios en la empresa: organización*, the target ratio is 1 first aider for every 50 people (including pupils and staff).

Additionally, key staff members will receive training in Administering Medication and Children with Allergies.

3.3 General First Aid training will be updated every three years and will not be allowed to expire before retraining has been achieved. Training in the use of Defibrillators is governed by regional regulations. Training in the use of Defibrillators is governed by regional regulations.

3.4 The need for ongoing refresher training for any staff will be carefully reviewed each year to ensure staff basic skills are up to date, although we are aware that this is not mandatory.

4. Key personnel

First aid co-ordinator (appointed person) - responsible for looking after first aid equipment and facilities, as well as calling the emergency services as required	Carmen Muelas (Buenavista Campus) Daniel Valencia (Montevida Campus)
Person responsible for maintaining First Aid Training Matrix/Log	Carmen Muelas/Maite Barge
The following staff have completed a recognised training course in First Aid for School Staff (First Aid at Work including Paediatric training).	See TEAMS, ELIS Murcia, Whole School - Files
The following staff have completed a recognised training course in the use of Defibrillators	See TEAMS, ELIS Murcia, Whole School - Files

5. Contents of our First Aid Box

5.1 Our minimum provision, **(not mandatory)** as recommended by HSE is to hold a suitably stocked first aid box, to nominate an appointed person (see 3.1 above), as well as the provision for staff of relevant information on first aid arrangements.

5.2 In our suitably stocked First Aid box we provide the following, or suitable alternatives:

- a leaflet giving general guidance on First Aid
- Several pairs of powderless disposable gloves (preferably not latex)
- 2 FFP2 masks (individually wrapped)
- Hand sanitiser
- A disposable face-shield for mouth-to-mouth practice
- Several sterile wipes individually wrapped
- 5 individually wrapped triangular bandages (preferably sterile);
- 5 safety pins;
- Roll of cotton bandage
- Elastic bandage
- Plasters (assorted sizes)
- 10 Medium-sized sterile unmedicated wound dressings
- 5 large sterile unmedicated wound dressing
- 2 sterile eye pads;
- Several 5ml solution bottles
- Chlorhexidine
- Roll of surgical adhesive tape
- 1 pair of scissors
- 1 pair of tweezers

5.3 The First Aid coordinator is responsible for examining the contents of the first aid boxes. These are checked frequently and restocked as soon as possible after use. Extra stock is held within the school and items discarded safely after the expiry date has passed. We do not keep tablets, creams or medicines in the first aid box unless this is absolutely necessary such in cases of severe allergies where the school is required to keep auto injector devices in the First Aid Box of the Lunch Hall.

5.4 Our first aid boxes are kept in the following places: school office areas, kitchen areas and medical rooms.

5.5 We take great care to prevent the spread of infection in school, particularly in the event of spillages of bodily fluids which we manage effectively by washing off skin with soap and running water, out of eyes with tap water and or an eye wash bottle, wash splashes out of nose with tap water, record details of any contamination, and seek medical advice where appropriate. For further information please see our Prevention and Control of Infection and Communicable Diseases Procedures.

5.6 First aiders take careful precautions to avoid the risk of infection by covering cuts and grazes with a waterproof dressing, wearing suitable powder free vinyl gloves, using suitable eye and face protection and aprons where splashing may occur, use devices such as face shields when giving mouth to mouth resuscitation, wash hands after every procedure. Ensuring any waste products are disposed of in a yellow clinical waste bag or box in line with procedures in 5.5.

5.7 We ensure that any third-party lettings or providers, including transport, have adequate first aid provision which complies with our standards. For example, visiting sports clubs or schools.

5.8 We ensure that any third-party contractors, including catering and cleaning, working with us are aware of our policy and procedures.

6. Early Years

6.1 We ensure that at least one person with a current First Aid at Work, preferably including paediatric training, certificate is on our premises at all times, when pupils are present. All new nursery and pre-school staff within our Early Years will undertake this first aid training. All first aid certificates will be displayed.

6.2 No outing from school is undertaken without the presence of at least one person with a first aid qualification, present on and off site.

6.3 We keep a written record of all accidents or injuries and first aid treatment, and we inform parent(s) and/or carer(s) of any accident or injury on the same day, or as soon as reasonably practicable, as well as any first aid treatment. Records are stored confidentially in Medical Tracker. The recording of an accident is carried out in confidence at all times by the person administering first aid.

6.4 Prescription medicines must not be administered unless they have been prescribed by a doctor, dentist or a nurse.

7. Recording Accidents and First aid treatment

7.1 Pupils will tell their teacher or nearest staff member, or fellow pupils when they are not feeling well or have been injured. They will let a member of staff know if another pupil has been hurt or feeling unwell.

7.2 All accidents are recorded immediately after the accident, including the presence of any witnesses and details of any injury or damage. Records are stored confidentially in Medical Tracker. The recording of an accident is carried out in confidence at all times by the person administering first aid.

7.3 Any treatment of first aid is recorded by the person who administered first aid. We will record the date, time and place with the name of the class, of the injured or ill person. Details of the injury or what first aid was administered, along with what happened afterwards is always recorded.

7.4 The First Aid Co-ordinator is responsible for the maintenance of accurate and appropriate accident records, including the evaluation of accidents, and regular reporting to the H&S Committee for monitoring purposes.

7.5 As guidance, we adopt the definition of Ofsted with regard to serious injuries as follows:
- broken bones or a fracture
- loss of consciousness
- pain that is not relieved by simple pain killers;
- acute confused state;
- persistent, severe chest pain or breathing difficulties;
- amputation;
- dislocation of any major joint including the shoulder, hip, knee, elbow or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital;
- any other injury leading to hypothermia, heat-induced illness or unconsciousness, requiring resuscitation, requiring admittance to hospital;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.

7.6 As guidance, we adopt the definition from Ofsted for minor injuries, of which we always keep a record, as follows:
- sprains, strains and bruising;
- cuts and grazes;
- wound infections;
- minor burns and scalds;
- minor head injuries;
- insect and animal bites;
- minor eye injuries; and
- minor injuries to the back, shoulder and chest.

.

8. Recording Incidents and Near misses

8.1 We record any near misses which are an event such as occurrences where not one has actually been harmed and no first aid was administered but have the potential to cause injury or ill health. We record any incidents that occur on the premises, and these may include a

break in, burglary, theft of personal or school's property; intruder having unauthorised access to the premises, fire, flood, gas leak, electrical issues.

9. Hospital treatment

9.1 If a pupil has an accident or becomes ill, and requires immediate hospital treatment, the school is responsible for:
- calling an ambulance in order for the pupil to receive treatment
- immediately notifying the pupils parent/carer

9.2 When an ambulance has been called, a first aider will stay with the pupil until the parent arrives or accompany pupil to hospital by ambulance if required.

9.3 Where it is decided that pupil should be taken to A&E Department a first aider must either accompany them in the ambulance or remain with them until the parent/carer arrives.

9.4 Where a pupil has to be taken to hospital for a non-urgent treatment, parents will be asked to collect the child and take them.

10. Concussion

10.1 Concussions can occur in many situations in the school environment; any time that a pupil's head comes into contact with a hard object such as the floor, desk or another pupil's body. The potential is often greatest during activities where collisions can occur such as the playground and during sport.

10.2 Pupils may also get concussion when taking part in activities out of school but come to school with the signs and symptoms. It is important that these situations are recognised as the concussion can affect their academic performance and/or behaviour as well as putting them at risk of more serious consequences if they sustain another concussion before recovery.

10.3 Concussion must be taken extremely seriously to safeguard the safety and long-term health of pupils. If pupils are seen by a doctor, the school should then follow medical recommendations. Those pupils suspected of having concussion or diagnosed with concussion must follow the school's Graduated Return to Play protocol (GRTP See below).

10.4 It is not possible to prevent all concussions; it is imperative therefore that all those involved in the pupils' care ensure that when they do occur that they are recognised and managed correctly.

10.5 The common signs and symptoms of a suspected concussion are listed below. If a pupil shows any of the signs described as a result of a direct blow to the head, face, neck or elsewhere on the body with a force being transmitted to the head they have suspected concussion.

10.6 **What to look out for:**
- Loss of consciousness
- Convulsion/fit
- Nausea/vomiting
- Unsteady on feet
- Inappropriate or unusual behaviour
- Slowed reaction time
- Vacant expression
- Confusion/disorientation

- Headache
- Dizziness

10.7 All pupils with suspected concussion should be seen by a doctor and this will normally require the pupil receiving medical assistance. If they are taking part in a sporting activity when the injury occurs, they **MUST** be removed from play and be assessed by a doctor.

IF IN DOUBT, SIT THEM OUT!

10.8 Concussion or post-concussion symptoms can have a very non-specific manner. In particular, it may mimic the early symptoms of a viral infection such as flu – with the pupil complaining of feeling off colour or generally unwell.

10.9 If a pupil feels unwell or unusual in the days following a head injury, concussion should be considered, and medical advice sought. Other things to look out for in the school setting are:

- Drop in academic performance – difficulties with schoolwork or problem solving
- Poor attention and concentration in class
- Unusual drowsiness or sleeping in class suggesting sleep disturbance
- Inappropriate emotions
- Unusual irritability
- Feeling more nervous or anxious than usual

10.10 As understanding of concussion improves it is clear that there is significant variability in recovery from concussion.

10.11 In young children a very conservative GRTP approach is recommended. It is also prudent to consult the pupils' academic teachers to ensure that their academic performance has returned to normal. GRTP should also be undertaken with the full co-operation of the pupil and their parents/guardians. It is important that there is physical and cognitive rest until there are no remaining symptoms of concussion before the GRTP is commenced. Activities that require concentration and attention should be avoided until symptoms have been absent for a minimum of 24 consecutive hours without medication that may mask their symptoms.

10.12 The majority (80-90%) of concussions resolve in a short (7-10 days) period. During this recovery time, however, the brain is more vulnerable to further injury and if a pupil returns to play too early before they have fully recovered, this may result in prolonged concussion symptoms and/or possible long-term consequences.

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest Without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming	Increase heart rate and Assess recovery
3	Sport-specific exercise	Running drills. No head impact activities	Add movement and Assess recovery
4	Non-contact training drills	Progression to more complex training drills e.g., passing drills	Add exercise, coordination and cognitive load ad assess recovery
5	Full contact practice	Normal training activities but no matches	Restore confidence and assess functional skills by coaching staff.

			Assess recovery
6	Return to play	Normal school activities	Safe return to play once fully recovered.

10.13 Concussion Awareness Training

10.13.1 Key school staff should have an awareness of Concussion by attending the PowerPoint presentation provided for the school by the SCP or as part of their Health and Safety inset training.

10.13.2 In order to help increase awareness of concussion and help reduce the risk of injury, the RFU and England Rugby Schools **recommend** the following:

- Schools are encouraged to use the HEADCASE training animation video with their pupils. It provides easy to understand information on concussion and how they should be managed
- All staff coaching or refereeing contact sports should complete the 20 min Headcase concussion awareness course. Follow link here
- All staff and parents of pupils playing contact sports should be signposted to the Headcase Concussion Awareness programme (as above)

10.13.3 This information has been developed based on the Zurich Guidelines in the Consensus Statement on Concussion in Sport and further information regarding concussion can be found on the following website: http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/

11. Pocket Concussion Recognition Tool

A copy of this information should be kept in first aid kits used by PE departments and for offsite PE activities.

CONCUSSION RECOGNITION TOOL 5©

To help identify concussion in children, adolescents and adults

RECOGNISE & REMOVE

STEP 1: RED FLAGS — CALL AN AMBULANCE

- 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

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

12. Prescription and Non-prescription medication

12.1 Staff will only administer prescribed medication (from a doctor, dentist or qualified nurse) brought in by the parent/carer, for the pupil named on the medication in line with the stated dose.

12.2 Staff may administer non-prescription medication such as ibuprofen, paracetamol and allergy medication where parents have provided written consent for this to happen. The school will supply this non-prescription medication. Where medication is administered, parents should be informed.

12.3 Wounds will preferably be cleaned with soap and water, using chlorhexidine additionally when an antiseptic is needed. The use of iodine is strongly discouraged to avoid allergic reactions and an unnecessary exposure to this substance.

12.4 We encourage pupils to manage their own asthma inhalers from a very young age. Asthma medication is always kept in or near children's classrooms until children can use it independently and it must always be taken on school trips/events.

12.5 If pupils are to self-medicate in school on a regular basis, then a self-medicator's risk assessment form will be carried out.

12.6 For pupils with Individual Healthcare Plans, parental consent will be sought regarding details of what medication they need in school, who is going to give it to them on a regular/daily basis. Refer to Supporting Pupils with Medical Conditions Policy.

12.7 Most antibiotics do not need to be administered during the school day and parents should be encouraged to ask their doctor to prescribe an antibiotic which can be given outside of school hours, where possible. If, however, this is not possible then please refer to Storage of Medicine paragraph.

12.8 This school keeps an accurate record on Medical Tracker of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded, and parents are informed as soon as possible. Parents/carers are notified when the pupil has been administered medicine on the same day or as soon as reasonably practicable.

12.9 All school staff who volunteer or who are contracted to administer medication are provided with training. The school keeps a register of staff who have had the relevant training. This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

12.10 For members of staff only, not the pupils, Aspirin tablets will be held at the school, whereby should a member of staff have a suspected heart attack, the emergency services may recommend the casualty take 1 full dose of aspirin tablet (300mg). This will be kept in a locked cupboard in the Medical room.

13. Storage of Medication

13.1 Medicines are always securely stored in accordance with individual product instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

13.2 We will carry out a risk assessment to consider any risks to the health and safety of our school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

13.3 All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

13.4 If a pupil is prescribed a controlled drug, it will be kept in safe custody in a locked, non-portable container and only named staff will have access. Controlled drugs must be counted in and witnessed if they are not administered by a qualified nurse or practitioner. The medication form must be signed by two people with at least one being the First Aid Coordinator. The records must indicate the amount of remaining medication and logged in a controlled drug recording book.

13.5 Parents should collect all medicines belonging to their child at the end of the day. They are responsible for ensuring that any date-expired medication is collected from the school. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. If parents do not pick up out-of-date medication or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

13.6 We will keep medicines securely locked and only named staff will have access, apart from AAIs (Adrenaline Auto-Injectors), Asthma pumps and diabetes hypo kits which need to be with or near pupils who need them. Three times a year the First Aid Coordinator/School Nurse will check the expiry dates for all medication stored at school and the details will be stored on Medical Tracker.

13.7 Sharps boxes are used for the disposal of needles. All sharps boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent. Collection and disposal of sharps boxes is arranged by the school biannually.

14. Defibrillators (AED)

14.1 The school has 3 defibrillators: 2 in BV (Lucy and Gandhi) and 1 in MV (placed in corridor near the dining room and sports areas).

14.2 The defibrillator is always accessible, and staff are aware of the location, and those who staff have been trained to use it. They are designed to be used by someone without specific training and by following the accompanying step by step instructions on it at the time of use. The manufacturer's instructions are circulated to all staff and use promoted should the need arise.

14.3 The First Aid Coordinator is responsible for checking the AED termly and replacing any out-of-date items.

15. Monitoring and Evaluation

15.1 Our school's senior leadership team monitors the quality of our first aid provision, including training for staff, and accident reporting, on a termly basis. Our policy will be reviewed annually, accordingly. Compliance will be reported formally to the school's termly H&S Committee. Minutes of these are submitted to the Head of Educational Compliance at Cognita SCP Regional Office. The Head of Educational Compliance will report to the Cognita Europe Regional H&S Committee meeting acting in the role as the Proprietor.

15.2 Reports are provided to our Safeguarding committee which includes an overview of first aid treatment to children including the identification of any recurring patterns or risks, lessons learned with the management actions to be taken accordingly including the provision of adequate training for staff.

15.3 As Proprietor, Cognita Schools has published a compliance training matrix for schools which details preferred providers of first aid training, including approximate costs and procurement arrangements.

Ownership and consultation	
Document sponsor (role)	COO Europe
Document author (name)	Head Health and Safety Europe
Specialist Legal Advice	n/a
Consultation	Consultant Nurse Europe Head Educational Compliance Spain

Compliance	
Compliance with	*NTP 458: Primeros auxilios en la empresa: organización* *Ley de prevención de Riesgos Laborales*

Audience	
Audience	Heads, Appointed Person (First aid coordinator)

Document application	
England	No
Wales	No
Spain	Yes
Switzerland	No
Italy	No

Version control	
Implementation date	August 2017
Review date	August 2023

Related documentation	
Related documentation	Health and Safety Policy Supporting Pupils with Medical Conditions Policy Educational Visits Policy and Guidance Safeguarding Policy: Child Protection Procedures Prevention and control of Communicable and Infectious Diseases Procedures Serious Incident Reporting Form (SIRF)