ABBOTSHOLME SCHOOL

Medical Protocols and Practice

This policy applies to all pupils in the school.

The Role and Operation of the Health Centre

Outline

The school Health Centre is located in the Oakholme building and has one qualified registered nurse on duty from 8.15am until the end of the school day, Monday through Thursday. This nurse is usually the school Health Advisor, Mrs H Hudson, who is fully qualified and updates her registration on a three-yearly basis. The boarding pupils are usually registered at The Ashbourne Medical practice, Clifton Road, Ashbourne, where there are male and female doctors whom pupils may request to see.

When a child is registered at school, we request that parents complete the medical data sheets and return them to the school Health Centre in the few weeks before the start of term. Relevant medical information is recorded on our records, for use by staff. It is normally expected that full and weekly boarders will register with the school doctor and then consult their own GP during the holidays as a temporary resident. Day pupils can be seen as necessary. However, any pupil has the right to register with any doctor of their choice for the provision of general medical services.

Boarding pupils with medical appointments and day pupils who have accidents may be accompanied in an emergency to the hospital by school staff. For hospital outpatient appointments it is usually expected that parents or guardians will take their child to these appointments; on occasions for full boarders there may be special consideration regarding this. There is close liaison between houseparents and the medical centre via discussions. The nurse team is a significant part of the pastoral/welfare system at Abbotsholme.

A pupil's ability to consent to, or refuse, medical or nursing treatment will be acknowledged. This is based on competency and not age. Consent for each individual treatment will be obtained and parental consent or the consent of someone with parental responsibility is required for any pupil not deemed competent.

Pupils should be up to date with routine immunisations in accordance with schedules issued by the Department of Health. Those who are not fully immunised on entry to school should receive appropriate immunisations as soon as practicable both for their own protection and for that of the wider school community.

It is suggested that routine dental care be dealt with during the school holidays to minimise disruption to academic work; however, urgent care can be provided in the cases of dental trauma.

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We expect parents/guardians or pupils to inform their houseparent or the nurse on duty if the pupil returns to school when taking medicines prescribed by their own GP e.g. antibiotics. Pupils should not return to school and take medicines, whether prescribed or bought over the counter, without the knowledge of their houseparent or the school Health Advisor. A request to give medication form must also be completed.

There is more advice for parents about infectious illnesses etc in the EYFS policies on the website.

Health Centre Ethos

Our ethos is to offer the pupils, at all times, a holistic approach to their health and wellbeing and to respect their individual rights.

In order to achieve this, the School Health Centre will:

- Always respect the pupil's rights to confidentiality, trust and dignity.
- Adhere to the school's Safeguarding Children Policy.
- Advise pupils about their physical, sexual and emotional health. There is a standalone emotional wellbeing policy.
- Develop a culture of "wellness" rather than illness.
- Provide health education to the pupils.
- Advise relevant boarding and academic staff about a pupil's needs, when appropriate and with consent from the pupil.
- Offer appropriate treatment on site and refer to other medical agencies as medically indicated.
- Involve the pupils in any decisions about their health.
- Act as the pupil's advocate in health-related issues.
- Be willing to override decisions of other departments in the school when necessary for the child's medical and/or emotional welfare.
- Liaise with support agencies as appropriate.
- Acknowledge and respect the pupil's individuality at all times.
- Act in a professional manner at all times to deliver a high standard of care.

Confidentiality Procedure

Nurses work to a Professional code of Conduct, which was updated in 2015. In relation to confidentiality this states:

- You must respect people's right to confidentiality.
- You must ensure people are informed about how and why information is shared by those who will be providing their care.
- You must disclose information if you believe someone may be at risk of harm, in line with the law.

A duty of confidence arises when one person discloses information to another in circumstances where it is reasonable to expect that the information will be held in confidence. It is not acceptable for nurses to discuss matters related to the people in their care outside the clinical setting.

Disclosure means the giving of information. Disclosure is only lawful and ethical if the individual has given consent to the information being passed on or if there is a legal obligation to make disclosure as a Child Protection issue.

A duty of confidentiality is owed to all patients from birth to death and beyond.
As a parent/significant other you expect to have the right to know about your child's medical consultations. You may feel you need to know, but you have no actual right to know. Children have the same right to confidentiality as an adult.

Professionals in the medical/health service have to respect a child's right to confidentiality as long as there are no child protection issues. There is no lower age limit and as long as the child is Gillick/Fraser competent, then they have the right to confidentiality and can make their own decisions, concerning accepting or refusing treatment. Competence is usually around age 12 but would vary in individual circumstances and maturity. Obviously it is often preferable to have the parent/significant other involved, but it is the choice of the child whether this occurs.

Failure to comply with this code may bring a nurse's fitness to practise into question and endanger the nurse's registration.

The nurses will respect a pupil's right to confidentiality at all times in line with the above

Policy for nursing notes of pupils held in the Health Centre

The notes held are school nursing records and do not form part of the normal medical records which are held by the GP that the pupil is registered with.

If a pupil has an illness or contact with a hospital or specialist service, then the relevant medical correspondence will be sent to either the referring GP or the registered GP. If the pupil has attended the local GP surgery as a temporary resident then this information is automatically passed on to the registered GP and becomes part of the main life-long NHS medical record. If the pupil is registered with the local GP (e.g. full boarder) then the whole medical record will be forwarded to the next GP that the pupil subsequently registers with.

The nursing notes must be safely stored by the Health Centre for 8 years after the pupil has left school in case any dispute or claim occurs.

The notes remain confidential to the Health Centre and to the named pupil until their ultimate destruction.

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Requests for copies of nursing notes

It is recognised that pupils may wish to have copies of their nursing records either when they leave or indeed at any time during the school career.

- Only the pupil can request copies and this must be done in writing. Competency to give consent to request a copy of their school nursing notes will be dealt with on an individual basis.
- As there is time involved checking for third party identification and administration, the school will charge £1 per copy and associated costs, e.g. nurse hours. Invoice will be sent in advance and copies will be provided on receipt of payment.
- The notes must be checked for any third party that can be identified. Any such identification must be removed from any subsequent copies. Example of third party identification could be "alleges injury caused by John Smith hitting him" or "caught smoking with Ann Jones" or "Mr Nixon keeps calling me stupid".
- The copied notes will only be given personally to the pupil to whom they concern. They will only be sent to a parent/guardian with specific consent, in writing, by the pupil.

Protocol for medical problems that may prevent a pupil going on a school trip

There are occasions when the school cannot allow a pupil on a school trip or activity for reasons associated with health. The school realises that this may be disappointing for the individual concerned; however, the school has to look at the wider picture for all concerned on a particular trip. The school has a duty of care to all the pupils in that group.

The school will endeavour to accommodate individual pupils' needs if possible but there are times when this is not possible or potential dangers are too great for the rest of the group.

Medical factors to consider (could include medical, psychological or emotional reasons):

- A pre-existing medical problem or condition.
- A deterioration or change in a pre-existing medical problem.
- Last minute presentation of illness or injury.
- A medical problem still under investigation.

Other factors to consider:

- All trips and activities undergo a risk assessment and any individual pupil's needs (e.g. diabetic, asthma, allergy etc.) are taken into account.
- The health and safety of the pupil.
- The health and safety of the group if a problem were to occur (at least one member of staff may have to leave the rest of the group).
- The location of group (e.g. near to school/home or not).
- The ease of access to medical care, including availability of telephone signal, remoteness of camp, transport etc.
- The leader's experience in that activity and relevant first aid.

- What the trip involves e.g. activities to be undertaken.
- The overall fitness and the stamina of the pupil.
- Would the school insurance cover the situation?
- Recent injuries will be dealt with according to their extent or nature. E.g. a pupil unable to weight bear fully may not be allowed out on a walking hike but may be able to watch a climbing group if on OED. Staff and other pupils cannot be expected to help with, for example, wheelchairs, as this brings in further health and safety issues.

Process for decision making

Where appropriate the process will include the following:

- The School Health Advisor will initially raise concerns with the pupil and/or family, where appropriate.
- The pupil or family/guardian will be informed of the potential exclusion.
- The School Health Advisor will discuss with the doctor and other health professionals and obtain a medical opinion.
- Where relevant, the trip leader will be informed. This will allow discussion regarding suitability or possible alterations to the trip in order to accommodate the pupil. All the above factors will be taken into account.
- The School Health Centre respects the pupil's right to confidentiality at all times; however, if consent is not given to divulge information that could have a significant bearing on the arrangement for the trip, then that pupil cannot attend the trip/activity. (A trip leader cannot be expected to deal with a medical problem of which they are unaware and had no briefing).
- Ideally an agreement can be reached between the School Health Advisor and the pupil/parents/guardian.
- If any disagreement then a final decision will be made at a meeting between the Headmistress, (or Deputy Head), the head (or deputy) of the relevant department, e.g. Sport (or deputy) and the School Health Advisor.

Illness Procedure

Procedures for illness during the school day

The school Health Centre is managed by a qualified nurse at all times during the school day, Monday-Thursday during term time. If boarding children are not able to get to the Health Centre, their Houseparent must notify the nurse on duty by 9.00am, or as soon as possible, then a visit can be made.

During the day, pupils should, where possible, attend for minor illness/ailments during break or lunchtimes. Emergencies will be dealt with immediately. If appropriate, an ill child should be escorted to the Health Centre.

If a pupil is unwell the Health Centre nurse will triage the pupil according to the presenting problem or symptoms. Where possible the pupil will be treated onsite according to their need. It may be that further actions are necessary e.g. a visit to see the Doctor or other offsite appointments. The nurse will liaise with parents/guardian or houseparents where it is deemed appropriate or necessary to do so in order to care for the pupil.

No pupil may leave school without a sign out slip from the Health Centre Staff, their tutor, a Head of School or the Deputy Head.

Procedures for illness in boarding houses.

An ill child should report to their Houseparent, who has access to a range of options to ensure good care of the pupil. If out of school hours, Ashbourne Medical Practice (01335) 216885 handles concerns and may be used to offer advice or support and suggest appropriate courses of action, which may include: an out of hours GP surgery visit; attendance at A and E; or calling an ambulance. Alternatively, advice can be sought by using the non-emergency help number, 111. The Houseparent will also inform the parent(s)/guardian as appropriate.

Procedures for care of boarders who are unwell in the boarding house

Boarders who are unwell are generally asked to return home or go to their guardians, for care appropriate to their condition; however, arrangements can be made within the boarding house to ensure appropriate care of pupils who are unwell.

The houseparent will follow advice of the doctor or school Health Centre for monitoring the pupil's condition and will ensure that the pupil can summon immediate help at all times.

When there is a need for separate toilet and bathroom facilities, this can be accommodated, within each boarding house.

Automated External Defibrallator (AED/Defib)

Early access defibrillation has been recognised as a significant factor in the survival from incidents of sudden cardiac arrest.

The AED/Defib is located in the roseyard area of school, under the archway. There are staff onsite trained in the use of this equipment but also the equipment can be used without any training or knowledge.

The Defib is checked weekly and the pads are replaced by the Health Centre staff as required.

Emergency Procedure

During the school day and at other times when there is a nurse on duty the nurse will usually give guidance on when to call an ambulance.

At other times individual protocols are to be followed or **if there is any doubt about a child's welfare then a 999 call must be made to make the decision regarding a child's medical or psychological needs, or the need for an ambulance**.

Protocol for advising parents regarding visits to Accident & Emergency and/or other out of hours services.

During the school day on Mondays-Thursdays, advising parents/guardian, if appropriate, regarding a pupil accessing off site emergency medical or health assessments will be dealt with by the school nursing team.

On Fridays and during the evening or weekend communicating to parents (and the school Health Centre) will be the responsibility of either the duty member of staff or houseparent taking the child for an appointment or A&E assessment. The parent/guardian can be advised as the child is leaving for the appointment or at a convenient time on their return, whichever seems most appropriate.

There may be times when a child does not wish their parent to be informed. The hospital staff will be able to advise accordingly at this time and the school nursing team would need to be advised of this as soon as possible.

The child could call their parents/guardians themselves as an alternative, for example if they are being taken and the staff member is driving.

Policy for the Control and Administration of Medicines

All medicines which are kept in the school Health Centre are stored in locked cupboards and administered under strict procedures.

The medicines which are to be used in the boarding houses, both prescribed or non-prescribed, and in EYFS are stored in a locked cupboard and are administered using the following guidance which is based on the 6 R's of administration: right person, right drug, right dose, right time, right route and right documentation.

- The reason for giving the medication is established.
- A check is made on whether the pupil is allergic to any medication.
- A check is made on whether or not the pupil has taken any medication recently and if so what (e.g. paracetamol must not be taken more frequently than every four hours and the maximum dose in 24 hours for that age group, printed on the pack, must not be exceeded).
- A check is made as to whether or not the pupil has taken that medication before and if so whether there were any problems.
- A check is made on the expiry or 'use by' date on the medication package or container.
- The pupil should always take the medication under the supervision of the person issuing it.
- In the case of medication such as paracetamol the dose must be placed into a disposable pot before giving to the person.

- A record is made of the details: the name of the pupil; the reason for the medication; the nature of the medication; the dose; the date; and the time. These must be recorded immediately in the relevant documentation, with the person administering the medication signing and dating the written record.
- The House staff advise the health centre of medication given on house.

Prep pupils presenting with minor illness and ailments that require treatment should be sent to the Health Centre. These pupils will only be given paracetamol or other medication if the Nurse on duty at that time can contact the parents/guardian and get verbal consent. If parents/guardians are happy for their child to be given medication this will be given as per the instructions on the carton or bottle, not as per the parent's wishes i.e. appropriate doses in relation to age. If the parents or other designated adult (as per the child's medical data sheet) cannot be contacted then the child will not receive medication. For Prep children in boarding the house parents act in loco parentis, where required.

Pupils in the Senior School presenting with minor illness and ailments should be sent to the Health Centre where appropriate treatment will be given. Day pupils should not bring medication of any kind into school unless prescribed by a G.P. In the case of pre-existing conditions and/or prescribed medication, it is expected that the parent will advise the Health Centre staff. A request to administer medication notice is also required, these are available on the school website.

In certain circumstances it may be illegal in the UK to administer medication prescribed or otherwise from the pupil's home country. Please note in such circumstances medicines from the home countries will not be administered. This may also apply to medications that are not in English. The pupil will be seen at the Ashbourne Medical Practice and alternative medication in line with UK legislation will be prescribed and given if appropriate.

Boarders keeping their own medicine.

If pupils are aged 16 years and over they may be eligible to keep their own medication. All boarders should inform the Health Centre and their houseparent if they have medicines in their possession, in order that this can be managed in the most appropriate manner. No pupil should ever share their medication with another person.

Fitness to self-medicate

When a pupil has medications prescribed either from the School medical officer's practice or their own GP, if we are aware then a decision will be made as to whether the pupil is fit to self-medicate.

The medical data sheet asks for parents to sign regarding a child's fitness to self-medicate. This would normally be over 16's only and would depend on many factors e.g. maturity, previous history of tablet taking, the type of medication or any areas of concern.

If a pupil was then deemed fit to self-medicate then a 'fitness to self-medicate' sheet would be signed and a copy given to the relevant houseparent. Parents and houseparents would be involved, if appropriate, with the decision making process. The pupils have lockable private storage to keep medication secure. If at any time there is a concern about the pupils fitness to self-medicate then the privilege to do so is withdrawn.

Controlled drugs would normally be managed by the houseparent and pupil, or Health Centre and pupil. Disposal of Controlled medication is arranged via the GP surgery or a local pharmacy according to policy and procedure.

Staff taking medicines

Staff must seek medical advice if they are taking medication which may affect their ability to care for children. Staff medication on the premises must be securely stored and out of the reach of children**.**

Disposal of Medication

Medication that is no longer required is returned to the health centre where it is either destroyed or disposed of according to the appropriate guidance. The date of disposal or return to the pharmacy is documented along with; pupil name, the name, strength amount of drug and staff member name.

Household remedies

The school uses medicines recommended by the School doctor or pharmacist, including paracetamol. Boarding staff should not use any other household medicines or remedies. Pupils are usually seen at the Ashbourne Medical practice and have medication prescribed to them to use onsite if required.

Medication administration and other procedures are undertaken with reference to the NMC Administration guidance and the Royal Pharmaceutical society.

Policies for Particular Medical Conditions & Named Risks

General procedures for pupils with particular medical conditions

Pupils with specific medical needs have an individual care plan. This is held by the Health Centre and distributed to staff as and when required, for example trip leaders. All houseparents have a copy of the plan relevant to the pupils in their care. All staff are aware of pupils with specific needs e.g. asthma, diabetes, epilepsy and food/nut allergies. Guidance is in the staffroom and in the catering department, if appropriate there is essential information regarding these pupils on display.

There are policies on special education needs and /or disabilities (SEND) and supporting pupils with medical conditions. These are held either in the learning skills department or the health centre.

Asthma advice for Houseparents and duty staff

Asthma is a long-term medical condition that affects the airways - the small tubes that carry air in and out of the lungs. Asthma triggers then irritates these airways, causing them to react. These reactions lead to the symptoms of asthma.

All children with asthma will have a reliever inhaler, usually a blue inhaler. The reliever medication should be taken immediately, when asthma symptoms start. The usual symptoms of asthma are coughing, shortness of breath, wheezing, tightness in the chest, being unusually quiet and they may have difficulty in speaking in sentences. Most children will use their reliever or blue inhaler at the start of symptoms without further problems developing; however, sometimes a pupil's asthma symptoms may not settle and they may have an asthma attack.

Policy and protocol for emergency inhaler in school

In October 2014 legislation changed to allow schools to purchase salbutamol inhalers without prescription for use in emergencies. This guidance was updated in March 2015. (Department of Health, Guidance on the use of emergency salbutamol inhalers in schools, March 2015).

As a school we adhere to this guidance and the following is our policy and procedure related to it:

- Pupils will continue to be reminded to have and to use their own in date labelled reliever inhaler.
- The emergency inhaler can be used in the circumstances as outlined or for any of our boarders and pupils for whom we are in loco parentis.
- If a member of staff administers the inhaler, a record is made at the time of administration. Following the use of the emergency inhaler the school health centre should be informed and appropriate action taken.
- During the school day, if further action is required staff, will be able to call the Health Centre on the emergency mobile and/or use the emergency procedure and call 999 requesting assistance for an asthma attack and follow the 'what to do in the event of asthma attack guidance'.
- During the evening or weekends then a call to 999 is made as above for assistance and the asthma attack guidance is to be followed until help arrives. The Health Centre is to be informed as soon as is possible following this event.
- Emergency inhalers and packs are available around the school site e.g in PE, and the boarding houses. These packs will contain: 'how to recognise an asthma attack' information; what to do in an asthma attack information; and a reminder to inform the school Health Centre of use the school emergency inhaler, and the reasons for use.

Staff in the departments that will hold emergency packs have further information and advice as required. As necessary, more information is shared with staff on an individual basis.

Policy on Nuts and Other Food Allergies

Abbotsholme School recognises that food allergies are of serious concern and understands that parents and pupils require some assurance as to its position. In recognition of this, the school continues to implement its policy for no nuts or peanuts throughout the school. This policy is effective in all areas of the school, both on and off site. Onsite this will include the Food Technology and Catering Departments and the boarding houses.

We work to the current Food Standards Agency guidelines as of 13/12/2014 in addition to working very closely with our suppliers to identify and remove any products that contain these ingredients. Whole and flaked nuts have been removed from our supplier listings; however certain products are labelled as 'may contain traces of nuts' and 'made in a factory where nuts are used'. In these cases assurances have been given by the suppliers that the trace elements will be extremely small and in a majority of cases, none will be present. At present, these products have continued to be used within the school.

We anticipate that Senior School pupils will seek further advice and support from the Health Centre or catering staff with regard to food allergies when choosing meals. In relation to Prep and Pre-Prep School pupils, we seek further clarification from the parent and provide individual support as appropriate, when the pupil uses the dining room.

The school takes the issue of food safety very seriously and will clearly respond and communicate any changes to this policy as more research is completed and made available. If you have any queries or wish to discuss any points further then please contact the school directly.

Staff providing food to pupils not sourced from the Catering Department

In cases where staff, parents or other adults supply pupils with food other than that sourced through the Catering Department, the person responsible should complete an Allergen Information Sheet, to identify which of any of the listed potential allergens are present in the dish/product/meal.

The sheet should be displayed with the food, as a warning to the pupils, and the pupils should be reminded to look at it. The sheet should be maintained within department records, in case of subsequent queries relating to the event, or permanently displayed in the teaching area (for example, for treats given out as prizes in class). In the case of weekend trips, the sheets produced should be sent through to the Head of the relevant department or EVC (normal weekend trips).

It is not necessary to complete this sheet in the following cases:

- Snacks or other food brought to the trip/activity in by the pupils themselves, for their own consumption (although our no nut policy applies, here).
- Food bought or ordered by the pupils themselves from a shop, restaurant, café, etc.

Sun Protection Policy

This policy is to provide basic advice to ensure that, with the help of parents, teachers and pupils, we can all enjoy the sun safely over the summer months.

Children's and young people's skin is easily damaged by the sun's rays, which can lead to cancer in later life. Therefore in school we need to raise the pupils' awareness regarding being sensible in the sun and avoiding getting burnt, which can double their risk of sun cancer in later life.

The plan to promote care in the sun includes the following;

- An annual letter home to parents in the summer term, to ensure that they are aware of the school sun protection policy and the part they have to play.
- The use of sun lotion (factor 15+).
- The use of hats and wearing of t-shirts.
- Educating the pupils so that they are aware about being sensible in the sun using the Sun smart code.
- Encourage adequate fluid intake, both at home and school.
- The use of posters and leaflets to remind students, teachers and parents about the dangers of sunburn (Sunsmart).
- Houseparent education to ensure boarders are reminded at weekends (posters to be displayed in each house).
- Teachers responsible for pool activities to ensure pupils either wear a t-shirt or sun lotion when using the pool.

Policy and procedure for emergency spillages of bodily fluids

On school site, if you are the first on scene to an emergency spillage then the following actions are to be taken:

- Alert another member of staff or senior pupil to either stay by the spillage or to go to reception and advise them.
- The receptionist will then support the staff member in getting the emergency spillage equipment.
- This equipment includes: special mop/bucket, emergency spillage compounds, gloves, bags, bollards etc.
- It is expected that that particular member of staff will deal with the spillage using the equipment where appropriate and using general common sense.
- If the emergency spillage equipment is used then the staff member needs to inform the Head of Catering & Domestics (Racheal Lancett) and the Health Centre so that if required the unwell child can be seen and also for replenishment of supplies and other follow up action where appropriate e.g. cleaning of carpet.

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Boarding houses have their own equipment and schedule for dealing with emergency spillages.

Wheelchair Policy

Wheelchairs on school site are usually used only in emergencies, when the operator would be a nurse. Pupils or staff are not allowed to push students in wheelchairs, in case of further injury or accident to either the person in the wheelchair or to themselves as an operator. This would also apply to students travelling as part of a school party on trips abroad or in the UK.

Students needing to use crutches are usually able to access the vast majority of the school site, with a buddy, using the front stairs on their bottoms or using the handrail. Initially, students might not be able to access the top of school or manage stairs confidently, therefore separate arrangements will be made on an individual basis, dependent upon need.

Health Education

The School's medical policies and procedures sit alongside and complement the provision of health education, appropriate to age, in smoking, alcohol, drug misuse and sex education. This is largely provided within our PSHE lessons and the Health Centre plays a role within this.

This policy is complemented by the following school policies:

- Alcohol Policy
- Anti-Drugs Policy
- Anti-Smoking Policy

Head Injury & Concussion Policy & Protocol

Concussion is a temporary injury to the brain caused by a blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head. Concussion must be taken seriously in order to safeguard the welfare of the player. Sporting excellence is important but not at the expense of the player.

Signs of a concussion usually appear within a few minutes or hours of a head injury. We also apply the same rules for a fall from horse related concussion. While helmets can save lives, concussions can still occur and can threaten the long-term health of participants.

Visual clues of suspected concussion

- Loss of consciousness or responsiveness
- Lying motionless on the ground/slow to get up
- Unsteady on feet/balance problems/incoordination
- Grabbing/clutching head
- Dazed, blank or vacant look
- Confused/not aware of play or events

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Signs and symptoms of concussion include

- A headache that doesn't go away or isn't relieved by painkillers
- Dizziness
- Feeling sick or being sick
- Feeling stunned dazed or confused
- Memory loss- they may not remember what happened before or after the injury
- Clumsiness or trouble with balance
- Unusual behaviour- they may become irritated easily, have mood swings or be emotional
- Blurred vision, double vision or seeing stars
- Being knocked out or struggling to stay awake

Prevention procedure

In order to try and reduce the risk of concussion the following guidance is followed:

- Ensure the playing or training is safe and that where required the right equipment is worn and in good order such as riding helmets, or mouth guards to help protect against dental injuries.
- Ensure correct playing techniques are coached and performed by all players
- Explain the dangers of inappropriate tackles or styles of play and penalise them immediately if they occur
- Encourage players and parents to report any concussions that occur during any game and training sessions and to report concussions that occur out of school. It is important that all parties involved communicate if a player is concussed.

Diagnosis and Assessment of concussion

Identifying Concussion

All players with a suspected concussion must be removed from the field of play and not return to play or train on the same day and undertake the concussion screening procedure. (Appendix 1)

Priority is to recognise and remove anyone with a suspected concussion. The RFU Headcase supports the Recognise, Remove and if in Doubt, 'Sit them out message'. All sports staff and coaches are to carry one of the Head case cards when with a team either in training or at a match.

Any player with a suspected concussion must be *immediately removed from play* and should be assessed medically.

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

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In the event of a pupil sustaining an injury to the head, the parent, houseparent and Health centre must be notified as soon as possible. This applies to injuries sustained outside of school as well as during school hours. Pupils will then be seen in the health centre or the Houseparent will call 111 for advice or 999 if out of hours.

An ambulance or 999 may need to be called if someone has injured their head and has

- Been knocked out and hasn't woken up
- If a neck or spinal injury is suspected
- Difficulty staying awake
- Problems with understanding, speaking, writing, walking or balance
- Numbness or weakness in part of their body
- Problems with their vision
- Clear fluid coming from their ear or nose
- Bleeding from their ears or bruising behind one or both ears
- A black eye with no obvious damage around the eyes
- A fit (seizure)
- Hit their head in a serious accident
- If someone needs to go to hospital and they cannot be transported safely
- The Houseparent has concerns regarding the pupil post head injury

The pupil will be seen and observed in the health centre if during the school day and a decision made for either a referral onto A + E, Dr or a decision will be made that the casualty is well enough to go home or to the boarding house.

The need for a review in A + E by the nurse on duty will be based on the following

- The pupil was knocked out
- A suspicion of skull fracture
- Persistent headache since the injury
- Vomiting
- Seizure or fitting
- Amnesia
- Visual disturbance
- Behavioural changes such as becoming more irritable

All those having sustained a head injury but considered well enough to return home or to the boarding house will be given head injury advice and information outlining when urgent medical advice should be sought, if necessary.

Parents/guardians and Houseparents will be contacted and notified accordingly.

All players with a suspected or known concussion *must* go through a graduated return to play protocol (GRTP)

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Remember the rule of the 6 R's

1. **Recognise** know the signs and symptoms of concussion
2. **Remove** if a player is suspected to have concussion they are removed from play
3. **Refer** once removed the player should be seen by a doctor or nurse
4. **Rest** Players must rest from exercise until symptom free, minimum two weeks then begin a GRTP programme. Pupils may initially avoid TV/computer games (24hours on school site) and driving then gradually re-introduce them
5. **Recover** Full recovery is required post HI/Concussion before a GRTP can be commenced
6. **Return** to play once advised to do so following GRTP

The GRTP can be commenced once the pupil is

- Symptom free post the initial rest period (14 days from midnight of the day of injury)
- This period may need to be extended if not symptom free
- Has returned to normal education
- Is not on treatment that may mask symptoms eg drugs for headaches or sleeping tablets

Stage 1 14 days off sport/activity/riding as above.

1. **Stage 2** light exercise such as swimming, walking, fitness cycle for 15mins duration at 70% effort for a period of 48 hours.
2. **Stage 3** light exercise with simple movements eg running drills, no head impact for 45minutes at 80% for 48 hours.
3. **Stage 4** non-contact training for 60minutes at 905 effort no head impact.
4. **Stage 6** Return to play day 23 if 8 days symptom free.

This policy has been developed in accordance with guidance from NHS choices, the FA's concussion guidelines, The RFU headcase guidelines patient information and head injury advice.

Appendix 1

Concussion Screening Tool for Head Injuries

Concussion is a temporary injury to the brain caused by a blow to the head, face or neck, or a blow to the body which causes a sudden jarring of the head. Your child has had a knock to the head and therefore has been screened for the signs and symptoms of concussion.

Name of child
Date and time of injury
Description of injury

The following assessment was made after the child had sat out of play for 10 minutes. This allows a rest period prior to assessment to allow them to recover from sport induced fatigue and dehydration. This avoids false positive results occurring.

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Indicator	Evidence	Tick if present
Symptoms	Headaches, dizziness, "feeling in a fog", visual disturbance	
Physical signs	Loss of consciousness, vacant expression, vomiting, inappropriate playing behaviour, unsteady on legs, slowed reactions	
Behavioural changes	Inappropriate emotions, irritability, nervous, anxious	
Cognitive impairment	Confusion/disorientation, loss of memory for events up to and /or after the concussion, poor attention and concentration	
Sleep disturbance	Drowsiness	

Assessed by:

If any of the following are present do not return to play and seek an urgent medical opinion. In school hours please contact the Health Centre, out of hours please contact 111/999 or take child to the local Emergency Department if safe to do so. If the above screening assessment is negative then the child can return to play. Please be aware of the post head injury advice on the back of this sheet and seek medical advice if any symptoms develop.

The Zurich 2012 concussion Consensus Statement, recognised as the best practice document for concussion management, identifies concussion as being among the most complex injuries in sports medicine to diagnose, assess and manage. This paper also confirms that there is no perfect diagnostic test or marker for the immediate diagnosis of concussion in the sporting environment. **Therefore all players with a suspected or known concussion MUST go through a graduated return to play (GRTP) protocol.**

Please ensure Healthcare, parents and House parents are aware.

Head injury advice

Your child has had a mild head injury. They have had a screening assessment for concussion at the time of injury, however if they complain of any of the symptoms of concussion mentioned or any new symptoms please seek urgent medical advice. Further head injury advice is available on the NHS websites, as below:

patient.info/health/head-injuries

www.nhs.uk/conditions/Concussion/Pages/Introduction.aspx