First Aid Policy

Noadswood

Policy	**First Aid**
Policy status	**Statutory**
Member of staff responsible	**CFO**
Date approved by SLT	**15 May 2025**
Committee responsible	**Finance, Audit & Risk Committee**
Date relevant governor committee approved (including FGB agreement)	**15 May 2025**
Revision period	**1 year**
Revision due date	**May 2026**

Contents

1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and trustees are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and guidance

This policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept

This policy complies with our trust's funding agreement and articles of association.

3. Roles and responsibilities

3.1 Appointed Person (Wellfare Assistant) and Qualified First Aid staff

The Appointed Person(s) is responsible for all First Aider responsibilities and:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Entering a Medical Event on Arbor for students or an Accident Form on Frog for staff, contractors or visitors on the same day as, or as soon as is reasonably practicable after. (see the reporting procedure in Appendix 1)

- Keeping their contact details up to date

The list of the school's Appointed Person and First Aiders is held by the Premises Administration Officer. Their names will also be displayed across the school as follows:

- Administration Office
- Alongside each First Aid Box
- Catering Kitchen
- Frog Intranet
- Medical Room
- Reception
- Staff Health & Safety Noticeboard

3.2 The board of trustees

The board has ultimate responsibility for health and safety matters across the trust, but delegates operational matters and day-to-day tasks to the headteacher and staff members of the school.

3.3 The headteacher

The headteacher is responsible for the implementation of the policy.

3.4 The CFOO

The CFOO will manage and co-ordinate First Aid matters on behalf of, and under the direction of, the Headteacher, including:

- Ensuring that an appropriate number of appropriate persons and/or trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures; including but not limited to the location of equipment, facilities and first aid personnel.
- Ensuring that managers undertake risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.5 School staff

All school staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the First Aiders in school are
- Completing Medical Event notifications on Arbor or Accident Report on Frog (see reporting procedure in Appendix 1) for all medical events/accidents they attend to where the Responsible Person or a First Aider is not called
- Informing the headteacher or their manager of any specific personal health conditions or first aid needs

4. First aid procedures

4.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of the Responsible Person or a qualified First Aider, who will provide the required first aid treatment if appropriate
- The Responsible Person or First Aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- If the injured person (or their parents/carers, in the case of students) has not provided their consent to the school to receive First Aid, the Responsible Person or First Aider will act in accordance with the alternative arrangements (for example, contacting a medical professional to deliver the treatment)
- The Responsible Person or First Aider will also decide whether the injured person should be moved or placed in a recovery position
- If the Responsible Person or First Aider judges that a student is too unwell to remain in school, parents/carers will be contacted and asked to collect their child. Upon their arrival, the Responsible Person or First Aider will recommend next steps to the parents/carers
- If emergency services are called, Reception team or the Year Leader team will contact parents/carers immediately. A member of SLT will contact next of kin if it involves a staff member or the relevant organisation if it pertains a contractor or visitor. An ambulance call record sheet will be completed by the Responsible Person or First Aider and emailed to the Headteacher and Accident Investigators. (Appendix 2. Ambulance call record sheet, Appendix 6 Investigation Protocol)
- The Responsible Person or First Aider will complete a Medical Event entry in Arbor for students or an Accident Report on Frog for staff, contractors and visitors on the same day or as soon as is reasonably practical. (see reporting procedure in appendix 1). If the injury or accident relates to a student, a CPOMS entry will be made under the student's name.

First Aid, such as administration of Paracetamol, plasters and general support, if it cannot be resolved directly with the student by a staff member, will be administered by the Welfare Assistant in the Medical Room.

4.2 Off-site procedures

When taking students off the school premises, staff will ensure they always have the school mobile phone, the standard school first aid kit (see section 5) plus some ice packs and sanitary products:

Risk assessments will be completed by the trip leader, using Evolve, prior to any educational visit that necessitates taking students off school premises.

The procedure in 4.1 will be followed as closely as possible for any off-site accidents. Whether the parents/carers can collect their child will depend on the location and duration of the trip.

There will always be at least one qualified First Aid staff member on school trips and visits.

4.3 Head Bump, Head Injury and Concussion

School staff need to be able to assess signs and symptoms of the severity of a head injury, know how to recognise an emergency and how and when to summon assistance.

This policy will be used by staff assessing and treating all head injuries in school on and off site to determine the course of action to take depending on the circumstances and symptoms displayed.

See Appendix 3 for detailed guidance on how head injuries are assessed, treated and communicated within school.

5. First aid provision

First aid kits are stored in the following locations:

- A minimum of one per block or separate building
- Higher risk departments (PE, Science, Technology)
- Medical Room
- School minibuses
- Staff facilities
- School kitchen

A typical first aid kit in school and for trips will include the following:

- First Aid guidance leaflet
- Triangular bandage x1
- Burn dressings x 2
- Eye pad dressing x 1
- 12x12cm dressing x 1
- Foil blanket x 1
- Disposable gloves x 2
- Wash proof plasters, assorted sizes x 10
- Resuscitation face shield x 1
- Scissors x 1
- Cleansing wipes x 10
- Saline Eye wash 20ml pod x 2
- Yellow Hazard bag x 1
- Safety pins
- Bandages

No medication is kept in first aid kits. Contents of a First Aid kit may be adjusted based on the nature and location of a trip. The trip leader will undertake a review of first aid required as part of the risk assessment process via Evolve.

The school has three Automatic External Defibrillators (AED) on the premises, these are located as follows:

- Reception (internal)
- PE / Sports Hall (external – within green gates i.e. inaccessible out of school hours)
- Gymnasium (external – accessible to the public weekdays when the school is open (i.e. not including bank holidays and the Christmas week) between the hours of 8am-8pm

The school has several Eyewash Stations on the premises, located as follows:

- Higher risk departments (Science, Technology)
- Site Team Maintenance and Grounds Areas
- Hairdressing Salon

The Medical Room is designated as the First Aid Room for treatment, sickness and the administering of First Aid. The Medical Room will have the following facilities:

- Bed
- Running water
- First Aid Kit
- Chair
- Mobile Phone
- Landline Phone with mobile handset

6. Record-keeping and reporting

6.1 First aid and accident record

- An entry will be made on Arbor by the person who dealt with the Medical Event in relation to a student on the same day or as soon as possible after an incidence. If the injury is serious and requires SLT follow up, an entry will be made on CPOMS too. For staff members, contractors and visitors, the Accident form on Frog will be completed. See Appendix 1 for guidance on entering Medical Events on Arbor. By entering this information into Arbor and CPOMS if appropriate, the details will automatically be added to the student record.
- As much detail as possible should be supplied when reporting medical support, accident or injury.
- Records will be retained by the school in line with the school's Retention Policy for student records.

6.2 Reporting to the HSE

The school will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Accident Investigator will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days. The list of Accident Investigators is held by the Premises Administrative Assistant.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes

- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
    - Covers more than 10% of the whole body's total surface area; or
    - Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the [job title of relevant member of staff] will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm
    - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
    - Hand-arm vibration syndrome
    - Occupational asthma, e.g from wood dust
    - Tendonitis or tenosynovitis of the hand or forearm
    - Any occupational cancer
    - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment
    - The accidental release of a biological agent likely to cause severe human illness
    - The accidental release or escape of any substance that may cause a serious injury or damage to health
    - An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment
- *An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)
- Information on how to make a RIDDOR report is available here: How to make a RIDDOR report, HSE

7. Training

At Noadswood School, we operate three tiers of First Aid Training:

First Aider

- A qualified First Aider is someone who has been trained and holds a First Aid at Work certificate gained from a 3-day HSE approved course.
- This training will be provided to key personnel:
  - Welfare Assistant
  - Staff members leading pupils on trips outside of the UK
  - Staff members covering the Welfare Assistant

Emergency First Aider

- A qualified Emergency First Aider is someone who has been trained and holds an Emergency First Aid at Work certificate gained from a 1-day HSE approved course.
- This training will be provided to personnel who do not require the 3-day HSE approved course, and who are unable to attend the Basic First Aid for Schools session, where First Aid training is required based on the individual's role.

Basic First Aid for Schools (BFAFS)

- A qualified holder of Basic First Aid for Schools is someone who has been trained and holds a Basic First Aid for Schools Certificate gained from a half day course delivered by a qualified First Aid Instructor.
- This training will be provided to key personnel
  - Teachers
  - Learning Support Assistants (LSA's)
  - Site Team
  - Staff members leading pupils on trips locally and within the UK
  - Within higher risk departments (PE / Science / Technology)
  - Within non-teaching staff

All three tiers of training qualify the individual to be identified as a Qualified First Aider within this Policy. The school will keep a register of all trained first aiders, what training they have received and when this is valid until. This record is kept by the Premises Administrator.

The school will arrange for First Aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

8. Monitoring arrangements

This policy will be reviewed by the CFOO every year.

At every review, the policy will be approved by the Finance Audit and Risk Committee or the Trust Board.

The First Aid provision will be reviewed by the CFOO at least annually.

9. Links with other policies

This first aid policy is linked to the:

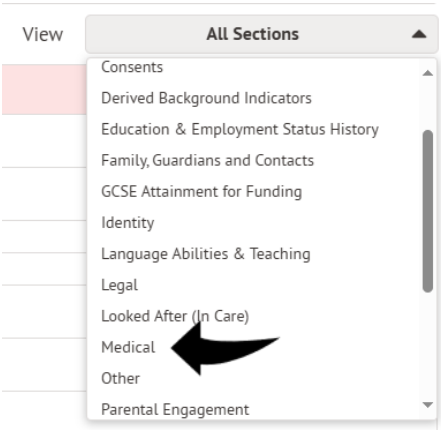
- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions

Appendix 1: First Aid recording

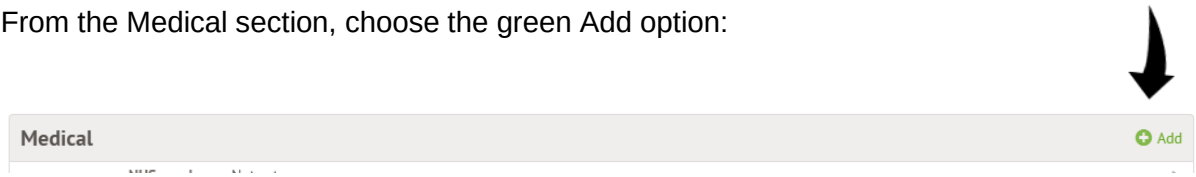
Accident or First Aid incident recording for a student on Arbor

Go to the Student Profile

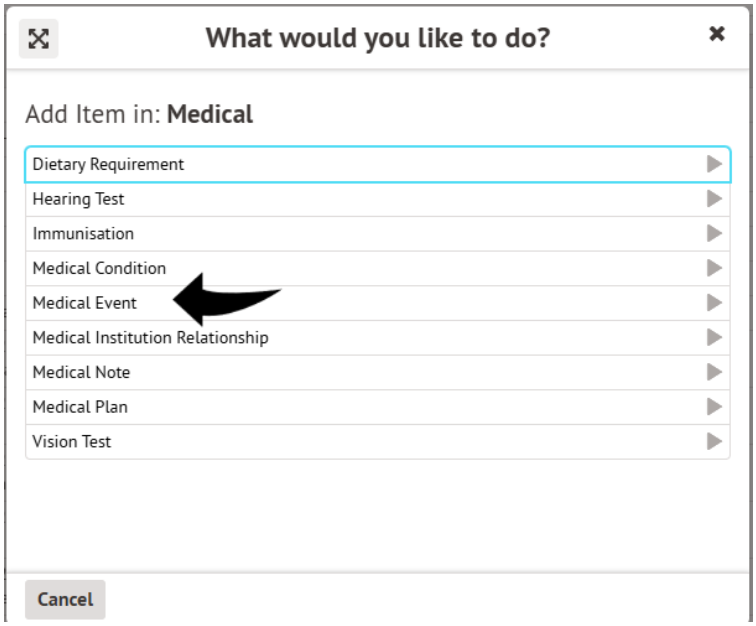
From All Sections, choose Medical:



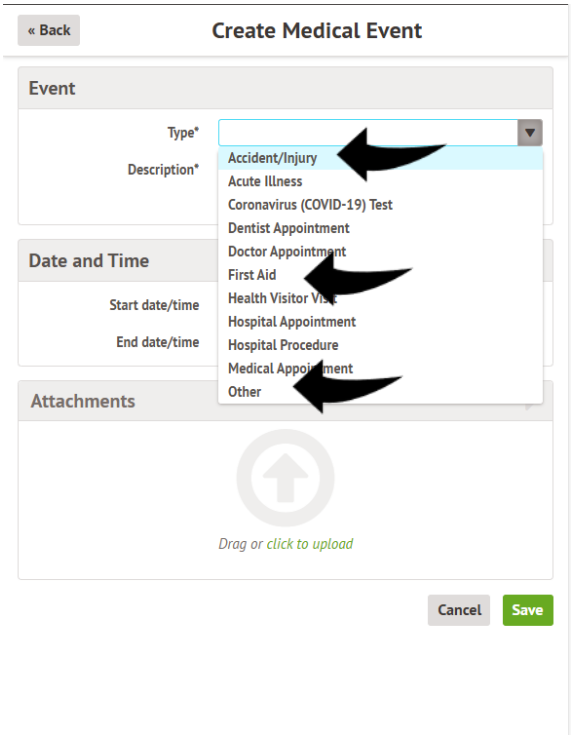
From the Medical section, choose the green Add option:



From the What would you like to do? box, select Medical Event:



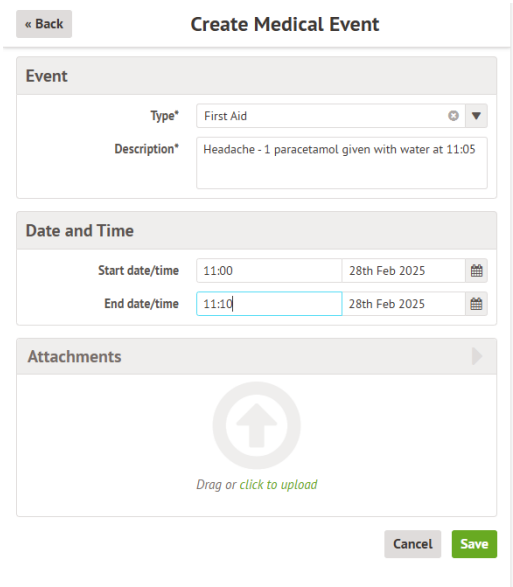
This will take you to Create Medical Event, from which you need to choose a Type:



This would be First Aid for most events such as plasters, paracetamol, advice, etc. Accident/Injury is used for medical events which require Investigation by an Accident Investigator such as (suspected) broken bones, head injuries, injury whilst using school equipment, directed to A&E, etc. Other is used for diabetic readings, a pupil being supervised to take their own medicine or anything that does not fit into First Aid or Accident/Injury.

You will then need to enter a detailed description of the issue, including the treatment administered. Add the dates and times for the duration of the incident and choose Save at the bottom.

An example of a completed Accident/Injury or Medical Event might look like this:



For staff, contractors and visitors, please use the Accident Form on FROG/Staff Room/Report an Accident

Appendix 2

Ambulance Call Record Sheet -Template

Patient Name (and Tutor group):

Date:

Time Ambulance called:

Name of member of staff who called the ambulance:

First Responder:

Call from Ambulance Control:

Parent contacted:

Paramedics on site names:

Van Number:

Location of injury/collection:

Other key information regarding ambulance call-out:

Medical Situation on leaving site:

Time Ambulance left site:

Appendix 3

HEAD INJURY CHECKLIST FOR FIRST AIDERS

Minor-moderate head injury symptoms - assess the child for signs of the following:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

These are signs of a minor-moderate head injury – follow the Minor-moderate head injury protocol

If no symptoms – follow Bump to Head protocol

Severe Head Injury symptoms - assess the child for signs of the following:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion (Rule out signs of confusion by asking them the date, where they are, what tutor group they are in)
- Balance problems or loss of power in arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears
- Vomiting repeatedly
- Neck pain

These are signs of a severe head injury – follow the Severe head injury protocol

If the pupil has either of the following, treat the injury with the Severe Head Injury Protocol and call 999 immediately:

- If the pupil has had brain surgery in the past
- If the pupil has a blood clotting disorder

Bump To Head protocol

A bump to the head is common. If a student is asymptomatic i.e. there is no bruising, swelling, abrasion, mark of any kind, dizziness, headache, confusion, nausea or vomiting and the student appears well then the incident will be treated as a 'bump' rather than a 'head injury'.

Bump to head protocol:

- Student to be assessed by a First aider using the Head Injury Checklist (see above)
- If sending a student to the medical room ensure they have another person with them who can inform the Welfare Assistant that they have had a head bump
- First Aider to observe for a minimum of 15 minutes. If pupil begins to display head injury symptoms they will be sent to the Welfare Assistant (if not already there) for further assessment, if no change during observation then the student can return to normal lessons
- First Aider/Welfare Assistant to email all staff :
    - **Head Bump Alert – Name of student**
      Please be aware that this student has suffered a bump to the head today. They have been monitored and assessed to be fit to remain in school. Please be alert to any changes in their condition and notify the Welfare Assistant asap if you have any concerns
- First Aider/Welfare Assistant to record the episode on Arbor (Medical Event) and CPOMS. Alert PE teacher if student has not been sent to the medical room.

Minor-moderate Head Injury

A minor-moderate head injury often just causes lumps or bruises on the exterior of the head. Other symptoms Include:

- Nausea
- Mild headache
- Tender bruising or mild swelling of the scalp
- Mild dizziness

Minor-moderate Head Injury Protocol

- Student to be assessed by the Welfare Assistant or another First Aider using the Head Injury Checklist (see above)
- If sending a student to the medical room ensure they have another person with them who can inform the Welfare Assistant that they have had a head bump
- Contact parent to notify of head injury and communicate plan of action
    - Rest
    - Observation – Complete observation checklist and repeat every 15 minutes until the child feels better or is collected by a parent/carer
    - If the pupil's symptoms subside they may return to class
- Parent informed via Arbor requesting they read an attached head injury advice sheet (Appendix 4)
- Head Injury advice sheet (Appendix 4) to be given to student
- Welfare Assistant/First Aider to email all staff
    - **Head Bump Alert – Name of student**

Please be aware that this student has suffered a bump to the head today. They have been monitored and assessed to be fit to remain in school. Please be alert to any changes in their condition and notify the Welfare Assistant asap if you have any concerns

- First Aider/Welfare Assistant to record the episode on Arbor and CPOMS including how the injury occurred
- If, at any point, the student's condition deteriorates and shows any of the symptoms of a severe head injury, follow the protocol in the severe head injury section

Severe Head Injury

A severe head injury will usually be indicated by one or more of the following symptoms:

- Unconsciousness briefly or longer
- Difficulty in staying awake
- Seizure
- Slurred speech
- Visual problems including blurred or double vision
- Difficulty in understanding what people are saying/disoriented
- Confusion (rule out signs of confusion by asking them the date, where they are, what tutor group they are in)
- Balance problems
- Loss of power in arms/legs/feet
- Pins & needles
- Amnesia
- Leakage of clear fluid from nose or ears
- Bruising around eyes/behind ears
- Vomiting repeatedly
- Neck pain

These are signs of a severe head injury – follow the Severe Head Injury protocol.

Also, if the student has either of these conditions, follow the Severe Head Injury protocol:

- If the student has had brain surgery in the past
- If the student has a blood clotting disorder

Severe Head Injury Protocol

- If unconscious, you should suspect a neck injury and do not move the student
- **CALL 999 FOR AMBULANCE**
- Notify parent asap (call all telephone numbers and leave a message). Repeat every hour
- If the ambulance service assess the student over the phone and determine that no ambulance is required, student is to be sent home
- Parent informed by Arbor requesting they read an attached head injury advice sheet (Appendix 4)
- Head Injury advice sheet (Appendix 4) to be given to student
- First Aider/Welfare Assistant to record the episode on Arbor and CPOMS. Member of staff present at the time of the incident to provide information to First Aider/Welfare Assistant for record keeping.
- On return to school, Welfare Assistant to liaise with parent using the Graduated Return to

Play form (Appendix 5) to determine the nature of PE activities to be allowed. For all severe head injuries, not limited to rugby injuries. The Welfare Assistant to liaise with PE department. It is ultimately the parent's responsibility to sign-off the child's return to PE/sports activities.

Concussion (Post Concussion Syndrome)

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. It is the most common but least serious type of brain injury and can occur **up to 3 days** after the initial injury.

The cumulative effects of having more than one concussion can be permanently damaging. Concussion must be taken extremely seriously to safeguard the long-term welfare of the person.

Symptoms include:

- Headache
- Dizziness
- Feeling in a fog
- May or may not have lost consciousness
- Vacant expression
- Vomiting
- Unsteady on legs
- Slow reactions
- Inappropriate or abnormal emotions – irritability/nervous/anxious
- Confused/disorientated
- Loss of memory of events leading up to and after the concussion

If you notice any of these symptoms in a student who has previously sustained a head injury they may be suffering from post concussion syndrome and should be referred to the Welfare Assistant immediately.

If any of the above symptoms occur the student must be seen by a medical professional in A&E, minor injuries or the GP surgery. If a parent is not able to collect the child, call 999.

Guidance to be followed from Rugby Football Union on Return to Play after Concussion (Appendix 5) This is for all severe head injuries, not limited to rugby injuries. This gives clear guidance on students returning to academic studies and sport following a concussion. The Welfare Assistant to liaise with parent to determine the nature of PE activities to be allowed and the Welfare Assistant to liaise with PE department. It is ultimately the parent's responsibility to sign-off the child's return to PE/sports activities.

PE department to notify the Welfare Assistant if they are made aware of a student sustaining a sport-related head injury out of school hours.

If the school become aware of a concussion relating to an incident in school that had not previously been assessed as a serious head injury, the Welfare Assistant will request an Accident Report Form from the member of staff present at the time of the incident.

Appendix 4

ADVICE TO PARENTS AND CARERS
CONCERNING CHILDREN WITH HEAD INJURIES

Your child has sustained a head injury and following thorough assessment we are satisfied that the injury does not appear to be serious.

Please refer to NHS Head Injury Advice Sheet:

https://what0-18.nhs.uk/professionals/gp-primary-care-staff/safety-netting-documents-parents/head-injury

If you are concerned please **CONTACT YOUR DOCTOR, NHS 111 OR CONTACT THE ACCIDENT AND EMERGENCY DEPARTMENT**

In addition:

Do expect the child to feel 'off colour'. Do not force them to eat, but make sure they have enough to drink

Do expect the child to be more tired than usual. Allow them to sleep if they want to. Check on them every 2 hours in the first 24 hours. Do not be confused between normal sleep and unconsciousness – someone who is unconscious cannot be woken up – you need to be satisfied they are reacting normally to you

Do expect the child to have a slight headache

Do keep the child quiet and resting as much as possible. Keep them away from school, discourage active games, watching TV and reading until the symptoms subside

These symptoms should improve steadily and the child should be back to normal within a few days. Even after a minor injury, complications may occur, but they are rare.

If the symptoms worsen, or if you notice the following signs:

- Difficulty in waking from sleep
- Appears confused or not understanding what is said to them
- Vomiting
- Complaining of severe headache, or trouble with their eyesight
- Become irritable
- Has any kind of attack which you think is a fit

Then you are advised to:

CONTACT YOUR DOCTOR, NHS 111 OR CONTACT THE ACCIDENT AND EMERGENCY DEPARTMENT WITHOUT DELAY

Appendix 5

GRADUATED RETURN TO ACTIVITY

Ref: UK Government: UK Concussion Guidelines for Non-Elite (Grassroots) Sport

Stage	Focus	Description of activity	Comments
Stage 1	Relative rest period (24- 48 hours)	Take it easy for the first 24-48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
Stage 2	Return to normal daily activities outside of school or work.	• Increase mental activities through easy reading, limited television, games, and limited phone and computer use. • Gradually introduce school and work activities at home. • Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly.	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
	Physical Activity (e.g. week 1)	• After the initial 24–48 hours of relative rest, gradually increase light physical activity. • Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms.	
Stage 3	Increasing tolerance for thinking activities	• Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block. • Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief

		each week from home	and is self-limiting typically lasting from several minutes to a few hours.
	Light aerobic exercise (e.g. weeks 1 or 2)	• Walking or stationary cycling for 10–15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance. • If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptom exacerbation. • Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training.	
Stage 4	Return to study and work	• May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-days, breaks, avoiding hard physical work, avoiding complicated study).	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Non-contact training (e.g. during week 2)	• Start training activities in chosen sport once not experiencing symptoms at rest from the recent concussion. It is important to avoid any training activities involving head impacts or where there may be a risk of head injury. Now increase the intensity of exercise and resistance training.	
Stage 5	Return to full academic or work-related activity	• Return to full activity and catch up on any missed work.	Individuals should only return to training activities involving head impacts or where there may be a risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days. Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.
	Unrestricted training activities (not before week 3)	• When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury.	

Stage 6	Return to competition	This stage should not be reached before day 21* (at the earliest) and only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days and now symptom free during pre-competition training. * The day of the concussion is Day 0.	Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury. Approximately two-thirds of individuals will be able to return to full sport by 28 days but children, adolescents and young adults may take longer.

https://sportandrecreation.org.uk/files/uk-concussion-guidelines-for-grassroots-non-elite-sport---november-2024-update-061124084139.pdf

Appendix 6

Injuries and Accidents – Investigation protocol

Accident Recording

- **Adult**
  - Complete an accident form (on Frog via Accident Reporting Page)
- **Student**
  - Welfare Assistant/First Aider to add details to Arbor.
  - An accident investigation is completed in the following cases:
    - Very serious injury including broken bones
    - Any injury that is RIDDOR reportable
    - Severe Head injury
    -

Accident investigation

Accident Investigators to make a call regarding the level of investigation depending on the circumstances. Liaise with the school's Health & Safety Consultant to determine which level to choose, if needed.

Initiate investigation asap after the incident so that information is fresh in everyone's minds.

- **Low level**
  - Check the following and create a file on the W:Premises/Accident reports and investigations:
    - Who, where, what, how
    - Check on supervision
    - Check on conditions (e.g. equipment, property, weather)
    - Determine immediate and underlying causes (unsafe act or unsafe condition)
    - Identify any corrective action to be taken to improve safety

- **Mid level**
  - Check the following and create a file on the W:Premises/Accident reports and investigations
    - Record all items listed above
    - Take photos of scene asap
    - Take staff and student statements asap

- **Very Serious incidents**
  - Conduct a full investigation using Accident Investigation Form (RWSS)
  - Share with SLT and Premises Manager. Save documentation in W:Premises/Accident reports and investigations:
    - Collate all the information in the two sections above plus additional information per RWSS template
    - Review and save activity risk assessments as they stand on the day

Save current H&S Policy as at the date of the incident.