First Aid Policy

Bancroft's

Independent Co-educational Day School 7–18

Contents

First Aid Policy

1. Authority and Circulation

This policy has been authorised by the Governors of Bancroft's School. Its status is advisory only. It is available to parents and pupils and to all members of School Staff.

This policy complies with s3(13) of the Independent School Standards, the Health and Safety at Work Act 1974 and subsequent regulations and guidance including the Health and Safety (First Aid) Regulations 1981, and the Approved Code of Practice and Guidance for the Health and Safety (First Aid) Regulations 1981.

2. Definitions

"First Aid" means the treatment of minor injuries which do not need treatment by a medical practitioner or nurse as well as treatment of more serious injuries prior to assistance from a medical practitioner or nurse for the purpose of preserving life and minimising the consequences of injury or illness. For the avoidance of doubt, First Aid does not include giving any tablets or medicines, the only exception being giving aspirin in accordance with accepted first aid practice to treat a suspected heart attack.

"First Aiders" are members of staff who have completed a First Aid course and hold a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW).

"**First Aid Guidance**" means the Approved Code of Practice and Guidance for the Health and Safety (First Aid) Regulations 1981.

"Appointed Persons" are members of staff whose role includes looking after the first-aid equipment and facilities and calling the emergency services when required. They can also provide emergency cover, within their role and competence, where a first-aider is absent due to unforeseen circumstances (annual leave does not count). To fulfil their role, appointed persons do not need first-aid training. However, emergency first-aid training courses are available.

"Staff" means any person employed by the School, volunteers at the School and self-employed people working on the premises.

The "**School Doctor**" is a Doctor from the Loughton Health Centre who is contracted to the School as the medical advisor and is responsible for medical supervision of the Medical Centre

The "**School Nurse**" is primarily located in the School's Medical Centre.

The "**Medical Centre**" is located at the north end of the school and is clearly signposted. It is used for the provision of First Aid and medical treatment when required. The Medical Centre has essential First Aid facilities and equipment.

The "**premises"** includes all the sites that the School uses including West Grove.

3. Aims of this Policy

- To ensure that the School has adequate, safe and effective First Aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury, no matter how major or minor.

- To ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.

Nothing in this policy should affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt staff should dial 999 for the emergency services in the event of a medical emergency before implementing the terms of this Policy and make clear arrangements for liaison with ambulance services on the school site.

4. Who is Responsible?

The Governors of Bancroft's School, as the employer have overall responsibility for ensuring that there is adequate and appropriate First Aid equipment, facilities and First-Aid personnel and for ensuring that the correct First Aid procedures are followed.

The Head delegates to the School Nurse the day to day responsibility for ensuring that there are adequate and appropriate First Aid equipment, facilities and appropriately qualified First Aid personnel available to the School. The School Nurse and School Doctor will regularly (at least annually) carry out a First Aid risk assessment and review the School's First Aid needs to ensure that the School's First Aid provision is adequate.

The Head is responsible for ensuring that all staff and pupils (including those with reading and language difficulties) are aware of, and have access to, this policy.

The Head delegates to the School Nurse responsibility for collating medical consent forms, individual healthcare plans and important medical information for each pupil and ensuring the forms and information are accessible to staff as necessary.

The Head delegates responsibility to the senior leadership team for ensuring that staff have the appropriate and necessary First Aid training as required and that they have sufficient understanding, confidence and expertise in relation to First Aid.

First Aiders:
The Head has overall responsibility for ensuring that the School has the minimum number of First Aid personnel. There will be at least one First Aider on each school site when children are present.

For more information please see HSE (Health and Safety Executive) Guidance

(http://www.hse.gov.uk/firstaid/legislation.htm)
The First Aiders have completed an HSE approved First Aid course and hold a valid certificate of competence in First Aid at Work (FAW) or Emergency First Aid at Work (EFAW). The First Aiders will

undergo update training at least every three years. All Sports Staff are offered access to a Pitch side Sports First Aid Course.

The main duties of First Aiders are to give immediate First Aid to pupils, staff or visitors when needed and to ensure that an ambulance or other professional medical help is called when necessary. First Aiders are to ensure that their First Aid certificates are kept up to date through liaison with The Head.

All staff should read and be aware of this Policy, know who to contact in the event of any illness, accident or injury and ensure this Policy is followed in relation to the Administration of First Aid. All staff will use their best endeavours, at all times, to secure the welfare of the pupils.

Anyone on School premises: Anyone on the School premises is expected to take reasonable care for their own and others' safety.

5. First Aid Provision

First Aid boxes are marked with a white cross on a green background and are stocked in accordance with the suggested guidelines in Guidance Note 37 of the First Aid Guidance.

For more information please see HSE Guidance http://www.hse.gov.uk/firstaid/legislation.htm)

First Aid boxes are located around the School and individual members of staff are responsible for their maintenance.

If First Aid boxes are used, contact should be made with the Medical Centre and replenishment stocks will be issued.

All requirements for the first aid kits are supplied by the Medical Centre and are regularly stocked at request of individual departments. This should be done by email or in person at least once per term.

School minibuses: The School's minibuses must have a clearly marked First Aid Box on board which is readily available for use.

The First Aid box should be stocked in accordance with Part II of Schedule 7 of the Road Vehicles (Construction and Use) Regulations 1986

Off-site activities: First Aid boxes/bags for any off-site activities are kept in the Medical Centre.

Emergency Eye Wash Stations are located in All Science Labs, Art and Ceramics centre, maintenance workshop and Prep School and catering office.

Automated External Defibrillators are positioned outside the Sports Hall Office (senior school), ground floor corridor outside the Reprographics room, Prep School (main hall), West Grove – Sports pavilion and are maintained by the School Nurse. Training has been undertaken by staff, but this should not deter non-trained staff from using the device in cases of a life-threatening emergency.

6. Information on Pupils

Parents are requested to provide written consent for the administration of medical treatment and over the counter medicines before pupils are admitted to the School.
The School Nurse will be responsible for reviewing pupils' confidential medical records and providing essential medical information regarding allergies, recent accidents, illnesses, or other medical conditions which may affect a pupil's performance at the School to The Head, class teachers and First Aiders on a "need to know" basis. This information should be kept confidential but may be disclosed to the relevant professionals if it is necessary to safeguard or promote the welfare of a pupil or other members of the School community.

Use of Asthma inhalers, Adrenaline injectors and other emergency medication.
The information held by the Medical Centre will include a record of pupils who need to have access to prescribed Asthma inhalers, Adrenaline injectors, injections or similar and this information should be circulated to teachers and First Aiders.
Where appropriate, individual pupils will be given responsibility for keeping such equipment with them and this will be reviewed on a regular basis. In other cases, the equipment will be kept, suitably labelled, in the Medical Centre. Additional arrangements for children with medical problems who may require emergency care are included in Appendix Two.

7. Procedure in the event of illness

Priority will be given to any emergency or medical conditions or concerns.

For non-urgent cases of illness Pupils must make an appointment to attend the Medical Centre. If a pupil is unwell during lessons then they should consult the member of staff in charge who will phone the medical room to make an appointment. If staff feel it is necessary for the pupil to be accompanied to the medical centre this will be arranged. If during break or lunchtime a student requires non-urgent medical attention they can make an appointment via Senior School Reception. The Medical Centre will decide on the next course of action and provide the First Aid as required.

Staff may visit the Medical Centre as and when necessary, but appropriate cover must be arranged.

8. Procedure in the event of an accident or injury

If an accident occurs, then the member of staff in charge should be consulted. That person will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance and or the School Nurse. Appointed Persons or First Aiders can also be called for if necessary and should be called if the School Nurse is not available immediately.
For minor injuries, the pupil should be treated locally if possible or attend the Medical Centre for treatment by the School Nurse. In the absence of the nurse a designated First Aider should be called.

Ambulances: Parents will be contacted as soon as possible if an ambulance is called.

The School Nurse or First Aider in charge should make arrangements for the ambulance to have access to the accident site. Arrangements should be made to ensure that any pupil is accompanied in the ambulance. This may be the pupil's parent(s) or a member of the SLT (Senior Leadership Team), a form tutor or Housemaster/Housemistress or such other member of staff as determined by a member of the SLT. Under NHS temporary COVID procedures pupils over the age of 16 will not be accompanied.

9. Procedure in the event of contact with blood or other bodily fluids

If a spillage of blood or other bodily fluids occurs, the Cleaning Manager must be informed. The Cleaning Manager will then arrange for the proper containment, clear up and cleansing of the spillage site.

The First Aider should take the following precautions to avoid risk of infection:

- Cover any cuts and grazes on their own skin with a waterproof dressing;
- Wear suitable disposable gloves when dealing with blood or other bodily fluids;
- Use suitable eye protection and a disposable apron where splashing may occur;
- Use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
- Wash hands after every procedure.

If the First Aider suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- Wash splashes off skin with soap and running water;
- Wash splashes out of eyes with tap water or an eye wash bottle;
- Wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
- Record details of the contamination;
- Report the incident to the School Nurse and take medical advice if appropriate.

10. First Aid in the PE Department

Location of First Aid Equipment:
The PE Department has first aid boxes and bags in all sporting areas of the school. These positions are as follows:

- The Gym, Sports Hall and Sports Department Office
- Swimming Pool
- The Pavilion
- West Grove Pavilion (Off Site)

Every member of the sports staff is provided with a first aid kit for use during sporting events on and off site.

There are First Aid bags which are available for teaching staff for home and away fixtures.

Away fixtures: A medical bag should be taken with the travelling team. If an incident occurs medical treatment may be sought from the visiting school first aid staff. If necessary, the pupil

should be taken to nearest accident and emergency department by a member of staff if the parents cannot be contacted or the parent is unable to attend the within a suitable period. Treatment and after-care should then be followed up by Bancroft's School Medical Centre. Any incident of treatment must be reported to the Medical Centre on return to School via the sport department accident form.

11. Reporting

All injuries, accidents and illnesses, however minor, must be reported to the School Nurse and she is responsible for ensuring that the accident report forms, books and computer records are filled in correctly and, if deemed necessary parents and HSE are informed.

School Accident and Illness records: all injuries, accidents and illnesses should be recorded on the School Medical Database. The date, time and nature of the illness/injury must be noted along with the personal details of the child involved. What happened to the injured or ill person immediately afterwards should also be recorded. Records will be retained in accordance with the school's records retention policy.

Accident report form: The Accident Book BI510
In the event of any serious or significant accident that occurs on or off the School site and in connection with the School an entry should be made in the HSE Accident Book BI510. The entry may be made by the person involved in the accident or incident or someone on their behalf. This will be kept by the Health and Safety Officer. Records should be stored for at least 3 years or if the person injured is a minor (under 18), until they are 21.

Reporting to Parents: In the event of accident or injury parents must be informed as soon as practicable and where deemed necessary. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the School Nurse and with the Head if necessary.

Reporting to HSE: The School is legally required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to report accidents and severe injury to the HSE. Reporting is carried out by the Bursar via the RIDDOR on-line reporting system.

Accidents involving Staff
- **Work related accidents resulting in death or major injury** (including as a result of physical violence) must be reported immediately (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs);
- **Work related accidents which prevent the injured person from continuing with his/her normal work for more than 7 days** must be reported within 15 days;
- **Cases of work-related diseases that a doctor notifies the School of** (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer);
- **Certain dangerous occurrences** (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

Accidents involving pupils or visitors

- accidents where the person is killed or is taken from the site of the accident to hospital **and** where the accident arises out of or in connection with:
- any School activity (on or off the premises);
- the way a School activity has been organised or managed (e.g. the supervision of a field trip);
- equipment, machinery or substances;
- the design or condition of the premises.

For more information on how and what to report to the HSE, please see RIDDOR

12. Monitoring

The School Nurse presents a termly report to the Welfare, health and safety committee in order to take note of trends and areas for improvement. The information may help identify training or other needs and be useful for investigative or insurance purposes. In addition, the Head will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

Appendix One **Medication policy**

The school recognises that we have a responsibility in dealing with children and their medication appropriately, and that there are various conditions affecting children that require daily medication.

A range of 'over the counter medicines' is kept in the Medical Centre which can be administered by the School Nurse. Parents are requested to sign a consent agreement prior to their child commencing in school for the administration of these medicines. If the consent is not signed this medication will not be administered.

The School Nurse will also administer prescription medicines, subject to the completion of a 'Consent for Administration of Prescription Medication Form', for medication required during the school day and supplied by the child's parent. The consent form for the administration of medicines must be completed and given to the nurse with the medication. This form is available to download and print from the parent VLE under 'Consent Forms.' A paper copy can also be obtained from the School Nurse.
In the Prep school the medication and consent form should be handed to the prep school office for the attention of the medical officer. However, it is the School Nurse's responsibility to arrange for the administration of the medication.

For those pupils requiring treatment or medication from a specialist consultant, an 'Individual Health Care' plan detailing the treatment and medications necessary and appropriate drug therapy may be requested by the School in addition to the Medical Questionnaire.

Prescription Medication

If a pupil has any medication to be taken during the school day, it is advised that this medication be administered in the Medical Centre for the safety of the pupil and other students. The medication must be pharmacy labelled and contain the pupil's name, dosage to be administered, time to be given, expiry date and include the pharmaceutical information leaflet

If a parent wishes their child to carry other medication on their person e.g. medication for Migraine type headaches a 'Consent for Self-Administration of Medication Form' must be completed by the parents. The form is available to download and print from the parent VLE, under 'Consent Forms.'
Please note that this does not apply to children who are asthmatic, diabetic or students with severe allergies, as there is a separate care plan for each of these medical conditions.

Medications will be stored in a locked cupboard in the Medical Centre. Some medication needs to be kept refrigerated and this facility is available in the medical centre.
If a pupil taking prescription medication under this procedure is taken ill during the school day, the pupil will be looked after in line with the overall policy.

Analgesics and Non-Prescriptive Medicines

Permission for the administration of analgesics and other simple over the counter medications must be given by the parent on the School Medical Questionnaire. Parents may update the School Nurse by letter or email if they wish. Renewal of consent may be asked for periodically.
Non-prescription medications kept in the Medical Centre are: *Paracetamol, Soluable Paracetamol, Calpol Sixplus Fastmelts, Piriton Syrup/Tablets, Lemsip, Strepsils, Cetirizine, Anthisan/ Hydrocortisone cream. Imodium and Travel Sickness medication which may be administered on school trips.*

All stocks of pharmacy medicines for administration in school comply with current legislation 'The Human Medicines Regulations 2018' & 'The Misuse of Drugs (Amendment) (England, Wales and Scotland) Regulations 2017'

Other non-prescriptive (Over the Counter Medication) may be given at the School Nurse's discretion and subject to the completion by parents of 'The Consent for Administration of Medication Form'

Pupils requiring Controlled Drug (CDs) medication during the school day have their medication stored in the secure storage 'CD Cabinet' located in the medical centre. Administration of the medication is recorded on the pupils computerised treatment history and an administration record is entered into the Controlled Drug Record Book, including the amount given and the balance of medication remaining. There is a separate page for each person and the Controlled Drugs are disposed of by returning them to parents or to the pharmacy and a record kept in the CD book.

Record-keeping

All medication administered:
A record will be kept of any treatment and medication (prescription or otherwise) that has been given. However, this information is confidential to the pupil.

Administration of medication record:
A computer record of the administration of medication given includes,

- The name of the person dispensing the medication.
- The time and date of administration.
- The pupils name and class.
- The name and dosage of the medication administered.
- Any side effects noted.

Prescription medicine administration procedure

- The pupil's name and date of birth will be checked against the medicine.
- The consent form will be checked.
- An allergy history will be obtained.
- Dose and expiry date will be checked.
- A computer record of the administration will be made. If in doubt, the parent will be contacted and a verbal consent taken.
- If a child refuses the medication, the staff have no power of enforcement and the parents must be notified immediately.
- The responsibility is on the child to come to the Medical Centre at the appropriate time for medication.

Hay fever

If a child needs to take an antihistamine preparation for hay fever, it should be taken at home prior to the start of the school day. Most modern medications are a once-daily dose and can be obtained via the GP or over the counter at the local dispensing pharmacy. If an anti-histamine needs to be administered during the school day, it should be sent into the Medical Centre in a pharmacy labelled box with the pupil's name upon it. Appropriate consent forms must be sent with the medication.

Anaphylactic Management (see detailed policy – Appendix two)

The school nurse is pleased to work with families and pupils with severe allergies (anaphylaxis). We encourage the child to carry their own adrenalin injector (e.g. an epi-pen or equivalent) on them at all times. We request where possible that a spare adrenalin injector is brought into the Medical Centre, however, if this is not possible students are always asked to carry two AAI's on their person. There are spare emergency adrenalin injectors located in the Servery and the Prep School Medical Room. All staff at Bancroft's school have the opportunity to be trained in the administration of an adrenalin injector should the pupil not be able to do so themselves.

Epilepsy management (see detailed policy – Appendix four)

The school nurse is pleased to work with the family and pupil suffering from epilepsy to achieve independence and self-management. A care plan will be established working closely with the pupil, health professionals and the family. Emergency medication will be kept in the Medical Centre labelled as previously detailed and with instructions for use by the doctor in charge of the treatment and with the relevant permissions.

Diabetes management (see detailed policy – Appendix five)

The school nurse is pleased to work with the family, the pupils and the diabetic team to achieve independence and self-management for the pupil. A care plan will be established, working closely with the pupil, health professionals and the family. The pupil should carry their emergency supplies at all times on their person. Dextrose tablets and Glucogel are kept in the Medical Centre for emergency use. Individual Glucagon and Insulin refills are also kept in the medical fridge in the Medical Centre in case of emergency.

Asthma management (see detailed policy – Appendix six)

The school encourages independence and self-management in children with asthma. A care plan will be established working with the pupil, health professionals and the family. Their reliever inhalers should be carried on their person at all times. These should be labelled with their name and date of birth so that they can be quickly returned in case of loss. This is of help during sports activities when the inhalers are left by the side of the pitch. Salbutamol inhalers for emergency use only are kept in the Medical room and Reception for use by pupils who are named on the school Asthma register.

References: DFES Guidelines on the administration of medicines.

Appendix Two**: School Policy on Anaphylaxis**

Definition of anaphylaxis

Anaphylaxis is a severe, life threatening, generalised or systemic hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway and/or breathing and/or circulation problems usually associated with skin and mucosal changes.

Triggers

Anaphylaxis can be triggered by a broad range of triggers but those most commonly identified include food, drugs and venom. Nuts - peanut, walnut, almond, Brazil, hazel, mixed

- Food - milk, fish, chickpea, crustacean, banana, snail
- Stings - wasp, bee
- Antibiotics - Penicillin, Ciprofloxacin
- Other drugs - Pethidine, local anaesthetic, Streptokinase, Diamorphine
- Contrast media Fluorescein
- Other triggers such as Latex or hair dye

In many cases, no cause is identified. A number of cases are idiopathic.

Anaphylaxis avoidance

1. Wear a medic alert or other identification
2. Identify specific causative factors/allergens
3. Provide specific instructions about avoidance
4. Teach self-administration of Adrenaline injection
5. Advise and educate pupils to keep their Adrenaline injection with them at all times
6. Read product labels
7. Identify hidden ingredients
8. Avoid high risk foods e.g., baked foods
9. Avoid high risk situations e.g. buffets
10. Avoid sharing food, utensils, or dishes

Complete avoidance of food is difficult

Severe Allergy Care Plan.pdf

Appendix Three**: Food Allergen policy**

This policy serves to set out all measures to reduce the risk to those children and adults who may suffer an anaphylactic reaction if exposed to a range of foods to which they are sensitive. The school aims to protect children who have allergies yet also help them, as they grow up, to take responsibility as to what foods they can eat and to be aware of where they may be put at risk.

Our school kitchens prepare food which may contain one or more of the following: celery, wheat/gluten, crustaceans, eggs, fish, lupin, milk, mollusc, mustard, soya, sulphur dioxide/sulphite. All dishes provided are recorded along with their allergen content. The Head of catering is able to cater for those with allergens and a meeting with parents and the school is highly recommended. Dietary information is requested as part of the admissions process and parents are expected to inform the school of any changes.

Fundraising homemade cakes, snacks or party food contributions must have a label detailing all ingredients present.

We endeavour to not use nuts in any of our food prepared in our school kitchens. We work closely with our nominated suppliers to ensure they are providing us with nut-free products. However, we cannot guarantee freedom from nut, peanut and sesame traces."

Our **"Nut-Free Policy"** means that the following items should not be brought into school:

- Packs of nuts
- Peanut butter sandwiches
- Fruit and cereal bars that contain nuts
- Chocolate bars or sweets that contain nuts
- Sesame seed rolls (children allergic to nuts may also have a severe reaction to sesame)
- Cakes made with nuts

The kitchen environment where the food was prepared must be nut free. If you are unsure about a selection, please speak to a staff member before bringing the food item into school.

Staff and volunteers must ensure they do not bring in or consume nut products in school and ensure they follow good hand washing practice.

All product packaging must be checked for warnings directed at nut allergy sufferers and if the following or similar are displayed, the product must not be used in school.
Packaging must be checked for:

- Not suitable for nut allergy suffers
- This product contains nuts
- This product may contain traces nuts
- Indicating this is unsuitable for school consumption

Appendix Four: Epilepsy Policy

Bancroft's School recognises that epilepsy is a common condition affecting children and welcomes all children with epilepsy to the school. Bancroft's School supports children with epilepsy in all aspects of school life and encourages them to achieve their full potential. This will be done by having a workable policy in place that is developed and understood by the school staff. This policy ensures all relevant staff receive training about epilepsy and the protocol for the administration of emergency medication.

What to do when a child with epilepsy joins Bancroft's School

When a child with epilepsy joins Bancroft's School, or a current pupil is diagnosed with the condition, the housemistress/master will arrange a meeting with the pupil and their parents to establish how the epilepsy will affect their school life. This should include the implications for learning, playing and social development, and out of school activities. They will also discuss any special arrangements the pupil may require, e.g. extra time in examinations. With the pupil and parents' permission, epilepsy will be addressed as a whole school issue through assemblies and in the teaching of PSHE or citizenship lessons. Children in the same class as the pupil will be introduced to epilepsy in a way that they will understand. This will ensure the child's classmates are not frightened if the child has a seizure in class.

The school nurse will also attend the meeting to talk through any concerns the family or members of staff may have, such as whether the pupil requires emergency medication.

Record Keeping

During the meeting, the housemistress/master will agree and complete a record of the pupil's epilepsy, learning and health needs. This document may include issues such as agreeing to administer medicines and any staff training needs. The record will be agreed and signed by parents and the school nurse on behalf of the school.

This form will be kept in the medical room, uploaded on iSAMS and updated as necessary. Staff will be notified of any changes in the pupil's condition through regular staff briefings. This will make the staff aware of any specific requirements, such as seating the pupil facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.

Medicines

Following or during the meeting, an Individual Healthcare Plan (IHP) will be drawn up. It will contain the information highlighted above and identify any medication or first aid issues which staff need to be aware. In particular it will state whether the pupil requires emergency medicine, whether this medicine is rectal diazepam or buccal midazolam. It will also contain the names of staff trained to administer the medicine and how to contact these members of staff. If the pupil requires emergency medication, then the school's policy will contain details of the correct storage procedures in line with the DfE (Department for Education) guidance

First Aid for pupils with epilepsy

First aid for the pupil's seizure type will be included on their IHP and all staff will receive training on administering first aid, typically through staff meeting updates.
The following procedure giving first aid for tonic-clonic seizures is: -

- Stay calm
- If the child is convulsing then put something soft under their head.
- Protect the child from injury, (remove harmful objects from nearby).
- Try to time how long the seizure lasts – if it lasts longer than usual for that pupil or continues for more than five minutes then call for emergency medical assistance.
- When the child finishes their seizure, place them in the recovery position, stay with them and reassure them.
- Do not give them food or drink until they have fully recovered from their seizure.

Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment.
Following the seizure, the child may feel very sleepy and should be allowed to rest for as long as necessary.

Never

- Restrain a child.
- Put anything into the child's mouth
- Try to move the child unless they are in danger.
- Give the child anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

Call for an ambulance if:

- You know it is their first seizure **or**
- The jerking continues for more than five minutes **or**
- They have one tonic-clonic seizure after another without regaining consciousness between seizures **or**
- They are injured during the seizure **or**
- You believe they need urgent medical attention

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  First aid procedure for different seizure types can be obtained from the school nurse, the pupil's epilepsy specialist nurse or organisations such as Epilepsy Action.

  Reference: 'Epilepsy Action', 'Medical conditions in schools'

Appendix Five: School Policy on Diabetes

Bancroft's School recognises that diabetes is a condition that can affect children and welcomes all children with diabetes to the school.

Bancroft's School supports children with diabetes in all aspects of school life and encourages them to achieve their full potential. This will be done by having a workable policy in place that is developed and understood by the school staff. This policy ensures all relevant staff receive training about diabetes and the protocol for the administration of emergency medication and treatment.

When a child with diabetes joins Bancroft's School, or a current pupil is diagnosed with the condition, the housemistress/master will arrange a meeting with the pupil and their parents to establish how the diabetes will affect their school life. This should include the implications for their learning, playing and social development, and out of school activities as well as awareness by their peer group. They will also discuss any special arrangements the pupil may require, e.g. testing their blood sugar in class.

The school nurse will also attend the meeting to talk through any concerns the family or members of staff may have and will ensure that there is consideration on the impact on and the support of their classmates. The school nurse will request a meeting with the pupil's diabetes specialist nurse, pupil, their parents and members of staff to formulate an Individual Health Care Plan. The healthcare plan will record details about the individual needs of the pupil, their trigger, signs and symptoms, medication and other treatments as well as emergency contact details. Parents will be asked to give written permission for the school to obtain and give confidential information about their child's health to other professionals involved in the delivery of care including staff at the school. The individual healthcare plan should be updated annually.

What is Diabetes?

Diabetes is a long-term condition where the level of glucose in the blood is too high because the body cannot manage it properly. This happens because the pancreas does not make enough insulin, the insulin does not work properly or sometimes a combination of both.

There are two types of Diabetes:

Type 1… Type 1 develops if the body is unable to produce any insulin. Children with this form of diabetes need to replace their missing insulin, so will need to take insulin (usually by injection or pump therapy) for the rest of their lives.

Type 2… Type 2 diabetes develops when the body can still make some insulin but not enough, or when the insulin produced does not work adequately. This type is linked with being overweight, age related (over 40 years) or ethnicity. However recently more children and young people are being diagnosed with the condition.

Children and young people with diabetes can sometimes have short-term complications as a result of their condition. These complications include hypoglycaemia, hyperglycaemia and ketoacidosis

Type 1 Diabetes.

Control of Diabetes

1. Most children will have insulin injections twice daily or more frequently.
2. Some may have insulin via a continual controlled dosage pump
3. Those needing insulin will carry a blood glucose monitor to check their blood glucose levels during the school day. They may need to do this during lunch break, before Physical Education or more regularly.
4. A sharps bin is available in the medical department for the disposal of the Insulin syringe.

Diet and Sport

1. Healthy, low sugar, low fat diet with appropriate carbohydrate.
2. Encourage exercise and participation in sports.
3. Teachers **must** allow regular snacks during the day.
4. Those with diabetes may require midmorning or mid-afternoon snacks, before, during and after sports.

Precautions

1. Never send a diabetic child to the medical department unaccompanied.
2. **Those with diabetes must not** do exercise if **Blood Glucose** is raised above 15mmols/Lt.
3. Be aware of the possibility **of hypoglycaemia (low blood sugar) after sports**.
4. Take note of the frequency of toilet visits if diabetes is uncontrolled.

HYPOGLYCAEMIA (LOW BLOOD SUGAR)

Hypoglycaemia (Hypo) occurs when the level of glucose in the blood falls too low (usually under 4mmol/Lt) When this happens, a pupil with diabetes will often experience warning signs, which occur as the body tries to raise the blood glucose levels.

What Causes a 'Hypo'

A 'hypo' may occur if:

The pupil has taken too much insulin, delayed or missed a meal or snack, not eaten enough food especially carbohydrate, taken part in unplanned or more strenuous exercise than usual, or the pupil has been drinking alcohol especially without food. Sometimes there is no obvious cause. Hypos are usually unexpected, sudden, rapid, without warning and unpredictable.

If possible, the pupil should be helped to test their blood sugar on their glucometer to ascertain its level. If the pupil is able to attend the medical centre and the school nurse is available they should be escorted to the medical centre by an adult. If they are too unwell to attend the medical centre the school nurse should be called to attend the pupil. All pupils with diabetes should carry with them an emergency kit box containing snacks, a sugary drink and dextrose tablets supplied by their parents.

Signs and symptoms (may be individual or combined)

1. Hunger
2. Paleness, tingling of lips
3. Excessive sweating
4. Difficulty concentrating
5. Shaking and trembling
6. Blurred vision
7. Irritability and anxiety
8. Mood changes, angry or aggressive behaviour
9. Drowsiness and vagueness

What to do:

Immediately give something sugary, a quick-acting carbohydrate such as:

1. A glass of Lucozade, coke or similar non-diet drink,
2. Three or more glucose tablets.
3. Five sweets, e.g. jelly babies/Haribo
4. Glucose Juice
5. Glucogel

This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again e.g.

a. Roll/sandwich
b. Portion of fruit
c. One individual mini pack of dried fruit
d. Cereal bar
e. Two biscuits, e.g. garibaldi, ginger nuts
f. A meal is due

If the pupil still feels hypo after 15mins, something sugary should again be given. When the child has recovered, give them some starchy food as above.

SEVERE HYPERGLYCAEMIA (unable to respond or unconsciousness)

Hyperglycaemia is the term used when the level of glucose in the blood rises above 14 mmol/L and stays high. The symptoms of hyperglycaemia do not appear suddenly but build up over time. School staff need to be aware that whilst pupils can become unwell, they may show no symptoms. A 'hyper' may be caused by too little or no insulin being injected, too much carbohydrate, stress, infection or fever. Extra insulin will be required. The warning signs are:

- Thirst
- Frequent urination
- Tiredness
- Dry Skin
- Nausea
- Blurred vision

Prolonged hyperglycaemia can lead to a very serious condition called Diabetic Ketoacidosis (DKA). It can take anything from a few hours to a few days to develop and is life threatening.

Symptoms

- Abdominal pain
- Vomiting
- Deep and rapid breathing (over-breathing)
- Breath smells of acetone (like nail polish remover)

What to do

These symptoms are emergencies and the parents must be contacted. If left untreated, a pupil experiencing diabetic ketoacidosis will eventually become unconscious and a coma will develop – this can be life threatening.

However, it is important to know that at any of the intermediate stages, ketoacidosis can be treated with extra insulin and damage can usually be limited.

1. Dial 999 and take to hospital by ambulance.
2. Do not attempt to put anything in the mouth.
3. Place in the recovery position.

Appendix Six: Bancroft's School Asthma Policy

Bancroft's School recognises that asthma is an important condition affecting many school children and welcomes all pupils with medically diagnosed asthma.

Bancroft's School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. Bancroft's School encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. New staff, including non-teaching staff, are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

As a school we:

- Ensure that children with asthma fully participate in all aspects of school life including PE, art, science, visits, outings, or field trips, and other out-of-hours school activities.
- Recognise that pupils with asthma need immediate access to reliever inhalers at all times.
- Keep records of children with asthma and the medication they take.
- Ensure that the whole school environment, including the physical, social, sporting, and educational environment, is favourable to pupils with asthma.
- Ensure that all pupils understand asthma as a medical condition.
- Ensure all staff (including non-teaching staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors, nurses, and children to ensure the policy is planned, implemented, and maintained successfully.

Asthma medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent, doctor or asthma nurse and class teacher agree they are mature enough.

- Parents of Prep School children are asked to ensure that the school is provided with a labelled spare reliever inhaler. This is held separately in the Prep School Medical Room. All inhalers must be labelled with the child's name by the parent.

- In case a senior pupil's own inhaler runs out, or is lost or forgotten, there is a spare inhaler kept in the Medical Room.

- School staff are not required to administer asthma medicines to pupils (except in an emergency). All school staff will let pupils take their own asthma medicines when they need to.

Record keeping

- At the beginning of each school year or when a child joins the school, parents are asked if their child has any medical conditions including asthma on their enrolment form.

- All parents of children with asthma are consequently sent a School Asthma Individual Care Plan/Asthma UK *School Asthma Card** to give to their child's doctor or asthma nurse to complete. Parents are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. *School Asthma Cards** are then sent to parents of children with asthma on an annual basis to update. Parents are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

- If a parent does not return the School Asthma Individual Care Plan or School Asthma Card following the third attempt to contact the child's parents the child's name will be removed from the School's Asthma Register and the child's GP informed. This will not prevent any emergency care being administered to the child in the event of an asthma attack.

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of life for all pupils at Bancroft's School. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport

PE teachers, classroom teachers and out-of-hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, in addition to tips to minimise these triggers and what to do in the event of an asthma attack.

School environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the medical centre if particular fumes trigger their asthma.

When a pupil is falling behind in lessons
If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and JHSMS/HSMS about the pupil's needs. The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Action to be taken if a child has an Acute Asthma Attack

- Remain calm
- Encourage the pupil to sit up slightly forward
- Make sure that the child takes 1-2 puffs of their reliever inhaler (usually blue) immediately
- Ensure that tight clothing is loosened
- Do not hug or lie them down
- Continue to reassure them
- Continue to observe their condition closely. **Do not leave the child alone.**

If there is no immediate improvement

If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs.

As soon as they are FULLY RECOVERED they can return to class unless otherwise agreed with their parents.

Emergency situation is when:

- The child's symptoms do not improve in 5-10 minutes
- The child is too breathless or is visibly too exhausted to talk
- Their lips are blue
- You have any concerns or doubts about the child's condition

DIAL 999 - CALL AN AMBULANCE IMMEDIATELY STATE THAT A PUPIL IS HAVING AN ASTHMA ATTACK

- The pupil may take 1-2 puffs from their inhaler every 30-60 seconds until they have had 10 puffs.
- Stay with the child, NEVER leave them alone.
- Ambulance staff will need to be given details on their arrival of the contact details of the child's parents as soon as possible.

References:
Asthma UK

Supporting Pupils with Medical Conditions (Sept 2015) – Government Document

Guidance on the use of Emergency

Inhalers in school. (Sept 2014) – Government Document.

Appendix Seven: Policy for Students with Migraine and Troublesome Headaches

Background

1. The school recognises that troublesome headache is common and can have a significant impact upon the lives and functioning of those that suffer from it.
2. The aim of our school policy for troublesome headache is to recognise or identify students with a problem and reduce its impact on school attendance and performance.

The role of the school

1. All staff should be aware of the school policy on troublesome headache, be aware of which children have or can experience headaches and know what to do if they have an attack.
2. Where relevant, sufferers will have a healthcare plan that identifies the level of support that is needed at school. This is drawn up in conjunction with the parents and the school nurse. The healthcare plan should reflect the needs of the individual pupil. Ideally it will need regular review.
3. Have a written policy on the administration of medicines at school.

The role of the teacher

1. To take troublesome headache seriously. Students are not malingering but invariably have a significant problem.
2. Recognise that the student's performance is being affected by headache and identify the appropriate action. This may be allowing medication, allowing the student to rest in the medical centre or offering some flexibility around deadlines.
3. Be aware of children who have been diagnosed with migraine or troublesome headache.
4. Be aware that students may feel embarrassed and feel reluctant to ask for help.
5. Identify any potential triggers that occur at school. For example, anxiety due to work expectations or bullying.
6. With the consent of the student, share your concerns with parents and the school nurse.

Role of the school nurse

1. The school nurse is the key point of contact for headache problems at school and will teach and support other staff with reference to an individual child's health plan.
2. The school nurse may discuss any concerns with the parent of the student who is suspected of having migraine.
3. The school nurse will offer advice on the medical management in a school setting and in particular work with the student to recognise any possible triggers if attacks frequently occur at school.
4. Where relevant the school nurse should communicate with the general practitioner about the management of troublesome headache.

Appendix Eight: Head and Neck Injury Policy

Bancroft's School has established this Policy to provide education about head and neck injuries for the school staff and personnel and to outline procedures for staff to follow in managing head and neck injuries.

Bancroft's School seeks to provide a safe return to all activities for all students after injury, particularly after concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid staff in ensuring that pupils with head injuries are identified, treated, and referred appropriately, receive appropriate follow-up medical care during the school day and are fully recovered prior to returning to school activity.

Head Injury Causes

Falls are a common cause of minor head injury in children and adolescents, and other causes can be motor vehicle crashes, pedestrian and bicycle accidents, sports related trauma and child abuse.

Low force injuries (e.g. short falls, hit by low speed or soft object such as a toy or ball) have a low risk of brain injury.

In comparison, incidents that have a higher risk of brain injury include:

- High speed motor vehicle accidents
- Falls from great heights
- Being hit by a high speed, heavy or sharp object e.g. cricket bat/ball, golf club, rugby tackle.
- Inflicted injury, such as vigorous shaking.

Procedure

The school follows the graduated return to activity (education/work) and sport programme (GRAS) issued by Sport England which is aligned to the UK Concussion Guidelines for (Non-Elite Grassroots Sport (published by the UK government April 2023). This is a self-administered programme covering all sports and is detailed below.

The guidance to parents states that it is important that as a parent/guardian you communicate with teachers/school to ensure that there is a joined up approach to supporting your child's return to play following a suspected concussion which occurred at school or an external club. The school will, therefore, agree with parents when a pupil can resume competitive sport.

Each sporting association also issues their own guidance and the school reserves the right to follow this guidance including requesting professional medical advice should there be any concern about a pupil's recovery".

All students and staff will watch the Rugby Football Union (RFU) Head care video at the start of each academic year and will be given the Minor Head Injury Discharge Advice

fact sheet. This will also be given to parents at West Grove if a head injury has taken place. At all home games the majority of the staff will have undertaken a pitch side first aid course or at least one pitch side qualified first aider is available. For away games at least one member of staff will have a pitch side qualification.

HEAD INJURIES THAT OCCUR DURING SPORTS

Any injury involving the head that occurs during sporting activities requires the child to cease play immediately and sit out for the rest of that lesson or the duration of the match. Staff should consider whether referral to a medical practitioner is required using the information in this document.

GRADUATED RETURN TO ACTIVITY AND SPORTS (GRAS) AFTER CONCUSSION

Concussion must be taken seriously to safeguard the short and long term health and welfare of young players. The majority of concussions will resolve in 7-10 days although a longer period of time is recommended for children. During this recovery time the brain is vulnerable to further injury. If a player returns to play too early then they may develop prolonged concussion symptoms or long-term health consequences such as brain degenerative disorders. During the recovery time a further episode of concussion can be fatal due to severe brain swelling (second impact syndrome). Graduated return to play should be undertaken on an individual basis and with the full cooperation of the player and their parents / guardians. If symptoms return then the child must stop play immediately and be seen by a doctor or attend A&E the same day.

- There is a minimum return time of 21 days (with the date of injury being day 0), provided there is a symptom free period of 14 days. This means players will miss a minimum of two weeks with the potential to play on the third weekend (but only if they have been symptom free for the preceding 14 days).
- The GRAS Programme differs slightly from the old guidelines.
- Importantly this pathway, recognising the value of light physical activity in a player's recovery, no longer requires an initial complete 14 day stand down period.
- A player can start very light physical activity 24 – 48 hours after their concussion provided that their symptoms are not more than mildly exacerbated.
- After a first week of progressive light exercise, provided symptoms are not more than mildly exacerbated by the activity, the player is able to start non-contact training activities in the second week with resistance training activities also started in this week.
- Contact training activities with a predictable risk of head injury can then be introduced in week 3 (but only if/when the athlete has been symptom free for 14 days).
- REMEMBER! This is a pathway and not a protocol and should be individualised for each player.
- Detailed information is provided in the HEADCASE Extended Guidelines.

SUMMARY OF GRADUATED RETURN TO ACTIVITY AND SPORT

Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Initial Relative Rest	Complete physical and cognitive rest without symptoms 24-48 hours after concussion.	Recovery
2	Return to daily activities and light physical activities	Following 24-48 hours initial rest period (min 24 hours after concussion event). Walking 10 – 15 mins.	Increase heart rate and assess recovery
3	Aerobic Exercise and Low-Level Body Weight Resistance Training	Start Stage 3 when symptoms allow e.g., mild symptoms are not worsened by daily activities/light physical activities. Jogging, swimming and stationary cycling at low intensity.	Add movement and assess recovery
4	Rugby-Specific Non-Contact Training Drills & Weight Resistance Training	No earlier than Day 8 Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise and coordination and cognitive load. Assess recovery
5	Full contact practice	No earlier than Day 15 Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to play	No earlier than Day 15 Player rehabilitated	Safe return to play once fully recovered.

Before a player can commence the exercise elements of the GRAS (Stage 2) they must be symptom free for a period of 48 hours. The player can then progress through each stage as long as no symptoms or signs of concussion return. Should a player become symptomatic during any of the above stages, they return to stage 1 of GRAS.

SIGNS THAT MEAN AN AMBULANCE SHOULD BE CALLED (DIAL 999)

Unconsciousness or lack of consciousness (for example problems keeping eyes open)
Problems with understanding, speaking, reading or writing
Numbness or loss of feeling in part of body
Problems with balance or walking
General weakness
Any changes in eyesight
Any clear fluid running from either or both of the ears or nose
Bleeding from one or both ears
New deafness in one or both ears
A black eye with no associated damage around the eye

Any evidence of scalp or skull damage, especially if the skull has been penetrated
A forceful blow to the head at speed (for example a pedestrian struck by a car, a car or bicycle crash, a diving accident, a fall of less than 1 metre or a fall down any number of stairs)
Any convulsions or having a fit

In rare cases there may be a serious head injury and staff should look out for the following danger signs:

If the child does not have any of the problems listed in the box above, but has one or more of the problems in the following list, there is the possibility of complications and the child should be taken by a responsible adult to the Accident and Emergency department straight away. It is ok to transport the child in a car or using a taxi but if in doubt or there is a delay then call an ambulance.

SIGNS THAT A CHILD SHOULD BE TAKEN TO AN A&E DEPARTMENT STRAIGHT AWAY

Any loss of consciousness (being 'knocked out') from which the child has now recovered
Any problems with memory
A headache that won't go away
Any vomiting or sickness
Previous brain surgery
A history of bleeding problems or taking medicine that may cause bleeding problems (for example Warfarin)
Irritability or altered behaviour such as being easily distracted, not themselves, no concentration or no interest in things around them, particularly in infants and young children (younger than 5 years)

All children who suffer a head injury at school should initially be seen by the School Nurse or a First Aider for assessment and to plan ongoing care. After any head injury, even when none of the worrying signs are present, the child's parents or carers are informed about the head injury and given written information about how to monitor their child.

Recognition of Concussion
Common signs and symptoms of head injury resulting in concussion.

Signs (observed by others)

- Confusion.
- Athlete appears dazed or stunned.
- Unsure about game, score, opponent.
- Moves clumsily (altered coordination).
- Balance problems.
- Personality change.
- Responds slowly to questions.
- Forgets events prior to injury.
- Forgets events after the injury.
- Loss of consciousness (for any duration).

Symptoms (reported by athlete)

- Fatigue.
- Headache.
- Nausea or vomiting.
- Double vision, blurry vision.
- Sensitive to light or noise.
- Feels sluggish.
- Feels "foggy."
- Problems concentrating.
- Problems remembering.

If the pupil is symptomatic of a high-risk head injury, or has lost consciousness at all, the pupil should be sent to Accident and Emergency by ambulance with an adult escort. Staff can take the decision to telephone for an ambulance if they realise the injury is serious, prior to the school medical staff arriving.

The parents or guardian of the pupil should be informed as soon as possible of the injury and a subsequent need for a visit to A&E.

An accident form should be completed for the school records. Notification to HSE under RIDDOR is necessary if the accident is due to:

a) the adverse condition of the premises or equipment
b) Inadequate supervision to prevent the incident

Pupils who have sustained a diagnosed head injury due to sport will not be able to play any contact sport at school for 3 weeks from the date of the accident, but they may be able to take part in some light physical exercise.

For any pupil having sustained a minor head injury a 'Head Injury Advice for Parents' leaflet will be emailed to their parents. For Prep pupils, parents will also be contacted by phone/email.

Useful links:

https://www.sportengland.org/news/new-concussion-guidelines-grassroots-sport

https://www.sportandrecreation.org.uk/policy/research-publications/concussion-guidelines

http://sramedia.s3.amazonaws.com/media/documents/9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf

https://keepyourbootson.co.uk/rugbysafe-toolkit/headcase/

https://keepyourbootson.co.uk/wp-content/uploads/2023/08/SCAT-6.pdf

https://keepyourbootson.co.uk/wp-content/uploads/2022/03/CRT-6.pdf

https://keepyourbootson.co.uk/wp-content/uploads/2022/03/UK-Grassroots-Concussion-Guidelines-April-2023.pdf

https://keepyourbootson.co.uk/wp-content/uploads/2023/09/GRAS-Programe_Aug_2023.pdf

First Aid for Neck Injuries

There is a risk of neck injury at Bancroft's School mainly through sports and other activities. If the injury is not life threatening a pupil or staff member should in the first instance contact the school nurse and ask the pupil to remain still until assistance arrives. If it is obvious the injury is serious, then follow the guidelines as below.
Neck pain is an injury common to athletes and is not regularly a serious cause for concern, with symptoms disappearing over the course of a few days with correct rest and treatment.

First aid for neck injuries can significantly prevent an individual from suffering further damage.

Causes
Any severe blow, fall or other accident may result in injury to the neck.

Symptoms Unconsciousness, breathing difficulty, pain, swelling, loss of sensation, headache, loss of sensation or paralysis.

Emergency Treatment

- Dial 999 immediately and then contact the school nurse or other appropriate school medical personnel.
- DO NOT move the casualty unless absolutely necessary to save life.
- DO NOT bend or twist the casualty's neck or body. Careful handling is extremely important
- Check the casualty's breathing. If breathing stops, open the airway.
- Maintain the position in which the casualty was found, even if the neck or back is bent, and immobilize the head, neck, shoulders, and torso.
- Roll up towels, blankets, or clothing and place around the head, neck, shoulders, and torso.
- Inform parents at the earliest opportunity.