

FIRST AID POLICY

Review: August 2025

Next Review: August 2026

Review by: Deputy Head ; School Nurse

Refer also to:

Provision of Medical Care Policy

Pastoral Care and Wellbeing Policy

Health and Safety Policy

Supervision Policy

UL Group First Aid Policy

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STATEMENT

Godolphin is committed to providing comprehensive first aid care for all staff and Pupils, both on school premises and during off-site activities. This commitment includes:

- Ensuring a sufficient number of personnel and trained as First Aiders, including those trained in paediatric first aid.
- Providing adequate resources and facilities for first aid.
- Complying with Health and Safety Executive (HSE) regulations for reporting accidents, diseases, and occurrences.

The School Nurse and the Estates Manager conduct an annual review of this document, ensuring its alignment with current events and legislation.

Godolphin is fully committed to ensuring that the implementation of this policy remains non-discriminatory, consistent with the provisions of the UK Equality Act (2010). Additional information can be found in the school's Equal Opportunity Policy document.

LEAD STAFF

The School Nurse serves as the principal Appointed Person for First Aid, as outlined in the Provision of Medical Care policy. In term time there are qualified nurses based in the Health and Wellness Centre from 8:00am to 6:00pm and on call at all other times.

A qualified First Aider will be in school at all times when there are pupils and staff present. Members of staff are not required to be First Aid trained, it is a voluntary role, although the School encourages members of staff to be First Aid trained, especially where their teaching duties or co-curricular activities involve a higher level of risk or are frequently off site.

Qualified First Aiders are expected to:

- Respond promptly to calls for assistance
- Provide first aid support within their level of competence
- Summon medical help when necessary
- Accurately record details of treatment provided and promptly inform the School Nurse

All staff are expected to:

- Familiarise themselves with and adhere to the School's First Aid policy and procedures.
- Know how to contact emergency services (999) and locate a first aider, whether on school premises or during off-site activities. They should also be well-versed in all relevant policies within this section.
- Promptly record and report any accidents occurring under their supervision. Notably, all head injuries must be reported either by the School Nurse or by the teacher responsible for a school trip.

- When leading a trip, conduct risk assessments and ensure sufficient first aid provisions in consultation with the Educational Visits Coordinator and the School Nurse (refer to the Educational Visits Policy for further details).

RISK ASSESSMENT

Annually, the school conducts a formal review of its First Aid Policy. Additionally, the Estates Manager and the School Nurse regularly assess risks. Departments categorised as ‘high risk’ such as Science, Product Design, Art, Food and Nutrition and Physical Education, also undergo annual risk assessments.

FACILITIES

The medical room, staffed by a Registered Nurse, is situated in the Health and Wellbeing Centre. It operates from 8.00am - 6.00pm during term time on weekdays and there is a nurse on call at all other times.

First Aid kits are wall mounted and marked with a white cross on a green background with ‘first aid’ written on them. They are restocked by one of the school nurses at the start of the academic year and staff working in those areas should inform the Health Centre if further supplies are required.

- Pupils requiring an Adrenaline Auto Injector (AAI) and/or asthma inhaler, must always carry two AAIs and/or inhaler (with spot checks during the term)
- Emergency medication must be kept in the Health and Wellbeing Centre/Boarding House upon parental request (for serious illnesses e.g. epilepsy).

Generic dose AAIs and asthma inhalers, and diabetic emergency boxes are available in specified locations:

Adrenaline Auto injector box	Asthma box	Diabetic box
Cooper Office	Cooper Office	Cooper Office
Walters Office	Walters Office	Walters Office
Main Reception	Main Reception	Main Reception
School House Office	School House Office	School House Office
North Kitchen	Swimming Pool	Art Block
Nelson	Nelson	Science Room 12
Science Room 3	Science Room 20	
	Sports Hall	

Defibrillators are located near Reception in the main building, in the PAC and inside the swimming pool viewing area. Staff are given training through the First Aid course.

ADMINISTERING MEDICINE

Parents are required to sign permission forms for Paracetamol. Any course of medicine which needs to be taken during the school day will be taken to the Health and Wellness Centre and administered by a trained member of staff. All medication must be in its original packaging and in date. A record of dosage is kept by the Health and Wellness Centre.

MEDICAL CONDITIONS AND ALLERGIES

A list of all pupils' medical conditions and allergies is kept on ISAMS, each boarding house and in the main staff room.

All members of teaching and house staff are briefed at the beginning of the academic year on pupils' medical conditions and where to access the information. Catering staff are informed of all food allergies and diabetics. All teaching and house staff are instructed in the identification of and correct actions to be taken in the case of anaphylactic shock, asthma and diabetic emergencies and any other current medical conditions that a pupil may have. Photos of pupils with life-threatening allergies are held in South Kitchen and the Health Centre. Photos of pupils who carry EpiPens are published on SharePoint for all staff.

FIRST AID KIT LOCATIONS

First Aid boxes are wall mounted and contained in a clearly marked green box with a white cross with 'First Aid' written on it in the following areas:

Main School

- Swimming Pool Office (staff here take responsibility for first aid box restocking and checks)
- PE Department x 5
- Sports Hall – in the first room on the left
- Main Reception – in the kitchen next to reception
- Rose Villa – ground floor
- South Kitchen – in office
- Lower Staff Room
- Performing Arts Centre – behind bar
- Ash Building Art Department – A1 downstairs and A4 upstairs
- Library
- Science Block – Food Technology 1
- Science Block – Food Technology 2
- Science Block – Room 3 Science Block – Rm 4
- Science Block – Product Design Rm 9
- Science Block – Room 12

- Science Block - Room 20
- CCF area
- Maintenance Hut
- Gardener's Hut
- Minibuses x 3
- School House x 2 – in office and on the ground floor by the lift
- Walters – in office
- Cooper x 3 – mobile kit, bag 1 and box. All in office
- Brome – kitchen

Nelson

- Main Reception
- Room 5
- Room 7

40 kits in total – all checked September 2025

FIRST AID KITS

- Guidance leaflet on first aid
- Assorted plasters
- Sterile eye pads
- Individually wrapped triangular bandages
- Safety pins
- Medium sized individually wrapped unmedicated wound dressings
- Large sterile individually wrapped unmedicated wound dressings
- Pairs of disposable gloves
- Antiseptic wipes

MINIBUS FIRST AID KIT LIST

- Guidance leaflet on first aid
- Assorted plasters
- Sterile eye pads
- Individually wrapped triangular bandages
- Safety pins
- Medium sized individually wrapped unmedicated wound dressings
- Large sterile individually wrapped unmedicated wound dressings
- Pairs of disposable gloves
- Antiseptic wipes

SCHOOL TRIP FIRST AID KITS:

- Guidance leaflet on first aid
- 2 ice packs
- 2 sick bags
- Gloves
- Foil blanket
- Triangle bandage
- 2 bandages
- Eye pad
- Finger dressing
- Selection of plasters
- Wound wipes
- 2 sanitary towels
- 2 tampons
- Eyebath and eyewash x2
- Handgel
- Savlon cream
- Anthisan cream
- Paracetamol tablets
- Calpol meltlets if Prep trip
- Ibuprofen tablets
- Stugeron tablets
- Ginger lozenges
- Dextrose tablets and orange juice if required
- Salbutamol inhaler
- Spillage kit
- EipPen if required
- Tissues
- Burn gel
- Tick remover

TRIPS OFF SITE

Details of those pupils going on a trip, the destination and activities involved is provided via a tag to the Health and Wellness Centre at least two weeks before the trip. Overseas trips may involve vaccinations; therefore, the list is needed two months prior to the trip. A nominated member of staff with responsibility for first aid should collect a first aid bag from the Health and Wellness Centre prior to the trip. The bag will include a list of the pupils going, medical conditions and allergies with contact details of the family/guardian. The Health and Wellness Centre nurse will discuss all the medical conditions and allergies. Where relevant specific training will be given on: the recognition and treatment of anaphylactic shock, asthma, diabetic emergencies and any other medical conditions that a pupil may have.

MEDICAL INCIDENT RESPONSE PROCEDURE

When a staff member encounters a pupil requiring First Aid, they should promptly assess the severity of the situation. The appropriate action will depend on the pupil's needs and the seriousness of the injury. This procedure applies to anyone requiring medical attention on school premises or during school-related activities.

If there is any uncertainty, the person responding to the incident should immediately contact emergency services, as detailed in the section on Emergency Procedures for Major Incidents.

The School Nurse can be reached on 01722 430645.

1. Pupils unwell or Minor Injury

If a pupil is unwell or has a minor injury, they should be accompanied by another pupil to see the School Nurse. The Nurse will then take responsibility for the pupil. If the incident occurs at the Sports Centre, teachers should assess the situation. They may administer First Aid, contact the School Nurse, or follow emergency procedures.

2. Casualty needing hospital treatment (non-emergency)

Staff should call the School Nurse to assess the casualty or ask another staff member to fetch the nurse. In case of accidents which may have resulted in possible broken bones, concussion or serious injury, do not move the casualty; the Nurse on duty will come to the scene of the accident. Staff must not transport pupils in their cars unless advised by the School Nurse or a member of the Senior Management Team (SMT) and only with another adult present.

3. Immediate First Aid

If immediate First Aid is required, trained staff should administer it or send a pupil or staff member to notify the School Nurse.

4. School Nurse Unavailable

If the School Nurse is unavailable or handling another incident, staff or pupils should go to Reception. They will mobilise a First Aider. After 6.00pm, staff or pupils should go to their boarding house. Lists of First Aiders are accessible throughout the school and near First Aid boxes. The First Aider will assess the situation and provide First Aid or follow emergency procedures.

5. Record Keeping

All visits the School Nurse are documented in the medical section of ISAMS. Prep School parents receive relevant details via email when anything beyond minor treatment is required. Head injuries must be reported the School Nurse or the teacher responsible for a trip. Treatment provided by First Aiders and the School Nurse is recorded.

EMERGENCY PROCEDURE FOR MAJOR INCIDENTS

In the event of an emergency or if an 'at risk' pupil falls ill, the staff member at the incident must:

1. **Call 999:**
Dial emergency services immediately
2. **Common Medical Assistance:**
Notify the School Nurse or First Aider and obtain relevant medication.
Administer emergency treatment as necessary.
3. **Provide information to Emergency Services (when calling 999):**
Clearly provide the following information:
School Telephone number: 01722 430500
School Address: Godolphin School, Milford Hill, Salisbury. SP1 2RA (include exact location, e.g. main school, Health Centre, Sports Centre, boarding house
Your name
Name of the casualty and any known symptoms or medical conditions
4. **Ambulance Arrival:**
Inform Reception, SMT and the Site Manager
They will guide the ambulance crew and ensure clear access
After calling for medical help, send an URGENT – CRITICAL INCIDENT Teams message to all SMT, specifying the pupil, year group, location, and a brief outline (e.g. injured leg).
SMT will coordinate, and at least one team member will respond to the scene.
5. **Parent Notification:**
If emergency services are called, the parent of the casualty will be contacted by the School Nurse or a member of SMT as soon as possible.
6. **Accompanying pupils to hospital:**
Unless accompanied by parents, a staff member should always accompany a pupil taken to the hospital by ambulance and remain until the parent arrives.
7. **Consent for Medical Treatment**
In the absence of parents to provide expressed consent, medical staff will carry out the appropriate procedures. The accompanying staff member cannot give consent, as they lack parental responsibility for the pupil.

Remember that the Emergency Procedures Policy will be followed during emergencies.

HYGIENE

- All staff must take precautions to prevent infection and adhere to basic hygiene procedures.
- When administering first aid, staff should use disposable gloves available in every first aid box.
- Any spillages of bodily fluids must be reported to the School Nurse, who will follow the procedure for handling bodily fluids (as outlined Appendix II).
- Parents are contacted immediately by telephone following an injury which has more serious implications, such as a head injury, and are given the option to collect their child early from school.
- If the nurse considers the injury requires hospital treatment, she will telephone for an ambulance. She will then notify the Head and the parents of the child. If the parents are unable to arrive at the school to accompany their child to hospital in the ambulance, then a member of staff – usually from the Health and Wellness Centre or the Senior Management Team – will accompany the child.

RECORDING FIRST AID TREATMENT

- The School Nurse records administered treatment in the pupil's individual medical file on ISAMS.
- The record should include:

Date, time, and place of the incident

Name (and tutor group) of the injured or ill pupil (or staff/visitor/parent)

Full details of the injury/illness and the provided first aid

Immediate post incident actions (e.g. went home/class/hospital)

Name of the person handling the incident

REPORTING AN ACCIDENT

Accidents should be electronically recorded using the ARM system, accessible via the staff intranet: Staff Information/ quick links/ UL Hub/School Support/Health and Safety/ARMS system. Any staff member can enter an accident into the system. Reports should not be limited to incidents resulting in actual injuries; they should also include 'near misses' - situations that could have caused accidents or injuries. The accident reporting process is divided into four options:

1. **Accident:**
Refers to incidents resulting in physical harm to a pupil, employee, or member of the public (except for minor 'bumps and scrapes'). This category includes incidents reportable under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations).
2. **Incident:**

Describes events not causing harm but having the potential to cause harm or ill health (i.e. 'near misses').

3. **Bumps and scrapes:**

Used where there is no apparent injury or when the injury is very minor. This option provides fewer details than the accident button, allowing for quick completing while still recording the incident. Minor head bumps fall into this category.

4. **Dangerous Occurrence:**

Refers to specific reportable adverse events as defined by RIDDOR.

When reporting, ensure that every field is filled in and saved; otherwise, the record will not be saved.

Accidents and incidents should be recorded promptly while the details are fresh in the reporter's mind. Include the following details:

- Names of witness
- Position of any objects involved (e.g. furniture, vehicles)
- Photographs (if necessary)
- Date, time, and name of the injured party
- Full circumstances of the accident/incident
- Details of any injuries

Staff should be aware that these details may be used during investigations.

The Estates Manager receives alerts for all entries and regularly reviews the accident system. All accidents are investigated, followed up, and reported to the Health and Safety Committee and School Governors. The Estates Manager also determines if the recorded accident needs to be reported under RIDDOR, which is then completed by the UL Health & Safety Manager, and a report is included for the LGB (Local Governing Body) during their termly meetings.

REPORTING OF INJURIES, DISEASES, AND DANGEROUS OCCURRENCES REGULATIONS 1995 (RIDDOR)

Under RIDDOR, certain accidents must be reported to the Health and Safety Executive (HSE). These include:

1. Accidents resulting in death or major injury
2. Accidents preventing normal work for more than 7 days

The Health and Safety Policy handbook provides details on notifiable diseases and major injuries that must be reported.

In accordance with the Accident, Records, and Notification procedures outlined in the United Learning Group Health and Safety document (starting from P.13), the Estates Manager at the school will notify Central Office under RIDDOR in the following cases:

- Serious accidents, illnesses, or serious injuries to pupils while under our care
- Deaths of pupils while under our care
- Actions taken in response to these incidents

A pupil's GP is responsible for reporting notifiable diseases and ensuring the pupil's safe return to school. If a pupil is suspected of having a notifiable disease as defined by the Health Protection (Notification) Regulations 2010, the school may seek advice from Public Health England. For EYFS pupils, notification to Ofsted should occur as soon as reasonably practicable, but within 14 days of the incident. Failure to comply with this requirement constitutes an offense.

Contact details for Ofsted are as follows: www.ofsted.gov.uk or by telephone at 0300 123 4666.

These reporting procedures apply during both term time and outside of it.

RIDDOR reports are completed by the Group Health and Safety Manager, who receives automatic alerts for each incident report via the electronic accident reporting system.

Accidents are discussed during Health and Safety Meetings, and the Estates Manager is responsible for reporting serious accidents to the company insurers.

Accident records are kept at Godolphin School for 7 years.

STAFF SUPPORT

- After an incident, all staff members receive debriefing from SMT.
- If needed after a serious incident, staff may be granted time off, and the counsellor is available.

APPENDIX I: QUALIFIED FIRST AIDERS

- At least one qualified first aider is present on school site during term time.
- The recommended ratio is one first aider per 100 pupils and staff, and Godolphin meets this requirement.
- First Aid training is updated every three years as per the listed expiry dates.
- Notices are displayed in key areas throughout the school
- Copies of certificates are held by the HR department
- The list of staff trained in Emergency First Aid at Work, Paediatric First Aid or First Aid – Outdoor Training as well as those who hold a National Pool Lifeguard Qualification can be found here: [First Aid Trained Staff - Policy document.pdf](#)

APPENDIX II: GODOLPHIN SCHOOL PROTOCOL FOR DEALING WITH BODY FLUIDS SPILLAGES IN SCHOOL

GENERAL STATEMENT

- The aim of this policy is to reduce exposure risk to blood-borne and body fluid pathogens.
- All staff members who may encounter blood or other body fluid spillages are responsible for adhering to this policy. Awareness of personal responsibilities in preventing infection spread is crucial.

LEGAL POSITION

- The school has a duty to protect staff from hazards encountered during work, including microbiological risks (COSHH 2002).
- Biohazards covered by this policy include:
 - Blood
 - Respiratory and oral secretions
 - Vomit
 - Faeces
 - Urine
 - Wound drainage

PREVENTION AND PREPARATION

- The workplace must assess health risks associated with exposure to body fluid spillages.
- Staff should be aware of the policy and associated risks.
- First-aid facilities and trained staff should be available
- 'Spillage kits' containing absorbent granules, disinfectant, scoop, scraper, disposable gloves, and bags are accessible (kept with cleaners and in boarding houses)
- Regular evaluation ensures procedure updates.

MANAGEMENT

- If body fluid spills onto a surface:
 - Notify appropriate staff (e.g. cleaners) to secure the area with warning signs.
 - Staff dealing with biohazard spills should wear protective gear: disposable gloves, disposable plastic apron, eye and mouth protection (goggles and mask if splash or spray is anticipated)
- Access the 'spillage kit' from cleaners
- Sprinkle absorbent granules over the spillage to solidify residue, place it in a bin bag, seal, and dispose of it properly
- Thoroughly clean the area and equipment using hot water, detergent, and disposable cloths.
- Perform hand hygiene after spillage management.

- In case of contamination to eyes or mouth, wash with copious amounts of water.

NOTE:

If a spill contains glass or other sharps, use disposable forceps and carefully dispose of them in a sharps bin in medical room or science department (refer to Sharps information in Appendix 4 of the Provision of Medical Care Policy).

APPENDIX III: HEAD INJURY

A head injury encompasses trauma in scalp, skull, or brain injury, ranging from minor bumps to severe brain damage. Our objectives include:

PROVIDING A SAFE ENVIRONMENT

- Ensuring safety for all.
- Equipping staff with clear protocols for handling head injuries.
- Recognising concussion signs and managing them appropriately.
- Recording all head injuries and conducting relevant risk assessments.
- Providing pupils and parents with appropriate advice on head injuries.

GENERAL PRINCIPLES FOR ALL HEAD INJURIES

- Any head injury is potentially serious and may cause lasting harm.
- Qualified first aiders must carefully review all cases.
- Signs and symptoms should guide assessment.
- Record all head injuries on an accident form and inform parents or guardians.
- Provide pupils with a completed Head Injury NHS Advice Sheet (see Appendix IV.1)

HEAD INJURY GUIDELINES (APPLICABLE TO ALL ACTIVITIES)

- If a pupil sustains a bump or falls after a head blow;
 - They may continue if they get up unaided, appear fully conscious, and is oriented.
 - If in pain, unable to get up unaided, or confused, they must cease the activity.
 - A designated staff member should monitor them until symptoms abate or a trained professional takes over.
 - Contact the school nurse if possible.

Any loss of consciousness, even brief, warrants referral to a doctor (GP or A&E). If any of the following occur under observation, assess by a medical professional:

- Deteriorating conscious state
- Bleeding
- Decreased breathing rate
- Confusion, irritability, agitation, restlessness

- Convulsions
- Facial bruising
- Nausea/vomiting
- Dizziness
- Memory loss
- Fluid drainage from nose, mouth, or ears (clear or bloody)
- Severe headache
- Personality changes
- Slurred speech
- Stiff neck
- Swelling at the injury site
- Blurred or double vision
- Scalp wound
- Pupil size or reaction changes

If unconscious, place the pupil in the recovery position, stop the activity, call an ambulance, and avoid moving the pupil until help arrives.

Accompany the pupil in the ambulance if possible.

A member of staff or a known adult (e.g. parent) should accompany a pupil in an ambulance. Staff witnessing or attending to a pupil with a head injury should:

- Record detailed circumstances of the injury and actions taken.
- Take photographs of the injury site and any relevant objects.
- Provide written details of the injury to accompany the pupil going to the hospital.

After a pupil sustains a head injury:

- The nurse ensures that head injury instructions are given to the injured pupil to take home.
- The pupil should not go home alone but be accompanied.

Pupils may feel drowsy after an injury:

- If the accident occurs just before bedtime, allow children to sleep.
- On a residential school trip, wake the child up after an hour if there is concern.
- Check that the pupil appears to breathe normally and sleeps in a normal position.

Mild headaches are normal after a head knock:

- Tenderness or mild swelling of the scalp may also occur.
- If the headache becomes more acute, take the pupil to the hospital or call an ambulance.

- Staff attending to head injuries should document details.

CONCUSSION, UNDERSTANDING AND MANAGEMENT

DEFINITION:

- Concussion is a disturbance of normal brain function without structural damage. It typically results from a direct head blow or indirect shaking when the body is struck. Importantly, concussions can occur without loss of consciousness.
- In the school environment, concussions can happen when a pupil's head contacts hard surfaces (e.g. floor, desk, or another pupil's body). Vigilance is crucial, especially during activities like sports and PE.
- Pupils may experience concussions outside of school but present with symptoms at school. Recognising these situations is vital, as concussions can impact academic performance, behaviour, and pose risks if another concussion occurs before recovery.

CONCUSSION SUMMARY PRINCIPLES:

- Prioritise pupil welfare by taking concussions extremely seriously.
- Remove players suspected of concussion from play during sports fixtures or practice; they should not resume play.
- Medically assess suspected or diagnosed concussion cases.
- Follow a Graduated Return to Play Protocol (GRTP) for affected players.
- Obtain medical clearance before allowing players to return to play.

RECOGNISING CONCUSSION VISUAL CLUES:

Any of the following signs may indicate concussion:

- Loss of consciousness or responsiveness
- Lying motionless or slow to get up
- Unsteady on feet, balance problems, falling, or incoordination
- Grabbing/clutching the head
- Dazed, blank, or vacant look
- Confusion or unawareness of play/events
- Nausea or vomiting
- Convulsions/fit

QUESTIONS TO ASK OR OBSERVE:

Inquire about or observe:

- Headaches
- Dizziness
- Feeling in a fog

- Feeling unwell

IMMEDIATE ACTION FOR SUSPECTED CONCUSSION:

If a player shows signs after a head blow:

- Remove them from play immediately.
- Do not allow them to return until medically assessed (usually at a hospital emergency department).
- Consider memory questions (e.g. venue, game details) to assess cognitive function.

COACH'S RESPONSIBILITIES WHEN SUSPECTING CONCUSSION:

- The school operates the "If in doubt, sit them out" policy from the UK Government.
- Communicate with parents, refer to a medical practitioner or emergency department.
- Inform the school nurse the following day.
- Advise the pupil to report to the school nurse upon returning to school.
- Provide the head injury advice sheet.
- Complete an accident form.

APPENDIX III.1

Using the Glasgow Coma Scale

Every brain injury is different, but generally, brain injury is classified as:

- Severe: GCS 3-8 (you cannot score lower than a 3)
- Moderate: GCS 9-12
- Mild: GCS 13-15

The GCS measures the following functions:

Eye Opening (E)

- 4 = spontaneous
- 3 = to voice
- 2 = to pain
- 1 = none

Verbal Response (V)

- 5 = normal conversation

- 4 = disorientated conversation
- 3 = words, but not coherent
- 2 = not words, only sounds
- 1 = none

Motor Response (M)

- 6 = normal
- 5 = localised to pain
- 4 = withdraws to pain
- 3 = decorticate posture (an abnormal posture that can include rigidity, clenched fists, legs held straight out, and arms bent inward toward the body with the wrists and fingers held on the chest)
- 2 = decerebrate (an abnormal posture that can include rigidity, arms and legs held straight out, toes pointed downward, head and neck arched backwards)
- 1 = none

Clinicians use this scale to rate the best eye-opening response, the best verbal response, and the best motor response an individual makes. The final GCS score or grade is the sum of these numbers.

REFERENCES

- Rugby Safe: <http://www.englandrugby.com/rugbysafe>
- Headcase: <http://englandrugby.com/my-rugby/players/player-health/concussion-headcase/>
- Schools specific guidance: <http://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/schools-and-colleges>
- For concussion: Godolphin School follows the World Rugby Graduated Return to Play (GRTP) programme within the school setting (Ref: www.playerwelfare.worldrugby.org) and [UK-wide Concussion Guidelines for Grassroots Sport](#)

APPENDIX III.2: HEAD INJURY ADVICE SHEET

Head Injury

Advice for parents and carers of children

[Click here to download a PDF version of this page](#)

Safety netting works best when there is a discussion between the professional and the family.
Send the resources to the family, then show it to them whilst talking through it.

Send it, Show it, Say it

 <p>RED</p>	<p>If your child has any of the following in the 48 hours following their head injury:</p> <ul style="list-style-type: none"> The head injury was high impact for example: <ul style="list-style-type: none"> A road traffic accident Fall from a height of more than 1 metre (more than the child's own height, or more than 5 stairs) A bruise, swelling or cut more than 5cm on the head Vomits 3 times or more (at least 10 minutes between each vomit) Behaves oddly, becomes confused or unaware of their surroundings Loses consciousness, becomes drowsy or difficult to wake Has a convulsion or fit (uncontrolled jerking, twitching movements) Has difficulty speaking or understanding what you are saying Has weakness in their arms and legs or starts losing their balance Has new problems with their eyesight Has clear fluid coming out of their nose or ears Bruising around their eyes or behind their ears Does not wake for feeds, is irritable or cries constantly and cannot be soothed Has memory loss of events before or after the injury Takes blood thinners or has a bleeding or clotting disorder 	<p>You need urgent help</p> <p>Go to the nearest Hospital Emergency (A&E) Department or phone 999</p>
 <p>AMBER</p>	<p>If your child has any of the following in the 48 hours following their head injury:</p> <ul style="list-style-type: none"> Has a headache that doesn't go away or gets worse (despite painkillers such as paracetamol or ibuprofen) 	<p>You need to contact a doctor or nurse today</p> <p>Please ring your GP surgery or contact NHS 111 - dial 111 or for children aged 5 years and above visit 111.nhs.uk</p>
 <p>GREEN</p>	<p>If none of the above features are present:</p> <ul style="list-style-type: none"> Is alert and interacts with you Vomits, but only up to twice Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping. If you are very concerned about these symptoms or they go on for more than 2 weeks, make an appointment to see your GP Watch them closely for any change and look out for any red or amber symptoms Additional advice is also available for families for help cope with crying in otherwise well babies If your child has a long term condition or disability and you are worried please contact your regular team or follow any plans that they have given you. 	<p>Self Care</p> <p>Continue providing your child's care at home. If you are still concerned about your child, contact NHS 111 - dial 111 or for children aged 5 years and above visit 111.nhs.uk</p>

Concussion following a head injury ▲

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.


Advice about going back to nursery / school ▲

- Don't allow your child to return to school until you feel that they have completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury

Advice about returning to sport ▲

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

APPENDIX III.3: GRADUATED RETURN TO PLAY FOLLOWING CONCUSSION

Return to Activity & Sport Pathway (summary) – Sept 2023 Following a concussion/suspected concussion		 Part of Meliora Medical Group
Time since injury (earliest day)	Activity Level	
0-2 days	Relative rest	
Medical Assessment (with school/club medical team or R2P if unable to access/higher level input required) to confirm diagnosis and give recovery advice		
3-7 days	Light activity Gentle walks etc. <i>Activity level shouldn't leave you breathless</i>	
8 days onwards	Low risk exercise & training Gradual increase in self-directed exercise – running, stationary bike, swimming, supervised weight training etc. Focus on fitness Can introduce static training drills (eg passing/kicking). Only drills with NO predictable risk of head injury	
R2P Doctor Assessment to assess fitness to start a formal return to sport and advise on timeframes		
15 days onwards	Gradual return to sports training Starting with non-contact and gradually building up complexity and intensity. Introduction of contact in the final stages (only when symptom free at rest for 14 days)	
R2P Doctor Assessment to assess fitness to return to unrestricted sport, including matches		
Day 21 earliest	Earliest return to competitive sport/matches Only if symptom free at rest for at least 14 days and has completed gradual return to sports training without any recurrence in symptoms	

APPENDIX IV

Godolphin Health and Wellness Centre Duties commencing September 2024

	8.00am – 4.00pm In Health centre	4.00pm – 6.00pm In Health centre	6.00pm – 8.00pm On call	8.00pm – 8.00am the following day On call
Monday	Dandy Brining	Dandy Brining	Dandy Brining	Dandy Brining
Tuesday	Dandy Brining	Pupils to go to houses	Dandy Brining	Dandy Brining
Wednesday	Dandy Brining	Dandy Brining	Dandy Brining	Dandy Brining
Thursday	Jemma Rae	Jemma Rae	Jemma Rae	Jemma Rae
Friday	8.00am-1.00pm Dandy Brining	1.00pm-6.00pm Bonnie Randall	On call will be e-mailed every Friday	

	8.00am – 8.00 pm On call (in for matches)	8.00pm – 8.00am the following day On call
Saturday	On call will be e-mailed every Friday	On call will be e-mailed every Friday
Sunday	On call will be e-mailed every Friday	On call will be e-mailed every Friday