



MacIntyre Academies

Quest Academy

First Aid Policy

V	Purpose / Change	Person Responsible	Date
7	<ul style="list-style-type: none">- First Aiders updated- First Aiders and first aid consistency throughout- Add requirement of adherence to DfE guidance on 'First Aid in Schools'- CPD Leader now Deputy Principal- Addition of 'Adapt' to Iris- Designated First Aider added- First Aid Kit contents updated- Where available, the academy will hold spare Epi-Pens for emergency use as directed by NHS 111- Adult Privacy Notice understanding- Addition of defibrillator- Inclusion of Mental Health, including training- Updated concussion advice- Requirement to have SLT sign off to return to work after injury sustained on site- Concussion guidance and Appendix 2 added	V Scranage	Mar 2024

Person responsible: Principal
Type of policy: Statutory
Date of first draft: Jul 2017
Date of staff consultation:
Date adopted by Trust Board: Aug 2017
Date of implementation: Sep 2017
Date reviewed: May 2024
Date of next review: May 2027

First Aid Policy

The purpose of this Quest First Aid Policy is to enable Quest Academy to effectively meet the requirements of the DfE guidance, 'First Aid in Schools' and in doing so to:

- Provide for the immediate needs and requirements of staff and learners who have sustained an injury or experienced an incident requiring first aid
- Ensure that adequate resources and arrangements are in place to deal with incidents and accidents as they arise
- Ensure lines of communication with parents/carers are in place if required
- Activate a known plan of action with which all staff are familiar
- Senior Mental Health Lead makes the best use of existing resources to help improve the wellbeing and mental health of learners and staff

The DfE guidance on 'First Aid in Schools' refers to the following:

- Health and Safety (First Aid) Regulations 1981
- Health and Safety at Work etc. Act 1974 and associated regulations
- School Premises (England) Regulations 2012
- Education (Independent School Standards) Regulations 2014

Quest Academy shall inform employees of the first-aid provisions made for staff, including the position of equipment, facilities and names of designated first aiders.

The treatment of minor illness by the administration of medicines and tablets falls outside of the definition of first aid in the Regulations and Quest Academy will not permit the presence of any such medication in designated first-aid boxes. Please refer to the Supporting Learners with Medical Needs Policy for more information.

First Aid means:

- the treatment of minor injuries which do not need treatment by a medical practitioner or nurse
- the 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
- the treatment of Mental Health issues by identifying and understanding symptoms, supporting and sign posting and/or calling for support

First Aider means: a person who holds a valid first aid qualification or equivalent.

Roles and responsibilities

- The overall responsibility for the day-to-day management of Quest Academy rests with the Principal
- The class teacher is responsible for classroom supervision and all staff on break and lunch duty are directly responsible for the supervision of learners at these times
- Quest Academy's Health and Safety leads are the Business Manager and the Facilities Manager
- Quest Academy's designated First Aider is the Business Manager
- The Deputy Principal (CPD Leader), who oversees CPD, is responsible for ensuring training is up to date
- The Facilities Assistant to oversee first aid equipment levels
- Senior Leadership Team (SLT) to deputise if the Principal is unavailable

The Principal shall assess first aid needs appropriate to the circumstances of Quest Academy. The Principal will need to assess what facilities and personnel are appropriate, and to justify the level of first aid provision. Where necessary and relevant, all staff will be trained on how to administer aspects of first aid e.g., EpiPens.

Where the first-aid assessment identifies a need for employees to be trained as First Aiders, the Principal shall ensure they are provided in sufficient numbers at appropriate locations to enable first aid to be administered without delay should the occasion arise. **All designate First Aiders must re-qualify at least every 3 years.** This means re-qualifying before the end of at least the third year when the certificate is no longer valid. It is the responsibility of the CPD leader (Deputy Principal) to ensure they are booked onto the course before cancellation of the certificate.

All staff have access to the Quest Academies First Aid Policy.

First Aid Risk Assessment

A first aid risk assessment was carried out to ascertain the needs of the school and the level of provision required. It takes into account:

- The number of staff / learners on the site
- The location of the school and higher risk parts of the school site
- The full range of activities undertaken by staff and learners on the academy premises during the normal school day, and as appropriate off-site and outside normal hours, e.g., before / after the school day, at weekends and during the school holidays
- All areas deemed to be of higher risk due to hazardous substances, dangerous tools and machinery or the nature of the activity have a first aid trained person working in that area and all these areas have at least one first aid box, e.g. Forest Schools

First Aid Assessment for Quest Academy

School Activity or Department	First Aid at Work Required	Emergency at Work Required
Low Risk: Classrooms & Offices	Up to 50 people – 1 required at all times 51-100 people – at least 2 required at all times 101-150 – at least 3 required at all times	Up to 50 people – 1 required at all times 50-100 people – at least 2 required at all times 101-150 – at least 3 required at all times
Medium Risk: Science Laboratory, Food Tech, Indoor & Outdoor Sport and Forest School	Per class (up to 10 learners) – 1 required at all times	As above across the school
High Risk: Swimming, Competitive Team Games, Adventure	Per class (up to 10 learners) – 1 required at all times	Per class (up to 10 learners) – 1 required at all times

Management of first-aid equipment

It shall be the responsibility of the Business Manager and the Facilities Manager to ensure the provision of materials, equipment and facilities needed for the level of cover required. This will include ensuring that first-aid equipment, suitably marked and easily accessible, is available in the agreed designated areas listed below. Where additional or replacement material or equipment is required, staff should speak to the Business Manager and/or Facilities Manager about ordering more items immediately. These need to be checked on a regular basis, at least termly, by the Facilities Assistant and recorded on Iris Assets. They will also ensure that all out of date items are discarded and replaced.

Although the Business Manager and Facilities Manager are responsible for maintaining and checking the first aid equipment, it is also expected that before going on duty/ on a visit etc., First Aiders shall take responsibility for ensuring their first-aid box and off-site bag contents are fit for purpose and sufficient.

All Quest Academy first-aid boxes and off-site bags are coloured purple (Grab Bag = Red) and are identified by a white cross on a green background. This conforms to the Safety Signs and Safety Signals Regulations.

Each box should be placed where it can be clearly identified and readily accessible. Portable First Aid Boxes are located:

- in the medical room (GROUND REAR)
- in the main Quest Academy office/reception (GROUND FLOOR FRONT)
- in all five classrooms (three GROUND FLOOR AND two FIRST FLOOR)
- in the science lab (GROUND FLOOR)
- in the food tech class (GROUND FLOOR)

- in the art room (FIRST FLOOR)
- in the kitchen
- in each minibus
- Off-site purple bags are taken on educational visits and are available in the stationery cupboard
- Grab bag (red) with foil medical blankets kept in stationery cupboard

The boxes should contain a sufficient quantity of suitable first-aid materials. According to DfE guidance, as a minimum, onsite First Aid Boxes should contain the following:

- a leaflet giving general advice on first aid – [HSE information is available](#)
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

Off-site grab bags (purple and red):

- a leaflet giving general advice on first aid – [HSE information is available](#)
- 6 individually wrapped sterile adhesive dressings
- 1 large sterile unmedicated dressing
- 2 triangular bandages individually wrapped and preferably sterile
- 2 safety pins
- individually wrapped moist cleansing wipes
- 2 pairs of disposable gloves

Minibus First Aid Boxes:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5 cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15.0 cm x 20.0 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustless blunt-ended scissors

No medicinal substance or materials are permitted within a first-aid box. This includes items such as antiseptic sprays, lotions and suntan oil.

It is the responsibility of First Aiders to make the academy aware of any allergies to the potential contents of a first aid box.

Individually wrapped sterile moist wipes, not impregnated with alcohol or antiseptic, may be used. Blunt ended stainless steel scissors should be kept in the boxes in case there is the possibility that clothing may have to be cut away prior to first aid treatment.

Where tap water is not available for use as an eye wash only sterile water or sterile normal saline eye irrigation should be provided near the first-aid box. **Eye baths/cups/refillable containers should not be used for eye irrigation.**

Paracetamol, such as Calpol, can be administered after first checking with parents/carers and receiving their express permission. This is kept locked away at all times.

Only persons who have completed the medicine training can dispense medicines. Please refer to Quest Supporting Pupils with Medical Needs Policy for further information.

First-aid treatment

This should be provided in the medical room when at all possible. Treatment should be given in accordance with training and the need. Disposable gloves and aprons should be used to protect the First Aider from contact with body fluids.

Disposal of blood products and body fluids must be in the designated bin in the medical room.

Iris Adapt (Quest's Incident Reporting and Investigation System) is used for recording incidents where first aid has been given must be completed.

At all times the dignity and feelings of the patient must be respected and where appropriate confidentiality maintained.

First-aid provision and training

The CPD Leader will arrange training for the qualification and re-qualification of First Aiders.

The courses are:

- Level 3 Award in First Aid at Work (three day)
- Level 2 Award in Activity First Aid (two day)
- Level 2 Award in Emergency First Aid (one day)
- Paediatric First Aid
- Sports First Aid (Addition to the Level 2 Emergency First Aid qualification)
- Level 3 Supervising First Aid in Mental Health

Before being nominated the designated First Aider, they must hold a valid First Aid at Work Certificate of competence or an equivalent qualification.

There shall normally be a minimum of five First Aiders or appointed persons within Quest Academy between 8:30am and 3:30pm. At least one First Aider will be on duty at break and lunchtimes and there is normally a First Aider in the office in lesson time.

Consideration must also be made to ensure first-aid cover during absences, such as training and sickness. This is the responsibility of the Deputy Principal.

Categories of incidents and procedures

Any learner complaining of illness or who has been injured is sent to the medical room with a qualified First Aider(s) to inspect and, where appropriate, treat. Constant supervision will be provided. Should the learner be too ill to stay at school, parents / carers should be contacted as soon as possible so that the learner can be collected and taken (or sent by taxi) home.

Procedure for First Aid to Learners

All incidents of first aid are recorded electronically via Iris Adapt, by the First Aider, parents/carers are contacted by telephone, if necessary, and a print off from Iris Adapt (with details of the incident/actions taken) is sent home.

Minor Accidents and Incidents

If a learner has a minor injury, i.e., minor cuts, grazes, bruises:

- The adult in charge initially looks after the injured party
- If deemed necessary, a person other than the teacher will take the learner to the medical room
- Administer first aid by a qualified First Aider, if appropriate
- Record details on the Accident/Incident Form via Iris Adapt
- Allow the learner time to recover in a quiet place with supervision
- Inform the parent/carers with a print off from Iris Adapt giving brief details of the accident/incident and the treatment given
- Pass the form to the main office staff to review who will then file the report in the Learners file

NB The use of disposable gloves is mandatory at all times.

Serious Injury - Head injury / possible concussion

Quest Academy adopt the approach of *"If in doubt, sit them out."*

Quest Academy will call NHS 111 in the event of a suspected or actual concussion.

Where any indications of the listed below - when to call an ambulance are identified, and ambulance will be called immediately.

First Aid Response to concussion / suspected concussion

- Sit the person down and give them something cold to hold against the injury. You can use a cold compress, or a bag of ice or frozen peas wrapped in a cloth;
- Treat any scalp wounds like a bleed, by applying direct pressure to the wound;
- Check their level of responsiveness;
- Make a note of their reactions, especially any changes to their level of response, to pass on to the ambulance, in case you need to call one;
- Do not leave the person alone; and
- Telephone parents/carers and send home a written letter

The [British Red Cross](#) have advice and short educational videos on the treatment of head injuries.

The [AVPU Scale](#) can be used to check a person's level of responsiveness:

- **A – Alert:** Are they alert? Are their eyes open and do they respond to questions?
- **V – Voice:** Do they respond to your voice? Can they answer simple questions and respond to instructions?
- **P – Pain:** If they are not alert or they are not responding to your voice, do they respond to pain? Try pinching them - do they move or open their eyes?
- **U – Unresponsive:** Do they respond to questions or a gentle shake?

Where a head injury is likely mild as the person is alert and responsive staff will wait with them until they recover and carefully report the incident, telephoning parents and sending home a written letter.

If they are not alert or responsive, then they may be partially or fully unresponsive and their head injury could be severe.

When to Call an Ambulance

Call an ambulance if:

- The person has been knocked out and has not woken up;
- The person has difficulty staying awake;
- The person is experiencing problems with understanding, speaking, writing, walking or balance;
- The person is experiencing numbness or weakness in part of their body;
- The person is experiencing problems with their vision;
- There is clear fluid coming from their ears or nose;
- There is bleeding from their ears or bruising behind one or both ears;
- The person has a black eye with no obvious damage around the eyes;
- The person is experiencing a fit (seizure);
- The person hit their head in a "serious" accident;
- If you think they are getting worse; and
- While you are waiting for an ambulance, keep checking their breathing, pulse and any changes in their level of response. If they lose responsiveness at any point, open their airway, check their breathing and prepare to treat someone who has become [unresponsive](#).

Further information on Concussion, longer term management, and prevention of concussion is included in Appendix 1 which forms part of this policy.

Serious Injuries - Other

In the event of a serious injury, parents/carers are immediately contacted. The Principal will determine what reasonable and sensible action should be taken in each case.

Serious injuries are considered to be:

- Severe Bleeding
- Burns - all chemical/electrical, large/deep, causes white/charred skin, anything that blisters
- Unconsciousness

Automated defibrillator situation in the Stationery Cupboard (labelled accordingly) and inspected monthly by the Facilities Manager.

Where the injury is an emergency, an ambulance will be called following which the parent/carer and/or next of kin will be called. Where hospital treatment is required but it is not an emergency, then the Principal will contact the parents/carers for them to take over responsibility for the learner. If the parents/carers cannot be contacted, then the Principal may decide to transport the learner to hospital.

Where the Principal makes arrangements for transporting a learner then the following points will be observed:

- Only staff cars insured to cover such transportation will be used
- No individual member of staff should be alone with a learner in a vehicle
- A second member of staff will be present to provide supervision for the injured learner
- Parents/carers are kept informed of developing situations

If the Principal is unavailable these responsibilities are passed to a member of SLT. The event is subsequently recorded on Iris Adapt.

The Quest First Aid Policy is based on collaboration and learner welfare. All staff automatically assist the teachers on break duty and the First Aiders in the case of a serious injury.

Staff should always call an ambulance in the following circumstances:

- A significant head injury
- Unconsciousness
- Seizure
- Difficulty in breathing and/or chest pains
- A severe allergic reaction
- A severe loss of blood
- Severe burns or scalds
- The possibility of a serious fracture
- In the event that the First Aider does not consider that they can adequately deal with the presenting condition by the administration of first aid or if they are unsure of the correct treatment

NB Any serious injury must be reported to the Group Director as soon as is reasonably practicable, and before the end of the working day.

If the accident was not deemed connected to a 'work activity' and results in the learner being taken directly to hospital for treatment (or death) a RIDDOR form (F25081E or F2508A) must be completed. A copy of this form should be kept with the printed accident form in the learner's file.

If the learner is ill and needs to go home:

- A member of the senior management team must be informed
- A parent/carer must be contacted and asked to collect the learner as soon as possible

Asthma Treatment and Inhalers

A list of asthma sufferers is available in the main office.

Asthma treatments for learners (inhalers etc.) are kept in their classroom in a labelled box with the learner's name and class. In the event a learner leaves the classroom, their inhaler will be taken with them. Asthma treatments are to be administered by the learner.

Asthma treatments are taken on Educational Visits and 'off site' sporting activities. Parents/carers are responsible for checking that the treatments are still within their 'Use by dates' and for replenishing them.

EpiPens and Anaphylaxis Shock Training

A list and photograph of anaphylaxis sufferers are displayed in the Staff Room. EpiPens, for anaphylaxis sufferers, are kept out of reach in the individual's classroom or Main Office depending on age / timetable of the learner.

EpiPens can only be administered by members of staff who have received EpiPen training. Specific staff that have already had First Aid training are trained in the use of EpiPens for each individual anaphylaxis sufferer. EpiPens and the appropriate trained member of staff are taken on Educational Visits and off-site sporting activities.

Each anaphylaxis sufferer has an individual protocol to follow when receiving the treatment. The trained staff are aware of the procedure.

Parents/carers are responsible for checking that the treatments are still within their 'Use by dates' and for replenishing them.

Spare EpiPens are held at the Academy when these are available for use in emergency situations at the direction of NHS 111.

Epilepsy

Staff and learners known to have epilepsy have a blanket in their work area to use for discretion in the event of an epileptic fit. Staff have the necessary training during their first aid course to deal with cases. If necessary, staff undertake specialist training for those with specific needs.

First-aid record keeping

It shall be the responsibility of the Business Manager, to ensure that procedures are in place for the immediate recording of any injury as required by the Social Security Act 1975 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Details on the forms to be completed, time scales for completion and distribution and who is to be notified, are shown in the

Quest Health & Safety Policy.

After administering treatment, First Aiders will ensure they adhere to Quest Academy's arrangements for record keeping and accident/incident reporting, as detailed below. Each First Aider must receive appropriate instruction to enable them to carry out this responsibility during first-aid training.

All incidents, injuries, head injuries, ailments and treatment are reported electronically via Iris Adapt. The information recorded will include:

- Date, time and place of incident
- Name and, where relevant, job title of the injured or ill person
- Details of the injury/illness and what first aid was given
- What happened to the person immediately afterwards e.g., went home, went back to lessons, went to hospital, etc; and name and signature of the First Aider or person dealing with the incident
- Adult logs, tick to confirm understanding of Privacy Notice

Parents/carers are informed of a head injury by a printout from Iris Adapt. The printout outlines the injury and symptoms to look out for.

The First Aider contacts parents/carers by phone if they have concerns about the injury.

Staff should complete the first aid form electronically, via Iris Adapt, if they sustain an injury at work. Any staff member injured needs to be cleared by SLT to return to work.

An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed. The member of staff or other supervising adult

concerned should seek medical advice without delay.

Duty to inform staff of first-aid arrangements

All staff must be informed of the location of First Aiders, appointed persons, equipment, and facilities.

The Business Manager must ensure that a notice giving the names of First Aiders, their location and telephone number and the location of first-aid boxes, is posted in each room.

Notices will be inspected and kept up to date by the Facilities Manager as part of the regular health and safety inspections.

Administering First Aid Off Site

First Aid provision must be available at all times including off site on school visits. The level of first aid provision for an off-site visit or activity will be based on risk assessment. A trained appointed person or First Aider will accompany all off site visits and activities along with a suitably stocked first aid box in a purple grab bag.

The First Aider must be aware of the contents of the first aid box and its location at all times throughout the visit. All adults present on the visit should be made aware of the arrangements for first aid.

If any first aid treatment is given the Trip Lead will advise the school office, by mobile telephone if urgent, or on return so that the learner's parents/carers can be informed. Administration of first aid is recorded as it would be on school site.

Our First Aiders, displayed on posters situated throughout the building, are:

First Aiders:	Role	First Aider training due for renewal:
Gemma Batchelor	Family Footings Facilitator	01/08/2025
Matt Berry	Teacher	01/08/2025
Kirsty Cottrell	Higher Level Teaching Assistant	06/05/2025
Leanne Neasham	Receptionist	07/01/2025
Cathy Ward	Higher Level Teaching Assistant	07/11/2025
Gareth Llewelyn	Compassionate Schools Coach	07/11/2025
Kiel Mullen	Teacher	07/11/2025
Victoria Scranage	Business Manager	14/07/2026
Mark Matthews	Compassionate Schools Coach	01/08/2025
Katie Dyson	Teacher	07/01/2025

Mental Health First Aiders:	Role
Mark Matthews	Compassionate Schools Coach
Victoria Scranage	Business Manager
Conor Pearson	Enhanced Teaching Assistant
Rebecca Young	Higher Level Teaching Assistant
Natalie Hickton	Teaching Assistant

Changes at previous reviews:

Version	Purpose / Change	Person Responsible	Date
5	<ul style="list-style-type: none"> - Managing Medicines Policy has been changed to Supporting Learners with medical Needs Policy - Sentence deleted referring to first aiders signing to administer medicines 	V Scranage	April 2021
6	<ul style="list-style-type: none"> - Added clarity for action following a burn - Addition of SLT responsibilities in the absence of Principal - First aiders updated - Added Forest School for a higher ratio of first aiders to learners 	V Scranage	Mar 2022

Appendix 1 - Coronavirus Update

Transmission of the virus through delivering first aid

If you are likely to attend as a First Aider, please read the following advice: [Covid-19 Guidance for first aid responders](#)

Staff to use PPE (Personal Protective Equipment) when they are administering First Aid.

1. Currently no proof they can protect from Covid-19, but staff may feel protected from 'asymptomatic' people who have the virus, but not yet showing symptoms.
2. Vulnerable staff should not undertake first aid at all.
3. Cleaning equipment to be left in each classroom to enable staff to clean when necessary.
4. Soap dispensers and hand gel containers to be checked and filled regularly.
5. PPE is available for all staff, both for administering first aid and for use if a known or symptomatic case is within the school grounds.

If a learner or member of staff becomes unwell with symptoms of COVID-19:

1. The person must be supported until they can be collected and taken home.
2. The meeting room is set aside for use as an isolation room – ensure the windows are open.
3. PPE should be worn by any supervising staff member and 2m distance maintained. The reception toilet will need to be allocated for the sole use of the person with Covid-19 symptoms and must not be used by anyone else until it has been thoroughly cleaned.
4. Thorough clean of the work area the person came from before it can be used by learners or staff.
5. Other members of staff should ensure that no other personnel are on the route of the person as they exit the building.

After the symptomatic person has left site:

1. During cleaning, cleaners must be reminded to pay special attention to where the person has sat or was lain down.
2. PPE must be worn.
3. Soft furnishings and towels need to be carefully taken away and if possible washed on a 60-degree wash, with detergent.
4. Toilets and sinks must be thoroughly cleaned. This includes taps, handles, toilet seats, dryers and soap dispensers

Appendix 2 - Concussion

What is Concussion?

Concussion is a traumatic brain injury (TBI) caused by a bump, blow or jolt to the head, or by an impact to the body that causes the head and brain to move rapidly back and forth. The brain is made of soft tissue. It is cushioned by spinal fluid and encased in the protective shell of the [skull](#). When you sustain a concussion, the impact can jolt your brain. Sometimes, it literally causes it to slosh around in your head. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells. Concussion is the most common form of brain injury, but usually the least severe. It normally only lasts up to a few days or weeks, although it sometimes needs emergency treatment, and some people can have longer lasting problems.

Implications for Schools

It is important to be aware, in relation to the delivery of the curriculum, movement around school and behaviour, that the major causes of concussions are sports injuries, falls and fighting. Although a concussion is described as a mild brain injury because it is not usually life-threatening, concussions are still serious and must be treated accordingly.

Symptoms of Concussion

This list should be a guide and not comprehensive or inclusive. Always treat the individual and do not dismiss symptoms because they do not appear on this list. All head injuries are potentially serious because they can damage the brain and make someone lose responsiveness. The severity of a head injury depends on how someone hit their head and how hard the impact was. It is important that members of staff are aware of pupils' individual healthcare plans (IHPs).

Signs of a concussion usually appear within a few minutes or hours of a head injury. Occasionally they may not be obvious for a few days, so it is important to look out for any problems in the days following a head injury. Symptoms include:

- A [headache](#) that does not go away or is not relieved with painkillers;
- [Dizziness](#);
- [Feeling sick or vomiting](#);
- Feeling stunned, dazed or [confused](#);
- [Memory loss](#) – an inability to remember what happened before or after the injury;
- Clumsiness or trouble with balance;
- Unusual behaviour – irritated easily or demonstrating sudden mood swings;
- Changes in vision – such as blurred vision, [double vision](#) or "seeing stars";
- A short loss of consciousness or struggling to stay awake; and
- Scalp wounds.

To assess the severity of the head injury, a qualified first aider should check for:

- Evidence of a seizure or fit;
- A reduced level of response;
- A loss of responsiveness;
- A leakage of blood or watery fluid from the ear or nose; and

- Unequal pupil sizes.

DfE and HSE Guidance

There is DfE guidance on [First Aid in Schools](#). It contains advice for schools on drawing up first aid policies and ensuring that they are meeting their statutory duties. The Health and Safety Executive resource, [Health and Safety \(First-Aid\) Regulations 1981: Guidance on Regulation](#) provides guidance on managing the provision of first aid requirements, training first aiders and appointed persons and making employees aware of first aid arrangements.

Long Term Management

If the person is diagnosed with concussion in hospital, they will be able to go home when any serious brain injury has been ruled out and are starting to feel better. Most people feel back to normal within a few days or weeks of going home. But some people, especially children, can take longer to recover. It is important that the person does not return to school until fully recovered and the [NHS Choices](#) advice is to avoid sports or strenuous exercise for at least a week and avoid contact sports for at least three weeks.

In some people, concussion symptoms can last a few months or more. This is known as “post-concussion syndrome”. Possible symptoms include:

- Headaches;
- Dizziness;
- Problems with memory or concentration;
- Unsteadiness; and
- [Depression](#), anxiety and changes in behaviour.

The advice is to make an appointment to see a GP if the symptoms persist beyond three months. The school must carry out a risk assessment to manage a pupil with post-concussion syndrome. The charity [Headway](#) have a page on [mild head injury and concussion](#).

Preventing Concussion

Given the nature of accidents prevention cannot be absolute, but there are steps we can take to reduce the likelihood of concussion following an incident. It is important to try to prevent repeated concussions or blows to the head. These include:

- Ensuring pupils wear the recommended equipment when taking part in a contact sport;
- Make sure any contact sports pupils are taking part in are supervised by a properly qualified and trained person;
- Keep stairways and corridors clear;
- Ensure pupils are wearing a helmet when the activity in school or out of school requires it;
- Clear up spillages immediately; and

Use the correct, recommended and statutory safety equipment.