




**MOUNT HOUSE  
SCHOOL**

**INSPIRING EVERY INDIVIDUAL**

## **SCHOOL POLICIES**

# **FIRST AID**

<b>Review</b>	<b>Date</b>	<b>By</b>
<b>Last Reviewed</b>	<b>February 2025 September 2024</b>	
<b>Next Review</b>	<b>September 2025</b>	

## **1 Policy Statement**

1.1 The school will undertake to ensure compliance with all the relevant legislation with regard to the provision of First Aid for students, staff, parents and visitors. The School will ensure that procedures are in place to meet that responsibility. This policy will be reviewed annually.

1.2 Aims and Objectives:

- To identify the First Aid needs of the school in line with current legislation regarding the Management of Health and Safety at Work Regulations.
- To ensure that a First Aid provision is available at all times whilst people are on the premises and on premises used by the school.
- To ensure that when recruiting staff, an appropriate number of successful candidates hold relevant First Aid qualifications and have been suitably trained or are prepared to undertake training.
- To maintain a record of all First Aid training at the school and to review First Aid needs and procedures annually.
- To provide on-going training and ensure monitoring of training needs.
- To provide sufficient appropriate resources that are clearly labelled and accessible, and facilities.
- To provide awareness of Health and Safety issues and conduct risk assessments within the school and on school trips, to prevent, where possible, potential dangers or accidents.
- To inform staff, parents and students of the First Aid arrangements at the school.
- To report, record and where appropriate investigate all accidents.
- To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation (RIDDOR) in force at the time.
- To maintain up-to-date student information on ISAMS at the beginning of each academic year, and as appropriate thereafter, along with students' individual healthcare plans.

1.3 All members of staff must ensure they have read this First Aid Policy.

1.4 Related documents: The School's Educational Trips and Visits Policy; Health and Safety Policy.

## **2 First Aid Facilities**

2.1 The Head must ensure that the appropriate number of First-Aid containers are available according to the risk assessment of the site.

- All First-Aid containers must be marked with a white cross on a green background;
- Sports First Aid Kits are stored in green First Aid bags;
- First Aid containers always accompany the students when using any specialist facilities and during any offsite activity / educational visit. First Aid containers must accompany Physical Education (PE) teachers off-site;
- All vehicles carry a First Aid kit - this is the responsibility of the school bus/travel providers. Sports staff will always carry First Aid boxes to all activities off site;
- First Aid containers should be kept near to hand washing facilities;
- Spare stock should be kept in school, and administered by the First Aid Co-ordinator, who will monitor and check relevant expiry dates.

- Responsibility for checking and restocking the First-Aid containers is that of the First Aid Co-ordinator. The First Aiders must notify the First Aid Co-ordinator of any necessity of restocking of the First Aid boxes.

2.2 First Aid kits are available in the following locations:

- The Reception
- The First Aid Room
- The Art Department
- The Science Department
- The Textiles Department
- The Food Technology Department
- The Kitchen
- The Site Manager's Office
- Portable First Aid Kits for general use and sports and trips are kept in the Reception.

The contents of kits will be checked every half term and restocked as necessary. A kit should also be checked every time it has been used. It is the responsibility of the person who opened the First Aid box to report that this has been done to the Medical Room, and advise of any shortfall in supplies.

2.3 At no time should an injured or seriously ill person be left unattended.

2.4 The school has an Automated External Defibrillator (AED): the device is stored at Reception and can be used by anyone in accordance with the UK resuscitation guidelines. All first aid trained staff have had training in the use of the defibrillator, and a list of these people is held in the School office.

2.5 AED Procedures for use –

- An AED should only be used where a person is thought to be in cardiac arrest. It should not be used where a person is conscious, breathing, and/or his or her heart is still beating.
- If a person is suffering from cardiac arrest, the first person on the scene should immediately call the emergency services and commence CPR.
- In Resuscitation Council (UK) Guidelines (2015), the absence of normal breathing continues to be the main sign of cardiac arrest in a non-responsive patient. Once CPR has started, the Guidelines recommend that the rescuer should only stop CPR if the victim shows signs of regaining consciousness, such as coughing, opening their eyes, speaking or moving purposefully, as well as breathing normally.
- Staff trained in cardiopulmonary resuscitation (CPR) are expected to recognise cardiac arrest, call for help and initiate CPR.
- If possible, a First Aider who is trained in the use of AEDs should be called for. However, AEDs are designed to be used by any person by following the step-by-step instructions on the AED.
- The person applying the AED should ensure that the area around the casualty is clear when it advises "stand clear" as the shock will be automatically administered. She/he should continue to follow AED instructions until the emergency services arrive. All

first aid-trained staff have had training in the use of a defibrillator and a list of these people is held in the key locations throughout the school.

### **3 First Aid Training**

- 3.1 The Bursar is responsible for monitoring the First Aid training of staff, and for keeping records of that training.
- 3.2 The list of staff with current First Aid Certificates is available in the School office and in various locations around the school. All First Aid qualifications are updated every three years in accordance with regulations.
- 3.3 Relevant members of staff will be trained annually in the use and administration of EpiPens as part of their first aid training. A list of all students who may require EpiPen treatment will be held at Reception and notified to all staff at the start of each academic year.

### **4 Policy on First Aid in School**

- 4.1 First Aid trained staff are responsible for dealing with minor incidents requiring First Aid.
- 4.2 During lesson time First Aid is administered by a nominated First Aider. If an accident occurs in the grounds and First Aid is required, then one of the staff on duty, who is qualified may assist, or if they are not qualified they should come to Reception and request the assistance of a First Aider.
- 4.3 The First Aiders are authorised to apply dressings and compresses and take reasonable steps to facilitate symptom relief. Fully stocked First Aid kits are available from Reception. Any action taken should be recorded. Accidents of a more serious nature should be recorded on an incident/accident report form, and if serious, parents should be informed by telephone. If an injury or illness involves spillage of body fluids, gloves should be worn.
- 4.4 If there is any concern about the First Aid which should be administered, the Emergency Services must be consulted.
- 4.5 The arrangements for First Aid provision will be adequate to cope with all foreseeable incidents. The number of First Aid trained personnel is determined by an informed risk assessment carried out by the school. Designated staff are given such training in First-Aid techniques as is required to give them an appropriate level of competence.
- 4.6 Notices will be displayed in prominent locations throughout the School identifying who the First Aiders are. All First Aid signs and containers must be identified by a white cross on a green background. A written record will be kept of all First Aid administered either on the school premises or as part of a school related activity (this does not include the recording of very low-level first-aid such as the supply of plasters/ice packs on grazed knees).

### **5 The First Aiders' procedures**

- 5.1 Procedures for dealing with sick or injured students:

- Ascertain by inspection and discussion with the student or staff member the nature of the student's injury or illness.
- Comfort or advise as necessary. This may be sufficient and the student can return to class or break. Inform the appropriate staff member of the nature of any concerns, if necessary.
- First Aider to treat injury or illness if required. Clean wound with antiseptic wipe or running water and cover with a plaster if still bleeding and no allergy exists.
- Record action taken in the Incident/Accident Form Book held in reception. If there is a serious injury, complete an accident record form and give a copy to the Head to sign.
- If the student is then well enough, he/she will return to class.
- If a problem persists, or there are doubts as to the seriousness of any injury, then parent(s) will be telephoned and asked what they would like to do. If he/she wishes to collect their student, appropriate arrangements are made.
- If a severe illness or injury is suspected then the emergency services will be called and the support staff will contact the parents to inform them. No student will travel in an ambulance unaccompanied.
- In accepting a place at the school, parents are required to give their consent for the Head to provide consent, on the advice of qualified medical opinion, for emergency medical treatment including general anaesthesia and surgical procedure under the NHS, if the school is unable to contact a parent.
- If any issue arises during treatment or discussion with the student that the First Aider feels should be taken further, she/he will telephone or speak to the parents and/or the Designated Safeguarding Officer or most appropriate member of staff.

5.2 The First Aiders will have up to date Emergency First Aid training and some will have a full and current First Aid at Work Certificate. They are not, however, medically qualified and hence cannot give medical advice.

5.3 The incident/accident report for all injuries and the procedures to be followed, are clearly outlined in the First Aid Policy. The arrangement for First Aid for sports, outdoor pursuits and field trips are the responsibility of the Party Leader and supervising staff.

#### 5.4 Hygiene/infection control

In order for the school to maintain hygiene standards and reduce the risk of infections spreading:

- hands must be washed before and after giving First Aid;
- single-use disposable gloves must be worn when treatment involves blood or other body fluids;
- any soiled dressings, etc., must be put in a clinical waste bag and disposed of appropriately;
- any body fluids on the floor should have absorbent granules sprinkled on them and be swept up with the designated dustpan and brush. If possible, the area should be bleached;
- body fluid spillages on hard surfaces should be cleaned up and then bleached; and
- exposed cuts and abrasions should always be covered.

## 6 Incident Reporting

- 6.1 All incidents/injuries/minor head injuries and treatment will be recorded in the Accident Log Book, which is managed by the First Aid Co-ordinator and kept in Reception. All staff have access to the Accident Book and are able to record all incidents.
- 6.2 Parents are always called if there is a head injury, no matter how apparently minor. The Head must also be informed **immediately** of any head injuries or significant injuries and should receive a copy of the accident report and a completed Head Injury Assessment Checklist Form (Appendix C).
- 6.3 The First Aider or pastoral administrator will contact the parents if there are any concerns about an injury, or should a student need to be sent home through illness. In the event of accident or injury, parents must be informed as soon as practicable. The member of staff in charge at the time will decide how and when this information should be communicated, in consultation with the Head.
- 6.4 Mount House School follows the Department of Health's guidance on infection control in schools [http://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](http://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf). A student should not be in school if they have vomited or had diarrhoea for 48 hours.
- 6.5 Any infectious diseases or sharps injuries are reported to Public Health England in accordance with their guidelines.

## 7 Sharing of Information

- 7.1 At the start of each academic year, the Special Educational Needs Co-ordinator (SENCO) will update the list of students who are known to have medical conditions or concerns which may affect the student's functioning at the School to the Safeguarding/Pastoral Team and SEND team as well as teachers on a "need to know" basis. This list will be reviewed each time a student is to be added or deleted from the list. 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 students or other members of the School community.
- 7.2 Information on Pupils - Parents are requested to provide written consent for the administration of First Aid, medical treatment, and medication. This requirement will not prevent a child of sufficient understanding and intelligence to understand fully what is proposed, from giving or withholding consent to medical treatment or from seeking advice or treatment in confidence.
- 7.3 Medical details of students for out of school visits can be obtained from the Receptionist and these are taken on all school visits. For overseas or residential trips, up to date medical consent forms will be obtained for all students attending.

## 8 Accidents

- 8.1 Work related accidents which prevent the injured person from continuing with his/her normal work for more than three days must be reported to the Bursar within 10 days. In cases of work related diseases a doctor must notify the school (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) must also be reported to the school Health and Safety Officer.
- 8.2 Work related or any other kind of accidents on or off the premises involving death or major injury (including as a result of physical violence) must be reported immediately to the HSE without delay (major injury examples: dislocation of hip, knee or shoulder; amputation; loss of sight; fracture other than to fingers, toes or thumbs). For more information on how and what to report to the HSE, please see: <http://www.hse.gov.uk/riddor/index.htm>. It is also possible to report online via this link.

## **9 Practical Arrangements at the Point of Need**

9.1 An ambulance must always be called:

- in the event of a serious injury;
- in the event of any significant head injury;
- in the event of a period of unconsciousness;
- whenever there is a possibility of a fracture or where this is suspected; and
- in the event of a severe allergic reaction.

9.2 Emergency response instructions including the information which must be given by the person calling the ambulance can be found at Appendix B.

9.3 Students with infectious diseases will not be allowed into school until deemed safe by their GP or the relevant local Health Authority.

## **10 Monitoring**

10.1 The School's Health & Safety Committee reviews all incidents recorded at each meeting. Any specific points of concern or trends in accidents, injuries, and illnesses at the School are highlighted. The committee will examine whether future, similar incidents can be avoided and what procedures, if any, can be put in place to reduce the likelihood of recurrence. The Head and Senior Leadership Team will regularly monitor and review the School's systems and management of medical welfare to identify whether a review or change in welfare practice is needed.

## **Appendix A: ADMINISTRATION OF MEDICATIONS GUIDANCE**

### **1 Protocol**

Agreement for the administration of medication to students is via *'in loco parentis'* and the duty of care held by the school.

### **2 Non-prescribed Medication**

All non-prescribed medicines are stored in a locked cupboard. The key to the locked cupboard is held by the First-Aid Co-ordinator or whoever is on duty in his/her place. The First-Aid Co-ordinator can dispense medication if consent has been given.

The following protocol is used for the administration of non-prescribed medication by trained staff:

- the reason for giving the medication is established;
- a check is made to ensure the student is not allergic to the medication;
- a check is made to establish the last time the medication was taken to ensure the maximum dose is not exceeded;
- students are asked if the medication has been taken before and, if so, if there were any problems noted;
- a check is made of the expiry date on the medication package or container;
- students take medication under the supervision of the person issuing it, except in a few situations where the student is deemed 'Gillick Competent' to self-administer medication;
- a confidential record is kept both in the treatment book and on the student database.

### **3 Prescribed Medication**

Prescribed medications are only issued to the student to whom they have been prescribed (i.e. the student named on the label of the medicine to be administered). The school does not hold a stock of prescribed medicines.

Individual prescriptions, such as antibiotics, are processed for the named student.

### **4 Receiving Medication from Home to Administer in School**

The First Aid Co-ordinator must be notified of all medication brought in to school by any student. All medication must be in the original container. All medication must be clearly labelled with:

- student's name;
- reason for taking the medication;
- name and strength of the medication;
- dosage and frequency the medication should be given; and
- expiry date.

If two medications are required, these should be in separate, clearly and appropriately labelled containers.



On arrival at school, all medication is to be handed to the First Aid Co-ordinator unless there is prior agreement between the school and parent(s) for the student to carry medication (e.g. asthma inhalers)

- Students who need to do so, will carry their own EpiPens and inhalers with them during the day, in the event that they are needed when they are too far from the Reception, or when travelling to / from school.
- In case of emergency, the School hold spare Epipens or inhalers for all students who use them.
- No students should carry any over the counter medication (OTC) whilst in school. All medication should be stored in the Reception.

## **5      *Controlled Drugs***

The Reception holds controlled drugs where these have been prescribed for students. These drugs are stored in a locked non-portable container and only the First-Aid Co-ordinator or named staff have access. A record of the drug and usage is kept for audit and safety purposes.

## **6      *Administration of Medicines in an Emergency***

Neither qualified First Aiders nor any employee, are to dispense pharmaceutical products *including aspirin (and related products) except where prior written permission is given.* The exception is those staff who are trained to administer adrenaline auto-injectors and inhalers or if a non-qualified person is directed by a clinician after dialing 999 and receiving instructions from the personnel there.

## **7      *Storage of Medication in School***

Medication is stored in a locked cabinet, with the keys held by the First-Aid Co-ordinator or kept in an accessible but restricted place known to the First Aid Co-ordinator and teaching staff, e.g. emergency adrenaline auto-injectors and inhalers are kept in the First Aid Room in an unlocked cabinet to ensure that they are accessible at all times. A fridge is available for items requiring cold storage.

## **8      *Overdose of Medication***

If there is a suspicion of overdose of medication, the Reception should be contacted immediately for emergency advice and treatment or referral as necessary.

## **9      *Emergency Medication***

- Emergency medication is detailed in the student's individual care plan.
- This type of medication is readily available.
- The care plan is checked and reviewed at the start of each academic year.

It is the parents' responsibility to notify the First Aid Co-ordinator of any change to the medication prescription for emergency treatment.

Procedures in the Care Plan will identify:

- Medical details of reasons for medication;
- How to administer;
- Any other action to take;
- Where the medication is stored;
- Who should collect it in an emergency;
- Contact arrangements for parents/guardians;
- Support for students witnessing the event;
- Recording systems.

## **10 *Alternative Medicines***

All complementary or alternative therapies being taken should be notified to the First Aid Co-ordinator to ensure avoidance of potential interaction with other medications being taken or considered for use.

Parents should be aware that some medications prescribed overseas may not be licensed for use in the UK. No overseas medicine will be given by the First Aid Co-ordinator, and a student is required to have a UK prescription written by a UK GP or consultant.

## **11 *Disposal of Medication***

Students' medication is checked regularly.

## **12 *Over the Counter Medicines on School Trips***

Medicines may be given by non-medical staff during a school trip or are attending an off-site activity, when those staff members have been trained in the administration of specified medication and have the parents' consent. These medicines will be over the counter medicines. Where the student has been assessed by the First Aid Co-ordinator and deemed to be competent to take their own medication, for example inhalers, adrenaline auto-injectors, insulin and/or any emergency medicine, staff will still supervise these students. The medicines must be administered according to the agreed protocol below. Prior to administration, a full assessment of why the medication is needed and if it is safe to give it must be carried out.

- The reason for giving it must be established.
- The student must be asked if they have had the medication before and, if so, were there any problems?
- The medication must be undamaged, including the packaging, and in date. It must be stored in an appropriate environment.
- The medication must be given according to manufacturer's guidelines on the container.
- The student must be asked if they have taken any medication recently and what for, and it must be checked if it is contra-indicated to give any further medication.

- The student must take the medication under the supervision of the person issuing it.
- The details of the administration must be recorded in the book supplied.
- A specimen signature must be provided and kept of all those administering medication for future reference.
- Details to record are: date, time, name of student, reason for administration, medication, dose, signature of student and staff, stock level and if the First Aid Co-ordinator has been notified of the administration.
- All records are liable for inspection by CSCI under relevant legal powers, so an audit trail must be provided for any treatment.
- An accurate record of stock held must be kept.
- If a student refuses an offered medication, this will be recorded, together with the reason.
- If medication is dropped or wasted, it must be recorded.

Medical matters are confidential so, while acting in a medical role, the non-trained member of staff must abide by these ethics and only discuss with medical staff for support or reporting. Any discussion with non-medical staff must be agreed and on a need to know basis in the best interest of the student.

### **13     *Drug Administration Errors***

- If an error is realised, clinical advice must be sought immediately, no matter how trivial it may seem.
- The appropriate line manager, First Aid Co-ordinator and the students' parents must be informed.

**If there is any doubt on any issue, further advice must be sought by dialing 111 or the local accident and emergency department.**

## Appendix B : EMERGENCY RESPONSE INSTRUCTIONS

If someone is having a life-threatening emergency they may have:

- loss of responsiveness
- breathing difficulties
- severe bleeding
- severe allergic reactions
- severe burns or scalds
- seizures that are not stopping
- severe, persistent chest pain
- an acute, confused state.

Step by step guide in an emergency for Calling the Ambulance

1. Take a deep breath, to collect yourself.
2. Call main reception who will call 999 and relay instructions to you.
3. If using a phone call 999 or get a bystander to call for help/999
4. If you're not sure if the victim is unconscious, touch their shoulder. Shout or ask loudly, "Are you okay?"
5. Avoid moving an injured person. If someone has a neck injury, moving them could result in injuring the spine.
6. Put the person in the recovery position (if no neck injury) if semi-conscious
7. Get a bystander or reception to send a first aid kit if you don't have one.
8. Wrap patient in blanket/foil blanket if cold or on ground
9. Stay with the patient while you are waiting for the ambulance.

Reception Staff/ Person Calling Ambulance

1. Clearly state the emergency response you require, ambulance/fire,
2. state the location
3. state telephone number
4. state what time it happened
5. state the current state of the casualty
6. Are they alert, breathing, responsive, bleeding, anaphylaxis. The name, age of the patient if known
7. Give instructions on access points for ambulance arrival

Ambulance Access Point – at Postcode: EN4 0NJ; App 'what3words: ///pipes.entertainer.goal

Main school building – Approach along Camlet Way. The school is located next to Monken Hadley C of E Primary School. Access via the main drive towards the car park.

Access points:

- Main Reception - access is via the gate towards the rear of the Car Park where there is step free access
- Main House - access is via the first double gate before the Car Park entrance. The ambulance can drive in and park outside the Main House by the pond

Sports

Lessons are generally held at Bartrams Lane and access to the sports field is at the bottom of the lane.

## Appendix C : HEAD INJURY ASSESSMENT CHECKLIST

This checklist **is not** a substitute for a full medical assessment. **Head injuries can be life-threatening** and individuals presenting with any symptoms of a major head injury should be assessed by a medical professional immediately.

This checklist should be used to monitor **minor head injuries only**. For major head injuries or persistent and/or severe symptoms following a minor head injury, the school should ensure the individual is taken to A&E. For emergencies, or if the individual cannot safely get to A&E, the school should call 999 immediately.

This checklist can be used to monitor individuals who sustain a minor head injury or concussion on the school premises. Individuals should be monitored for a minimum of 30 minutes as some symptoms of concussion or injury may have a later onset.

This form allows you to monitor the presence and severity of any symptoms as soon as the injury is reported, and 15 and 30 minutes after the injury is reported.

In the event a student sustains a head injury and their parent is coming to pick them up from school, a suitable member of staff should continue to monitor the student up until their parent collects them.

A completed copy of this checklist should be made available to any healthcare professionals to review should they require it.

This checklist includes a list of signs and symptoms of a major head injury that mean the individual **must** immediately go to hospital. If the individual experiences these symptoms, they must receive an examination from a medical professional.

## Minor head injury assessment

### Section 1 – assessing whether the individual needs urgent medical attention

You must read this section before proceeding.

#### Part A

This checklist is suitable for the assessment of minor head injuries **only**. If the individual has, or develops, one or more of the following symptoms, they should go to hospital immediately as this can be a sign of something more severe.

One pupil larger than the other	Drowsiness or cannot be woken up
A worsening and/or persistent headache	Persistent weakness and/or numbness
Repeated vomiting and/or nausea	Slurred speech
Convulsions or seizures	Difficulty recognising people or places
Increasing confusion	Unusual behaviour
Unconsciousness	Decreased coordination
Clear fluid coming from their ears or nose	Blood coming from the ears
Bruising behind their ears	Increasing restlessness or agitation

#### Part B

Assess whether the individual has any of the following before proceeding. If so, the individual **must** go to hospital for a medical examination.

Been drinking alcohol or taking drugs before the injury	Has a blood-clotting disorder, e.g. haemophilia
Takes any blood-thinning medication	Has had any previous brain surgeries

#### Part C

If the individual **does not** have any of the symptoms outlined in part A and none of the complications outlined in part B, the head injury may be considered minor and you can proceed to section 2 below.

If at any point during the assessment the individual displays any of the symptoms in part A, they **must** go to hospital. Do not complete section 2. Complete section 3 when it is appropriate to do so.

## Section 2 – assessment of a minor head injury

<b>Name of individual</b>					
<b>Person type</b>	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Visitor	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other
<b>If 'other', please detail</b>					
<b>Form (if student)</b>					
<b>Job role (if staff)</b>					
<b>Date of assessment</b>					
<b>Start time of assessment</b>					
<b>Assessment conducted by</b>					
<b>Role of assessor</b>					

Use the table below to indicate the severity of a symptom upon arrival, after 15 minutes of observation and after 30 minutes of observation. Use a scale of 0-5, in line with the following:

- 0 – not present at all
- 1 – very mild
- 2 – mild
- 3 – moderate
- 4 – significant
- 5 – severe

**The scale used above is not equivalent to any formal medical assessment scales.**

Indicate in the 'Total time observed' column the amount of time the individual was observed for before either returning to work/school or being sent home/to hospital.

<b>Symptoms</b>	<b>Upon arrival</b>	<b>After 15 minutes</b>	<b>After 30 minutes</b>	<b>Total time observed</b>
<b>The individual:</b>				
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				

Cannot recall events prior to the injury				
Cannot recall events after the injury				
Briefly loses consciousness				
Shows behaviour or personality changes				
Complains of a headache or pressure inside the head				
Feels nauseated				
Is vomiting				
Has balance problems				
Is experiencing dizziness				
Feels tired or fatigued				
Has blurred or double vision				
Is sensitive to light				
Is sensitive to noise				
Is experiencing numbness or tingling				
Has difficulty thinking clearly				
Has difficulty concentrating				
Has difficulty remembering in general				
Feels sluggish				
Is irritable				
Is upset				
Is feeling more emotional than usual				
Is nervous				

<b>End time of assessment</b>	
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### Section 3 – resolution

Please tick all the boxes that apply.

<b>The individual has:</b>	<b>Please tick</b>	<b>Time</b>
Returned to work/school		
Been sent home		
Been collected by a parent		
Been sent to hospital		
<b>Additional comments:</b>		

<b>Form completed by (full name)</b>	
<b>Role</b>	
<b>Date</b>	
<b>Time</b>	

Please store this form in line with data protection legislation and keep on file in case it is required by the individual or a medical professional at a later date. If the individual visits the hospital, a copy of this form can be sent with them for reference.