THAKEHAM PRIMARY SCHOOL

'Small School, Big Opportunities, Great Achievements'

First Aid Policy

Thakeham Primary School

Date approved by the Resources and Strategic Organisation Committee: 8.2.22

Review Date: February 2022

Signed

Acting Headteacher:

Chair of Resources and Strategic Organisation Committee:

***This policy should be read in conjunction with the latest Managing Medicines Policy**

Management of first aid

First aid must be provided to any person that we owe a duty of care to if they are injured or become ill while on our premises or involved in an off-site activity. There must be sufficient suitably qualified first aiders and adequate first aid facilities to ensure that assistance will be provided quickly to casualties and a call made to the emergency services when appropriate.

Contractors who work on site must provide their own first aid.

To ensure that the arrangements are appropriate for a specific establishment, the Headteacher must undertake a first aid risk assessment. This risk assessment should be reviewed if there is any significant change at the school, and at a nominal yearly interval. A Checklist and Risk Assessment Form has been provided in the attachments (see appendix 1).

Our Appointed First Aider and First Aider in charge of Administering Medicines are allocated the duty of day-to-day management of first aid within the establishment, under the guidance and support of the Headteacher. This will include:

- reviewing the first aid risk assessment with the Headteacher whenever necessary;
- maintaining first aid training records and co-coordinating first aid training to ensure continuation of competency;
- ensuring that first aid supplies are replenished, kept in date and correctly stored;
- paperwork – draw up Individual Healthcare Plans, liaising with parents, class teachers and the School Nurse Service as needed

Qualifications and training

All first aiders must hold a relevant current certificate that has been obtained through attendance on a training course run by an approved organisation. Our usual first aid provider is Advantage First Aid Training. We aim to ensure our first aiders are fully equipped with either Emergency First Aid at Work or Schools First Aid certificates and a number of staff have Paediatric First Aid training to ensure that our Early Years (Reception) children are adequately cared for (see Medicines Policy). This qualification is in addition to the School First Aid training. See record sheet in Medical Room and emergency cards in each room for details of personnel. The Appointed Person maintains training records to ensure that first aiders receive re-training when required.

Staff who have not been first aid trained should not provide first aid treatment.

How many first aiders?

The number of qualified first aiders necessary for an educational establishment will depend upon the size and layout of the premises, the number of people it accommodates and the nature of the activities carried out.

There must be a sufficient number of first aiders strategically located to ensure that first aid treatment will be provided quickly in an emergency. The number must also be sufficient to ensure provision will be maintained during both planned and unplanned absences such as leave and sickness, and to accommodate off-site activities such as educational visits and sporting fixtures. First aid duties can be shared between qualified staff provided the appropriate level of provision is maintained.

Educational establishments with children under 5 (including reception class children)

Educational establishments with children under 5 must also meet the first aid requirements of the Early Years Foundation Stage Statutory Framework. At all times when children under 5 are at the establishment, or on an off-site visit organised by the establishment, there must be at least one person present who has a current early years first aid certificate (paediatric first aid certificate).

Letters of appointment

Staff that agree to provide first aid must be given a formal letter of appointment, unless the role of first aid provider is already included in their job description (see appendix 2 and 3).

Contacting first aiders

Headteachers must ensure that everybody on the premises knows how to summon a first aider in an emergency. Notices are displayed in conspicuous places and the procedure are included in staff and volunteer induction training and pupil safety briefings. There are notices in the staffroom and office. Walkie-talkies are used to summon a first aider.

Appropriate practice

First aiders are responsible for assessing injuries or ill health and using their training to decide upon the most appropriate response. This can involve treating the casualty if the injury is within the scope of their training, referring them to hospital for assessment or further treatment, or calling the emergency services for urgent help.

If the first aider is in any doubt whether a casualty requires professional medical assistance, he or she should refer to the First Aid Manual (a copy is kept in the First Aid Room), call 999 or phone NHS 111. **Urgent treatment should not be delayed in order to consult with parents or carers.**

Playtime/Lunchtime

First aid trained staff are available on duty at breaktime/lunchtime and these are indicated in red on the weekly bulletin. In order to try and maintain appropriate adult to child supervision on the playground, the first aiders on duty should take with them the first aid backpack, walkie talkies and Medical Incident Record slips out on duty. This will support them in dealing with commonplace minor injuries in situ. Should first aid treatment be required that cannot be provided from the resources contained within the backpack or the child needs to be taken inside, a member of the office or another TA will be required to go out on duty in their place. Class first aiders are responsible for re-filling the first aid backpack.

Offsite activities

All offsite first aid issues/accidents must be recorded on the record slips in the First Aid bum bag and must also be transferred to the Medical Incident Record as soon as is safely possible to do so (must be the same day except in the case of a residential visit). Risk assessments must be completed for all offsite activities.

Head bump letters

Children often bump their heads without further consequences but parents should be informed about head bumps so that they can look out for signs that the injury could be more serious.

The model head bump leaflet (see appendix 4) should be used to inform parents about any head bumps, and the signs to look out for (children will also wear a Head Bump Alert sticker). These are

stored in the Head Bump Report Log in the secure medical Cupboard. As an extra safeguarding measure, in addition to the bump leaflet and sticker we will send a standard text message to a parent/carer to inform them that their child has had a bump to the head (see appendix 7). This is an extra safeguarding measure, as we appreciate that a leaflet in a book bag may not be seen that same day. If any of these signs become apparent whilst the child is still at school, arrange for them to see a GP or attend an Accident and Emergency department immediately. Please see later section on record keeping.

Calling the emergency services

When you dial 999 you are not calling an ambulance but alerting the emergency services to your incident. They will decide on the response that they will provide; this can range from verbal advice over the telephone to an emergency evacuation by air ambulance.

Calling 999 should not be delayed - let the emergency services decide the appropriate course of action based on the information that you give them.

It is recommended that model template (see appendix 5) from 'Supporting Pupils with Medical Conditions' is displayed and used as an aide-memoir for staff that may be required to call the emergency services. This is on the noticeboard in the office, in the Administering Medicines file in the Medical room and an edited version on the reverse of the laminate first aid contents sheet.

Pupils with medical conditions

First aiders will need to be informed if a pupil with a medical condition is likely to need special emergency treatment. Pupils' Indvidual Health Care Plans (IHCP) must be available to first aiders, and a copy should be provided to any medical practitioner providing emergency medical. These are stored on our system and a copy kept in the Administering Medicines and Completed Consents and Records file in the First Aid cupboard in the Medical room, as well as in each class' emergency medicine basket.

Hygiene and infection control

First aiders must follow their training and maintain good standards of infection control. Whenever small amounts of body fluids have to be cleaned up, disposable nitrile gloves should be worn and disposable paper towels and a detergent solution should be used to absorb and clean surfaces. These items should be disposed of in plastic bags, tied up and placed directly into the waste bin in the Medical room.

Human hygiene waste that is produced in places like schools and offices is generally assumed not to be clinical waste because the risk of infection is no greater than for domestic waste. However, this should be verified in the risk assessment on a case-by-case basis.

Guidance on infection control in Schools and other child care settings is available on the notice board in the staff room and the Administering Medicines file in the secure medical cupboard.

Record keeping

All first aiders should ensure that a record is made of all first aid treatment they give. This must include:

- the date, time and place of the injury or illness occurring;
- the name of the injured or ill person and their status, such as employee, pupil, client, visitor;
- details of the injury or illness and what first aid was given;
- what happened to the person immediately afterwards, for example, sent home, sent to hospital, returned to normal duties; and
- the printed name of the first aider or person dealing with the casualty.

- In the case of a bumped head, the grey shaded areas of the form must be initialled by the attending first aider and a Head Bump Report (see appendix 7) request filled out and given to a member of office staff or a call made by the first aider depending on the severity. This is an additional measure of safeguarding applied by Thakeham Primary School under the guidance of Corporate Health and Safety Team, West Sussex County Council.

At Thakeham Primary School all first aid treatment should be recorded on our school medical incident record sheet (see appendix 6) and in the case of a head bump, (see appendix 7). These are stored in the Medical Incident Record File in the secure medical cupboard in the Medical room.

Records should be kept according to the following schedule:

- pupils - 6 years from the date of 18th birthday
- employees and others - 6 years from the date of the accident.

This means you should record first aid provided to pupils separately from that provided to employees and others. You must also ensure that records are protected from unauthorised access.

Contacting Parents

When it is necessary to contact parents to alert them to an accident or illness in school, it is preferable that the first aider who has dealt with the child contacts them directly to ensure the communication of information is as accurate and detailed as possible. Where this is not possible, for example if they are unable to leave the child, then another adult must be sent to the office to alert them that a parent needs to be contacted. The call should be made following discussion with the First Aider and ideally next to them to ensure any questions from the parents can be checked with the First Aider.

Indemnity

West Sussex County Council employees who hold a valid first aid qualification are indemnified by the County Council's insurance against any claims for negligence or injury, provided they relate to first aid provided in the course of their employment and they acted in good faith and in accordance with their training and school's policy. The indemnity is regardless of where and to whom the first aid was provided.

Guidance on first aid kit sizes for a workplace environment

The size of the first aid kits to be used in a workplace is determined by the number of employees and the category of hazard incurred by the workplace environment; see table A, 1.

Where there are special circumstances, such as remoteness from emergency medical services, there might need to be more first aid kits than set out in Table A, 1.

Table A, 1 Guidance of first aid kit sizes for a workplace environment

Category of Hazard	**Number of employees**	**Number and size of first aid kits**
Low hazard. For example, shops, offices, libraries etc.	****Fewer than 25**	****1 small kit**
	25 - 100	1 medium kit
	More than 100	1 large kit per 100 employees
High hazard. For example, light engineering and assembly work Food processing, warehousing, extensive	Fewer than 5	1 small kit
	5 - 25	1 medium kit
	More than 25	1 large kit per 25

work with dangerous machinery or sharp instruments, construction, chemical manufacture, etc.		

First aid materials, equipment and facilities

There must be an adequate level of first aid materials, equipment and facilities in every establishment, to ensure that an injured person can be treated quickly in an emergency. The number and content of first aid kits will depend upon risk assessment.

First aid kits

The minimum provision for an educational establishment will be at least one first aid kit for use on the premises and one or more kits to be taken on off-site visits. Kits should be immediately available on playing fields.

First aid kits must be stored in a robust container designed to protect the contents from damp and dust and marked with a white cross on a green background.

The contents of the first aid box or bag should be checked regularly to ensure there is adequate stock and to replenish out of date items.

There is a new British Standard for the First Aid box contents. All new kits should conform but existing kits conforming to the previous standard do not need to be replaced until new kits are required.

This is what we recommend based on the British Standard:

- 1 leaflet giving general guidance on first aid
- 1 laminated sheet giving a list of first aid kit components included in kit
- 6 Pairs of Nitrile disposable gloves (Conforming to BS EN 455-1 and BS EN 455 -2, Large size (8-9)
- 40 individually wrapped sterile adhesive dressings (water resistant, sterile, an island design and blue ones for food technology or kitchen areas);
- 2 sterile eye pad dressing with bandage
- 2 individually wrapped sterile triangular bandages
- 1 conforming bandage
- 6 safety pins
- 4 medium-sized individually wrapped sterile unmedicated wound dressings (approximately 12cm x 12cm)
- 1 large individually wrapped sterile unmedicated wound dressings (approximately 18cm x 18cm)
- 1 foil blanket 130cm x 210 cm
- 1 mouth-to-mouth resuscitation device which includes a one-way valve
- 20 alcohol free moist cleansing wipes individually wrapped (sterile)
- 1 micro-porous adhesive tape
- 2 finger sterile dressing with adhesive fixing
- 1 burn relief dressing
- Scissors
- Medical Incident Report Slips and black pen.

Do not keep antiseptic creams, lotions, or any type of medication or drug in a first aid kit.

The contents of a travelling first aid kit for off-site visits must be appropriate to the type and duration of visit, but should contain as a minimum:

- 1 leaflet giving general advice on first aid
- 1 laminated sheet giving the first aid components in the kit
- 1 Pair of Nitrile disposable gloves (Conforming to BS EN 455-1 and BS EN 455 -2, Large size (8-9)
- 10 individually wrapped sterile adhesive dressings (water resistant, sterile, an island design and blue ones for food technology or kitchen areas)
- 1 sterile eye pad dressing with bandage
- 1 individually wrapped sterile triangular bandage
- 1 conforming bandage
- 2 safety pins
- 1 medium-sized, individually wrapped, sterile, unmedicated wound dressing (approximately 12cm x 12cm)
- 1 large, individually wrapped, sterile, unmedicated wound dressing (approximately 18cm x 18cm)
- 1 foil blanket 130cm x 210 cm
- 1 mouth-to-mouth resuscitation device which includes a one-way valve
- 4 alcohol-free, moist cleansing wipes individually wrapped (sterile)
- 1 micro-porous adhesive tape
- 1 burn relief dressing burn relief dressing
- Scissors
- 1 eye wash (250ml) individual 20ml pods- Laboratories can have different arrangements for eye irrigation; see the WSCC Health and Safety information for Science CD-ROM

Medical accommodation

Schools must have accommodation to care for children during school hours, and for health professionals to carry out medical and dental examinations. It does not need to be used solely for these reasons, but it must be appropriate for this use and be available when needed.

It must be well lit and also contain a washbasin and have a toilet reasonably nearby, and the floor and surfaces must be easy to clean and disinfect. It should be located on the ground floor with reasonable access for a wheelchair or gurney to the space reserved for emergency vehicles.

You should equip the room with adequate first aid facilities and equipment. We have a dedicated Medical room which is used for storage of first aid equipment and records and treatment of children/adults. The following are available

- a sink with hot and cold running water;
- soap and paper towels;
- disposable gloves;
- drinking water and disposable cups;
- a range of first aid equipment (at least the contents of a standard first aid kit);
- a record book (Medical Incident Report) for recording the first aid given;
- a current edition of the First Aid Manual;
- a copy of the Health Protection Agency poster ‘Guidance on Infection Control in Schools and other Child Care Settings’.

Appendix 1

First Aid Checklist and Risk Assessment Form

No	Assessment Factor	Apply		Impact on First Aid Provision
		Yes	No	
	Does your school have higher risk areas such as science labs or workshops?			You will need to ensure that first aid is available close to these rooms.
	Are there any specific risks such as hazardous substances, dangerous tools or machinery or animals?			You will need to consider: o Provision of additional first aid cover o extra first-aid equipment o precise positioning of equipment
	Is there adequate first aid provision close at hand for sports activities (consider curriculum and out of hours activities), and also for all offsite activities and visits?			You will need to ensure: o Adequate numbers of EFAW or EYFAs for these lessons, events or visits. o Travelling first aid kits have been maintained o For outdoor events, there is equipment to keep casualties warm e.g. survival bag or blanket. o Where first aid cover is spread out with a travelling group that there is a reliable and efficient method of communication with first aiders. o Where an off-site visit is to a rural or remote area, where emergency services may take longer to arrive, you may need additional first aiders and with better qualifications, e.g. FAW o Qualified sports or adventurous activity leaders may already hold a First Aid qualification recognised by their sport or activity national governing body. Before deciding to depend upon this provision, you should check that it meets the minimum standard of EFAW and if they will supervise primary age children and that it includes the resuscitation of that age group.
	Does your curriculum contain swimming lessons?			Does your curriculum contain swimming lessons? □ Unless you use facilities with qualified lifeguards, you will need to train supervising staff to perform rescues and resuscitation.
	Do you have pupils and visitors who have special health needs?			o Individual health care plans should be undertaken with the school nurse and should include any specific emergency procedures.

				o There must be sufficient staff trained to provide emergency care to pupils with medical needs at all times.
	What is your history of accidents and cases of ill health? What type are they and where did they happen?			You will need to check your records You may need to: o locate first aid in certain areas o review the provision
	Are the premises spread out, e.g. are there several buildings on the site or multi-storey buildings?			You will need to consider provision in each building and on several floors.
	Is there shift work or out-of hours working or after school activities?			First-aid provision is required at all times while people are at work or in your duty of care.
	Do you have staff that travel a lot or work alone?			You will need to consider: o issuing personal first-aid kits and training staff how to use them; o issuing personal communications.
	Do any of your staff work at sites occupied by other employers?			You must make sure that adequate arrangements for first aid exist at all sites used by your employees.
	Do you have any temporary workers, volunteers or other children on site?			Your first-aid provision must cover them.

Action: **Who By:** **Target Date:**

Member of staff responsible for overseeing First Aid:

Agreed First Aid Provision (Provide staff names)

FAWs:

EFAWs:

EFAW-EYFAs:

Poolside Resuscitation:

Location of First Aid Kits:

Additional first aid equipment (e.g. eye irrigation in laboratories):

Appendix 2

MODEL LETTER TO BE ISSUED TO FIRST AIDERS

Dear

Following your agreement to act as a First-Aider, I set out below the duties that you have agreed to undertake:

1) Administering First-Aid in accordance with your training;
2) Deciding when to refer casualties for further treatment or assessment, or to call the emergency services;
3) Maintaining First-Aid records;
4) Maintain familiarity with the guidance on first aid provided in the health and safety section of the WSSfS:
    a) Maintain First-Aid boxes and travelling first aid kits;
    b) Maintaining First-Aid rooms and areas;
    c) Maintaining effective communications.

Yours sincerely,

Head.

I confirm that I agree to undertake the duties specified in this letter.

Signed Date

Appendix 3

MODEL LETTER TO BE ISSUED TO APPOINTED PERSONS

Dear

Following your agreement to act as an Appointed Person/Key person for Administering of medicines, I set out below the duties, which you have agreed to undertake.

- Take charge in an emergency and call the emergency services
- Provide emergency aid treatment in accordance with training.
- Maintain First-Aid boxes to the standards outlined in the health and safety guidance on WSSfS.

Please sign and return to me the copy of this letter.

Yours sincerely,

Head.

I confirm that I agree to undertake the duties specified in this letter.

Signed Date

Appendix 4 – Head Injury in Children and Young People leaflet

Caring for your child at home & / or on discharge from hospital

- Clean any wound with tap water.
- If the area is swollen or bleeding, apply pressure for 5-10 minutes. If continues to bleed, keep applying pressure and seek medical advice.
- If in pain give paracetamol or ibuprofen. Always follow the manufacturers' instructions for the correct dose and form.
- Observe your child closely for the next 2-3 days and check that they are behaving normally and they respond to you as usual.
- It is OK to allow your child to sleep, but observe them regularly and check they respond normally to touch and that their breathing and position in bed is normal.
- Give your child plenty of rest, and make sure they avoid any strenuous activity for the next 2-3 days or until their symptoms have settled.
- Your child should NOT play ANY contact sport (for example football) for at least 3 weeks following a head injury without talking to your doctor first.
- You know your child best. If you are concerned about them you should seek further advice.

Do not worry unduly - these things are expected after a head injury and may last up to two weeks:

- Intermittent headache especially whilst watching TV or computer games
- Being off their food or feeling sick (without vomiting)
- Tiredness or trouble getting to sleep
- Short periods of irritability, bad temper or poor concentration

If these symptoms are lasting longer you should seek medical advice.

Useful addresses

Hospitals with Emergency Departments:

Royal Alexandra Children's Hospital
Eastern Road, Brighton BN2 5BE
Princess Royal Hospital
Lewes Road, Haywards Heath RH16 4EX
Surrey and Sussex Healthcare NHS Trust East Surrey Hospital
Canada Ave, Redhill, Surrey RH1 5RH
Western Sussex Hospitals NHS Foundation Trust including:
St Richards Hospital
Spitalfield Lane, Chichester PO19 6SE
Worthing Hospital
Lyndhurst Rd, Worthing BN11 2DH

Minor Injuries Units (MIU) or Urgent Care Centres

Bognor Regis War Memorial Hospital - Minor Injuries Unit
Shripney Road, Bognor Regis, PO22 9PP
Open 9am- 5pm, Monday – Friday (excluding bank holidays)
Crawley Urgent Treatment Centre - Crawley Hospital
West Green Drive, Crawley RH11 7DH
Open 24 hours, 7 days a week
Horsham Minor Injuries Unit - Horsham Hospital
Hurst Rd, Horsham RH12 2DR
Open 9am- 5pm, Monday – Friday (excluding bank holidays)
Queen Victoria Hospital Minor Injuries Unit (MIU), East Grinstead
Holtye Road, East Grinstead RH19 3DZ
Open 8am- 10pm, 7 days a week
West Sussex - Family Information Service
Tel: 01243 777807 www.westsussex.gov.uk/family
For more copies of this document, for more information and to feedback, please email us:
Chichester/Worthing area: contactus.coastal@nhs.net
Crawley area: CCCG.contactus-crawleyccg@nhs.net
Horsham/Mid Sussex area:
HSCCG.contactus-horshamandmidsussexccg@nhs.net

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west sussex county council



Head Injury in Children and Young People

December 2016 Refreshed Version

Advice for Parents and Carers

Child/Young Person's Name .....

Advice Given By .....

Location of Injury .....

.....

Type of Injury .....

.....

Date ..... **Time** .....

Head Injury - Advice for Parents and Carers

This leaflet is to advise on how best to care for a child who has a bump / injury to the head.

Head wounds rarely need stitches and can normally be glued by a health professional. This can be done in Minor Injury Units or Urgent Treatment Centres and some GP practices offer a minor injuries service. To find a local service see overleaf.

Please use the "Caring for your child at home" advice section (see overleaf) and the traffic light advice below to help you.
Most children can be managed according to the green guidance below especially if they are alert and interacting with you.
It is important to watch the child for the next 2-3 days to ensure that they are responding to you as usual.

Traffic light advice:

Green: Low Risk

If your child:

- Cried immediately (after head injury) but returns to their normal behaviour in a short time
- Is alert and interacts with you
- Has not been unconscious / "knocked out"
- Has minor bruising, swelling or cuts to their head

ACTION: If all the above have been met then **manage at home**. Follow the advice overleaf or, if you are concerned, contact your GP when they are open or call 111 when your GP surgery is not open

Amber: Intermediate Risk

If your child:

- Has vomited once or twice
- Has a continuous headache
- Has irritable or altered behaviour especially in children under 5 years old
- Is under the influence of drugs or alcohol
- Has been deliberately harmed and in need of medical attention

ACTION: Take your child to the nearest **Hospital Emergency department** if ANY of these features are present

Red: High Risk

If your child:

- If your child is under 1 year and has a bruise, swelling or wound > 5 cm
- Has been involved in a high speed road traffic accident or fallen from a height over 1 metre or been hit by a high speed object or involved in a diving accident
- Has been unconscious / "knocked out" at any time
- Is sleepy and you cannot wake them
- Has a convulsion or a fit
- Has neck pain
- Has difficulty speaking or understanding what you are saying
- Has weakness in their arms and legs or are losing their balance
- Cannot remember events around or before the accident
- Has had clear or bloody fluid dribbling from their nose, ears or both since the injury
- Has 3 or more separate bouts of vomiting

ACTION: **Phone 999 (or 112 from a mobile)** for an ambulance if ANY of these symptoms are present

Based on: Head injury - Triage, assessment, investigation and early management of head injury in children, young people and adults. January 2014. NICE clinical guideline 176
To feedback or for further information / copies (Please Quote Ref: H1) please email: CWSCCG.cypSECpathways@nhs.net

Appendix 5

Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your location as follows: Thakeham Primary School, Rock Road, Storrington RH20 3AA
3. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code: RH20 3AA
4. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
5. your name
6. provide the exact location of the patient within the school setting
7. provide the name of the child and a brief description of their symptoms
8. put a completed copy of this form by the phone

Appendix 6

THAKEHAM PRIMARY SCHOOL **01903 740176**	**ACCIDENT / INCIDENT / ILLNESS REPORT SLIP**	**DATE:**
		TIME:
		CLASS:
	PUPIL'S NAME:	

Location of details of accident/incident/illness:

Sprains/Twists		Head Injury *		Where on **body**, details of treatment and additional comments:
Nosebleed		*** Bumped Head sticker and parent information leaflet in bag**		
Asthma		ACTION (**at least one** of the grey shaded areas to be completed and initialled by First Aider)		
Bump/Bruise				
Cut/Graze		Parent/Carer Contacted (see "Head Bump Report"		
Headache/High Temperature		Unable to Contact Parent		
Vomiting/Nausea		Well enough to remain in school after First Aid		
First Aider involved to call parent/carer		Collected from school		Authorised Signature

THAKEHAM PRIMARY SCHOOL **01903 740176**	**ACCIDENT / INCIDENT / ILLNESS REPORT SLIP**	**DATE:**
		TIME:
		CLASS:
	PUPIL'S NAME:	

Location of details of accident/incident/illness:

Sprains/Twists		Head Injury *		Where on **body**, details of treatment and additional comments:
Nosebleed		*** Bumped Head sticker and parent information leaflet in bag**		
Asthma		ACTION (**at least one** of the grey shaded areas to be completed and initialled by First Aider)		
Bump/Bruise				

Cut/Graze		Parent/Carer Contacted (see "Head Bump Report"		
Headache/High Temperature		Unable to Contact Parent		
Vomiting/Nausea		Well enough to remain in school after First Aid		
First Aider involved to call parent/carer		Collected from school		Authorised Signature

THAKEHAM PRIMARY SCHOOL **01903 740176**	**ACCIDENT / INCIDENT / ILLNESS REPORT SLIP**	**DATE:** **TIME:** **CLASS:**
	PUPIL'S NAME:	

Location of details of accident/incident/illness:

Sprains/Twists		Head Injury *		Where on **body**, details of treatment and additional comments:
Nosebleed		*** Bumped Head sticker and parent information leaflet in bag**		
Asthma		ACTION (**at least one** of the grey shaded areas to be completed and initialled by First Aider)		
Bump/Bruise				
Cut/Graze		Parent/Carer Contacted (see "Head Bump Report"		
Headache/High Temperature		Unable to Contact Parent		
Vomiting/Nausea		Well enough to remain in school after First Aid		
First Aider involved to call parent/carer		Collected from school		Authorised Signature

Appendix 7

THAKEHAM PRIMARY SCHOOL HEAD BUMP REPORT LOG (To be completed by first aider and passed to the office)				
DATE	**PUPIL'S NAME**	**HEAD BUMP TEXT**	**TA**	**OFFICE (INITIAL)**
