



The Angmering School

Ambition
Courage
Respect

First Aid Policy 2023

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1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities, concerning health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

The Angmering School is committed to creating a safe and secure environment for all. It provides first aid for staff, students and visitors. Contractors who work on site provide their own first aid. First aid is available at all times when people are on site, and to groups who are doing off-site activities or are otherwise in the establishment's duty of care.

2. Legislation and guidance

This policy is based on advice from the Department for Education on first aid in schools and health and safety in schools, and the following legislation:

- *The Health and Safety (First Aid) Regulations 1981*, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- *The Management of Health and Safety at Work Regulations 1992*, which require employers to make an assessment of the risks to the health and safety of their employees
- *The Management of Health and Safety at Work Regulations 1999*, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- *The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013*, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- *Social Security (Claims and Payments) Regulations 1979*, which set out rules on the retention of accident records

Indemnity

WSCC 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. The indemnity is regardless of where and to whom the first aid was provided.

3. 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.

The tables provided below should be used to determine the minimum number of first aiders that must be provided by schools within the WSCC Support Services Service Level Agreement. Additional first aiders may be necessary according to the outcome of your risk assessment.

Secondary schools with no children under 5 (See notes)		
Number on roll	Minimum First Aid Provision in school during school hours	Staff numbers (head count)
Less than 100	1 FAW and 1 EFAW	< 50 staff
100-299	1 FAW and 2 EFAW	< 100 staff
300-999	2 FAW and 3 EFAW	< 200 staff
1000 or more	3 FAW and 3 EFAW	< 300 staff
Off-site activities (see note c)	First aid provision should be at least one EFAW, and any additional cover determined by risk assessment	

First aid provision must be considered for every off-site activity (including sports fixtures). The provision is subject to risk assessment but the minimum must be a First Aider qualified in EFAW.

A list of qualified First Aiders is available from the SRP.

All LSAs are required to hold a First Aid Certificate and PE staff strongly advised to do so. All who are qualified are expected to act in an emergency even if not timetabled.

4. 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.

For educational establishments, first aid courses can be booked direct with St Johns Ambulance. Send an email direct to St John Ambulance WSCC-courses@sja.org.uk quoting the following information:

- West Sussex Contract Reference: **6827**
- Course name
- Dates of course you wish to book on

You can check available dates on the [St John Ambulance website](#) (opens in new window) - enter your postcode and select the relevant course title.

Alternatively schools can purchase training from any other competent provider on whom they have performed due diligence (reasonable investigation and enquiry). This would include checking that the organisation is approved by a recognising awarding body i.e. Ofqual, and that the trainer is suitably qualified to deliver the training, course content is appropriate and that the necessary insurance is in place.

The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 3).

Staff are encouraged to renew their first aid training when it is no longer valid. The staff member should contact the SRP 2 months before the end of the certificate expiration if they have not already been contacted by the SRP.

- **First Aid at Work (FAW)** - A 3-day course in first aid delivered by a Health and Safety Executive (HSE) approved training provider. Certificates are valid for 3 years and the qualification can be maintained by attending a 2-day FAW renewal course. Renewal courses must be completed within 28 days of expiry of the previous certificate.
- **Emergency First Aid at Work (EFAW)** - A 1-day course in first aid delivered by an HSE approved training organisation or a training organisation that have gained accreditation from one of the awarding bodies offering accreditation that are listed on the HSE website. Certificates are valid for 3 years. St Johns Ambulance also provide EFAW (Primary), a 1-day course in first aid delivered as above, that includes first aid to employees and additional training in resuscitation of children aged 5-11. This latter course (or equivalent from other first aid training providers) is recommended for primary schools.
- **Paediatric or Early Years First Aid (EYFA)** - A 2-day course specialising in first aid for children aged up to 5 years, delivered by a provider approved by the Local Authority (LA). This qualification is required in addition to the standard first aid qualifications in any establishment where staff will have a duty of care for children up to the age of 5 years. Certificates are valid for 3 years.
- **Poolside Resuscitation (2 hours)** - A course to enable school staff to assist a RLSS/ASA qualified supervisor during swimming pool activities.
- **Refresher training** - Although certificates are valid for 3 years, the HSE strongly recommends that first aiders receive annual refresher training. Three-hour refresher courses can be booked through the Health and Safety Team.

5. Roles and responsibilities

5.1 First aiders

Our school's first aiders will be displayed prominently around the school. Example of first aider list displayed in appendix 1.

They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Contacting the Year Leader if the pupils needs to be sent home
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

It is emphasised that the qualified First Aiders are NOT trained doctors or nurses.

5.2 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the head teacher and staff members.

5.3 The head teacher

The head teacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role (delegated to the Business Manager)
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place (delegated to the Premises Manager)
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

5.4 All School Staff

All staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called
- Informing the head teacher or their line manager of any specific health conditions or first aid needs

5.5 School Nurse

The School Nurse is a registered children's nurse and holds a specialist public health qualification and attends mandatory annual first aid training.

- Responsible for all medical needs of the students registered in the Lavina Norfolk Department.
- Responsible for Y6/7 Care Plans for students with Diabetes.

5.6 Site Responsible Person (SRP)

- Responsible for the maintenance and auditing of the first aid provisions.

- Responsible for the reporting of incidents to WSCC.
- Responsible for the line management of 'on-call' staff to provide first aid cover to the whole school.

6. 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. Model letters of appointment are included as Appendix 4.

7. Procedures

Head Teachers must ensure that everybody on the premises knows how to summon a first aider in an emergency. Notices should be displayed in conspicuous places and the procedure should be included in staff and volunteer induction training and pupil safety briefings. Unaccompanied visitors will also need to be informed when they are admitted to the premises.

7.1 In-school emergency first aid procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment. This will be done by using the 'on-call' system in place.
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted by the Year Team Admin and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the Year Team Leader/Year team Admin will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury
- In the case of a student having to be transferred to hospital by an ambulance, they will be accompanied by a parent/guardian. If the parent/guardian is not able to be at school before the ambulance arrives, the pupil will be accompanied by a member of the school staff and the parent/guardian will be informed where the pupil is being taken to and meet them there.

7.2 Off-site emergency first aid procedure procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A school mobile phone

- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments will be completed by the trip organiser and approved through the Evolve system, prior to any educational visit that necessitates taking pupils off school premises. This risk assessment will define what procedures to follow in the case of an emergency and this will be tailored to the specifics of the activity being undertaken.

7.3 Students with Medical conditions

First aiders are informed if a student with a medical condition is likely to need special emergency treatment. The School Nurse will prepare a health care plan for such students. Student health care plans are available to first aiders FGB JNE/DST May2019 in the first aid room and a copy provided to any medical practitioner providing emergency medical treatment to such students. A message is added to the student's file in SIMS and teachers informed if appropriate.

7.4 Medication

Students who are prescribed medication to be taken during the school day, on a regular basis, must ensure that it is in its original box with prescription label with name, date and dosage.

It should be handed in to Student Support for dispensing as indicated. A care plan will need to be completed and the appropriate forms will need a parental signature.

Some students are prescribed occasional treatment such as an antibiotic, which has to be taken during the day. Normally, staff do not administer antibiotics and students prescribed them should remain at home for the duration of the treatment. However, if a doctor deems the treatment to be mild and the student able to attend school, he or she may bring in the medication with parental request (Student Support will contact parents to confirm dosage etc.) This must be clearly marked, in the original pharmacist's container and taken to Student Support. A 'Request to administer medicine' form must be signed and returned to the medical room the next day. Staff check that the medication has been administered without adverse effect in the past and parents must certify this is the case. A note to this effect is recorded on the consent form.

Asthma inhalers, epi-pens and other infrequently used medication, which have to remain in the care of the student, must be clearly marked (a care plan must be complete in this case except for inhalers). They are the student's responsibility and must never be lent to another student. Parents must ensure an emergency spare is kept in school with Student Support and it must be clearly labelled and collected on expiry.

Students should not carry any medication on their person unless prior consent has been gained from the Head teacher and the appropriate forms completed (and a care plan completed). If a student suffers from migraines or another condition requiring occasional pain relief, additional, prescribed and labelled supplies can be sent in to Student Support to be dispensed as the need arises.

Paracetamol will only be given out between 12 noon and 2pm unless deemed necessary by the first aider on duty. Parental consent will be gained at the time of injury or illness if paracetamol is to be given outside of these times. Written or verbal parental consent must be

given prior to administration of paracetamol. 1 x 500mg tablet of paracetamol will be administered to students 12 years old and under. a maximum of 750mg to students 13 - 15 years. Students aged 16 years and over can be administered a maximum of 2 x 500mg tablets of paracetamol. The date, time and dose administered will be documented on the pupils Bromcom account.

Non-prescription travel sickness medication can be administered by staff providing they are supplied in the original packaging and accompanied by a 'Request for school to administer medicine' form. It must be suitable for the child's age and supplied by the parent.

Antihistamine medication can be administered by the medical room for the treatment of a mild allergic reaction. Parental consent must be given prior to the antihistamine being administered. Consent can be written or verbal.

7.5 Controlled Medication

The school does not deem a pupil, prescribed a controlled drug (as defined by the misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access. Controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

7.6 Head Bump Leaflets (appendix 5)

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 head injury leaflet (appendix 5) should be used to inform parents about any head bumps and the signs to look out for. If any of these signs become apparent while the child is still at school, arrange for them to see a GP or attend an Accident and Emergency department immediately.

7.7 On-site Contractors

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

8. 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 you complete 'Form 1' from 'Managing medicines in Schools and Early Years Settings' and display this as an aide-memoir for staff that may be required to call the emergency services.

9. First aid equipment

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.

High-risk areas such as laboratories and workshops should have their own first aid kits, and kits should be immediately available on playing fields. Very large or split site establishments will need sufficient kits to ensure they are readily available across the entire site.

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 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 leaflet 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 un-medicated wound dressings (approximately 12cm x 12cm)
- 1 large individually wrapped sterile un-medicated 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
- Shears.

Do not keep antiseptic creams, lotions, or any type of medication or drugs 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 contents list 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, un-medicated wound dressing (approximately 12cm x 12cm)
- 1 large, individually wrapped, sterile, un-medicated 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
- Shears
- 1 eye wash (250ml) - Laboratories can have different arrangements for eye irrigation; see the WSCC Health and Safety information for Science CD-ROM.

First aid kits are stored in:

- Reception (behind the desk)
- Admin Office
- Science Department Prep Room
- Design and technology Prep Room
- PE Office
- Drama and Dance Office
- Premises Team Office
- Medical Room
- LNC Nurse Office
- School kitchen

Minibuses

It is a legal requirement for all minibuses to carry a first aid kit.

Defibrillators

The school have FOUR defibrillators located across the school site;

- LNC (The Lavinia Norfolk Centre) N1
- PE foyer (adj to P1)
- Main Staff Room (A5)
- Middle Floor F Block (Hums Office) F27

All Trained first aiders are defibrillator trained. Training is updated every 3 years.

10. 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. It would be reasonable to expect:

- 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);
- apparatus for the safe disposal of clinical waste such as a foot-operated refuse container lined with disposable yellow clinical waste bag;
- a sharps container if it is foreseeable that sharps will be used;
- a couch with waterproof protection, clean pillows and blankets;
- a chair;
- a telephone;
- a record book for recording the first aid given;
- a current edition of the First Aid Manual; and
- a copy of the Health Protection Agency poster 'Guidance on Infection Control in Schools and other Child Care Settings'.

11. Record-keeping and reporting

11.1 First aid and accident recording

- A digital accident form (Appendix 2) will be completed by the first aider on the same day or as soon as possible after an incident resulting in an injury. This will then be sent to the SRP via firstaid@theangmeringschool.co.uk for further investigation if needed.
- As much detail as possible should be supplied when reporting an accident.
- A copy of the digital accident form will also be sent to the Year Team Leader and added to the pupil's educational record (Bromcom).

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.

11.2 Reporting to WSCC

WSCC ask to be informed of any accidents or incidents that fall into these headings below. The SRP will report these to the WSCC as soon as is reasonably practicable.

<https://wsc.info-exchange.com/SchoolIncident> (Appendix 2a)

These include:

- Any accident or incident involving a member of staff or volunteer working for the council, no matter how minor, which is work-related¹, and which occurs during normal working hours, shift working, authorised overtime and emergency / call out, and which causes an injury or damage to equipment or infrastructure;
- Any accident or incident involving visitors to council premises, people using council services, people participating in a council-run activity and contractors working on council-occupied premises, and which causes an injury or damage to equipment or infrastructure;
- Any incident of violence and aggression (verbal and/or physical) directed towards council staff, volunteers working for the council, contractors working on council-occupied premises, where the person feels affected by the incident;
- Any near-miss incident among staff members, volunteers working for the council, visitors to council premises, people using council services, people participating in a council-run activity and contractors working on council-occupied premises. A near-miss incident is an adverse event not causing injury, ill health or damage to equipment or infrastructure, but had the potential to do so;
- Work-related disease - Ill-health among staff members or volunteers working for the council, which is diagnosed by a registered medical practitioner and has been directly caused by working for the council. Diseases which must be reported:
 - Carpal tunnel syndrome: where the person's work involves regular use of percussive or vibrating tools;
 - Coronavirus (Covid-19): which has been confirmed by a *bona fide* test following a close contact² with a service user;
 - Cramp of the hand or forearm: where the person's work involves prolonged repetitive movement of the fingers, hand or arm;
 - Hand Arm Vibration Syndrome: where the person's work involves regular use of percussive or vibrating tools, or holding materials subject to percussive processes, processes causing vibration;
 - Occupational Asthma: where the person's work involves significant or regular exposure to a known respiratory sensitiser;
 - Occupational dermatitis: where the person's work involves significant or regular exposure to a known skin sensitiser or irritant;
 - Tendonitis or tenosynovitis: in the hand or forearm, where the person's work is physically demanding and involves frequent, repetitive movements;
 - Any occupational cancer, e.g. mesothelioma or lung cancer in a staff member who is occupationally exposed to asbestos fibres, cancer of the nasal cavity or sinuses in a staff member who is occupationally exposed to wood dust;
 - Any disease attributed to an occupational exposure to a biological agent, e.g. Weils Disease (Leptospirosis), legionnaires disease.

¹ "Work-related" means arising out of or in connection with work. This means any accident which is attributable to the manner of conducting an undertaking, the plant or substances used for the purposes of an undertaking, or the condition of the premises used for the purposes of an undertaking or any part of them.

² 'Close contact' means physical contact was required to provide personal support i.e. assistance to move, feeding, toileting, dressing/undressing and where contact with respiratory aerosol is likely.

What should not be reported - Accidents or incidents which are not work-related, for example: -

- Accidents or incidents that occur between members of the public, i.e. private matters;
- Road traffic collisions when staff are driving in their own time, e.g. commuting to/from work;
- Injuries that are not work-related and which do not occur during normal working hours, shift working, authorised overtime and emergency / call out, e.g. non-work sport injuries, leisure injuries and DIY injuries.
- Occupational ill-health that is not work-related, e.g. infections which are common in the community such as colds, influenza, bronchitis or stomach upsets.

Additional criteria specific to schools:

- The very minor injuries (such as scratches or bruises) experienced by pupils caused by play or inattention will continue to be recorded on the schools digital accident form. All other injuries or ill health resulting from accidents or a work activity are to be recorded using the online accident reporting system, no matter how minor;
- Special schools, which are known to experience a large number of violent incidents, need only report these using the online accident reporting system where a physical injury has been sustained. More minor incidents of this type can be recorded locally;
- Incidents that occur during off-site activities must be reported using the online accident reporting system as well as those that happen at school.

12. Monitoring arrangements

This policy will be reviewed by the Premises Manager every year.

At every review, the policy will be approved by the head teacher & full governing board.

13. Links with other documents

This first aid policy is linked to:

- Health and safety policy
- The First Aid Risk assessment
- ~~Medicines Policy~~ Supporting students with medical needs Policy
- Trips and Visits Policy
- Child Protection Policy

Appendix 1: First Aiders sign



FIRST AIDERS

Name	Location

All first aid instances should be dealt with by a department first aider, if assistance is needed the the 'oncall' system shoul be used to summon help.


Appendix 2: Digital accident report form

Digital Accident/Injury/Illness Form


This form is to be filled out immediately by the first aider after every accident or injury.

This form is automatically collecting emails from all respondents. [Change settings](#)

Date?

Day, month, year 

Time of incident? *

Time 

Place of Incident? *

Short-answer text

Injured persons name? *

Short-answer text

Casualty Status *

- Pupil
- Employee
- Visitor
- Contractor
- Other..

If the casualty is a student, please select there year group.

- Year 7
- Year 8
- Year 9
- Year 10
- Year 11
- 6th Form

Please provide a brief description of the injury or illness. *

Long-answer text

Please provide a brief description of what first aid was given. *

Long-answer text

Please select the most relevant answer for what happened to the injured or ill person immediately after first aid was given. *

- Ambulance called and taken to hospital
- Ambulance called and not taken to hospital
- Sent home with parent/guardian
- Returned to normal lesson or work.
- Other...

Name of person who dealt with the casualty. *

Short-answer text

Appendix 2a: WSCC online reporting form

west SUSSEX county council

School Incident > Please fill in the fields below and then click on 'Submit'

Complete the fields below - mandatory fields are marked with a red asterisk.
WSCC stores and uses your personal information to determine accident/incident data. WSCC only shares your personal information if the reported injury or illness meets the criteria for it to be reported to the Health and Safety Executive as required by statute.


Person Reporting Details * indicates a mandatory field

Your Name * Your Email *
Your Telephone Number *

Incident Details * indicates a mandatory field

Ref No. Automatically assigned * Name of School * Click to select
Date/Time of Incident * DD MM YY HH:MM Type of Incident * Click to select
Details *
Emergency Response Click to select
School Location Click to select Primary Cause * Click to select

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Appendix 3: first aid training log

Department	Surname	First Name	FAW/EFAW	Cert expiry date

Appendix 4: Letters of Appointment

Model Appointment Letter

Page 1 of 1

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 Services for Schools:
 - 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

All downloaded or printed versions of this document are uncontrolled. Refer to Services for Schools for the current version

Appendix 5: Head Bump 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

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

Date of Publication: August 2014 Date of this Version: December 2016 Review Date: December 2018.

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.

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