CINNAMON BROW CE PRIMARY SCHOOL

‘For I know the plans I have for you… Plans to give you hope and a future.’ Jeremiah 29:11

First Aid

Whole School Policy

Implemented	Autumn 2025
Agreed by Governors	TBC
Due for Review	Autumn 2027

Policy & Guidelines for Administering First Aid in School

1. Aims

The aim of this policy is to set out guidelines for all Staff in school in the administering of First Aid,and to determine whether or not the child needs 'First-Aid' or merely 'Pastoral Care'.
Having such clarity will help us to ensure we are providing the best possible care and provision for safeguarding our pupils. This policy must be read in conjunction with 'Medication in School' and Health and Safety policies.

The aim of this policy is to ensure that:

- we are compliant with all relevant legislation
- a person is appointed to take charge of first aid arrangements
- staff nominated as first aiders receive up-to-date training by a suitably recognised organisation
- suitably stocked and marked first aid containers are available at all appropriate locations throughout the school
- all members of staff are fully informed regarding the first aid arrangements
- all staff are aware of hygiene and infection control procedures
- written records are maintained of any accidents, injuries, diseases, or dangerous occurrences; reports are undertaken as required under the reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- first aid arrangements are regularly reviewed and assessed to maintain adequate first aid provision

2. The Law

The provision of first aid is covered by the Health and Safety (First Aid) Regulations 1981. Employers are responsible for the provision of appropriate first-aid equipment, facilities and first-aid personnel in respect of their employees – this includes schools, as they are workplaces.
The Health and Safety (First Aid) Regulations 1981 do not require employers to provide first aid formembers of the public. However, many organisations such as schools provide a service for others. HSE strongly recommends that employers include the public in their first aid needs assessment and make provision for them.
At events such as concerts, it is the event organiser's responsibility to ensure the availability of medical, ambulance and first-aid assistance as appropriate for all those involved.

3. Staffing and Responsibilities

Cinnamon Brow Church of England Primary School has members of Staff with designated responsibility for administering First-Aid in school during the school day, during after school clubs and on school trips.
These members of Staff operate on a rota basis. A copy of the rota is kept in each classroom and the main school office (see Appendix A for the designated First Aiders).
For cover at lunchtime, the Midday assistants are trained to care for minor injuries and to refer to a First Aider as appropriate.
Cover for after school clubs is provided by the office staff who are trained and onsite until 4:30 – all clubs usually end before this time.

4. Classification of Injury – First Aid Required:

A First Aider must be consulted in the event of a child (or member of staff) sustaining an injury of the following nature:

- cut to head / head injury where a bump / mark is made
- neck/back injury
- deep / serious cut or graze where a dressing is required
- suspect sprain or break
- burns/scald
- stings: i.e., bees/wasps/insects (due to the possibility of allergic reaction)
- potentially serious condition e.g., asthma or panic attack, chest pains, high temperature,seizure, choking, severe headache or rash

5. PUPILS WITH A SPECIFIC NEED:

In addition, a First Aider must be consulted to treat pupils who are known to have a specific illness i.e., diabetics, pupils known to have allergic reactions, pupils with EpiPen's in school - irrespective of the type of illness or injury sustained.

On no account must these pupils be left or sent to self- administer their own treatment

Pupils with specific needs will have a personal health care plan to ensure their safety. These plans are kept in the class SEN file on OneDrive and uploaded to Cpoms. They are shared with all staff as required. This information is also added to Arbor (see Appendix …. for the health care plan).

Formal First Aid Training – First Aid at Work + Paediatric 1st Aid - EYFS

Registered First Aiders will have attended a 3 day 'First Aid at work course (see Appendix B) to enable them to undertake their duties safely. Certificates valid for 3 years are issued for successful completion.
Renewal will be undertaken every 3 years by attending a 2-day First Aid at work refresher training course.
School will cover the cost of these training courses.

6. Classification of Injury – Pastoral Care required:

Consultation from a First Aider should not be sought in the event of minor incidents which may betreated with Pastoral care.

Examples of these are:

- minor cuts or grazes that require cleaning and the application of a dressing to protect it
- pupils who feel - or who are actually – sick (see guidance on Vomiting)
- minor bumps to the head – i.e., pupils colliding in the playground that do not leave a mark /bump
- minor marks to the body (bruises), skipping rope burns etc
- if there is any doubt, then a First Aider shall be consulted

Pastoral Care & Basic First Aid Training

All Staff will have attended an emergency first aid course that is tailored for minor injuries (seeAppendix B). This will be refreshed every 3 years.

7. Providing Appropriate Care

The Teacher/TA/MDA leading the class or group is responsible for dealing with any incident in the first instance and will decide if pastoral care or first aid is required. ***If there is any doubt as to whether it is a pastoral care or first aid incident, then it will be deemed to be a first aid incident.***

First Aid:

If first aid is required, then a designated member of first-aid staff should be sent for immediately.If this occurs in class time, then the first aid timetable will be consulted and the correct first aider called either using the phone system or a member of staff / child. If this occurs at playtime, then the extra adult will seek a first aider. An informed assessment will be carried out and the appropriate treatment given.

Once the child has been treated, the first aider will complete the school accident report booklet (See Appendix C). The class teacher must be informed so that they can liaise with Parents/Guardians/Out-of-school club/Carer at the end of the school day and ensure the information slip (which has been completed in the school accident report booklet) is taken home.

Should the injury require medical assistance (i.e., Parent called into school/hospital visit/ambulance/), a member of the office staff should be contacted immediately to update the Headteacher (or member of the SLT/staff identified in Appendix D) and seek authorisation to call parent/ambulance.

If an ambulance is required, the office will call 999 and follow the procedure outlined in AppendixD.

Pastoral Care

Incidents requiring 'pastoral care' should be recorded (see Appendix E) and treated as follows:

- **during morning lesson time**: Teacher/TA; this will be recorded in the class pastoral care book
- **during afternoon lesson time**: Teacher TA; this will be recorded in the class pastoral care book
- **break and lunchtimes:** MDA or staff member on duty; this will be recorded in the lunchtime pastoral care book

Vomiting

Should the child be feeling unwell or have been sick in school, the class teacher must be notified. The procedure is that the class teacher would discuss the situation with a member of the SLT so that an informed decision may be made. Usually, they would be able to return to school 48 hours after the last bout of sickness.

Should the decision be that parents be notified/the child needs to go home, the office should be informed, and parents contacted.

If a child vomits whilst at school, then a member of staff will be asked to clean up afterwards:

- during class time, this will be the Teaching Assistant assigned to the class/key stage
- during break time, it will be a member of staff on duty
- at lunchtime, it will be one of the MDAs

Dealing with Vomit

- always wear gloves when dealing with vomit
- there are disposable sick bags in the First Aid Supply Box near the office, for pupils who feel sick
- double bagged vomit shall be disposed of in main outside bins
- if a child is sick, then the vomit must be covered by white sick powder (this is stored on top of the first aid cupboard) and left to dry
- ensure a yellow 'Wet Floor' sign is used as a warning in the area
- once dried, the vomit must be cleaned up by the person dealing with the incident
- the white powder is brushed up, double bagged and thrown away as detailed above

Use of icepacks

Some minor injuries may benefit from the use of an icepack on the affected area. In general, icepacks help to reduce swelling / bruising / strains or for some bumps and can reduce the pain. They should not be used for every bang that a child suffers.

Icepacks are kept in the fridge in the staff room. Once the minor injury has been treated, the ice- pack must be returned to the fridge and not left in the classroom. Emergency icepacks, which can be cooled instantly with a click, will be kept in the medical cupboard but must only be used for emergency situations.

WARNING: Ice packs must never be placed in the freezer. Application of a frozen pack to skin can cause a cold burn.

8. Administration of Medicine

First aid at school does not include giving tablets or medicines to treat illness. It is recommended that tablets and medicines should not be kept in the first-aid box (see medication policy).

Some staff carry their own medication that has been prescribed by their doctor (e.g., an inhaler for asthma). This must be stored in a safe place that is not accessible to children.

Children's own inhalers are stored in their own personal zipped folder, in their classrooms. If an individual needs to take their own prescribed medication, the first-aider will support the child with this, following their individual asthma plan.

The administration of medicines in school is covered in detail in a related policy 'Medicines in school' and must be read in conjunction with this policy.

Use of EpiPen's

Medicines legislation restricts the administration of injectable medicines. Unless self- administered, they may

only be administered by or in accordance with the instructions of a doctor (e.g., by a nurse).

However, in the case of adrenaline there is an exception to this restriction, which means in an emergency a layperson is permitted to administer it by injection for the purpose of saving life.

The use of an **EpiPen** to treat anaphylactic shock is an example of an exemption from the restriction imposed by the medicine's legislation. Therefore, first-aiders and specifically anaphylaxis-trained staff members, may administer an EpiPen if they are dealing with a life-threatening emergency and if it involves a casualty who has been prescribed and is in possession of an EpiPen. The individual healthcare plan will be followed as required (see Appendix I– health care plan; see Appendix A -first aiders)

9. INCIDENT REPORTING:

Pastoral care incidents only need to be recorded briefly in the class/lunchtime pastoral care log. This is recorded by initials of child and a tick in the column that relates closest to the incident.

Incidents requiring first-aid (whether minor or major) must be recorded in the school accident report booklet (see appendix C). Logs are situated in all classrooms.

The first aider dealing with the injury will complete the entry and ensure the following forms are completed:

- accident report slip for parents from the accident report booklet (see Appendix C)
- compliance form for significant injuries / accidents for pupils and staff (see Appendix J) – this must be submitted electronically to Compliance Education by Donna Gray (Business Manager)

The logs will be gathered and checked weekly by the first aid support to:

- provide a single central record
- ensure appropriate care has been given
- monitor number, type, and location of incident

Employers and those in control of premises have a duty to report some accidents and incidents at work under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). The RRT are responsible for formally reporting any RIDDOR events to HSE.

Further guidance on adverse incident reporting is provided in Appendix F and in 'the Business Continuity Plan'.

10. First Aid

First Aid Box Location

First Aid Kits are available at the following locations:

- every classroom and in Key Stage corridors
- first Aid Cupboard
- pastoral care bags are available with lunchtime resources for use on the playground

First Aid Box Contents:

School has a ready supply of minor first aid equipment in the First Aid Boxes (see Appendix H)
Recommended minimum contents are:

- a leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work)
- 20 individually wrapped sterile plasters (assorted sizes), appropriate to the typeof work (hypoallergenic plasters can be provided if necessary);
- two sterile eye pads
- two individually wrapped triangular bandages, preferably sterile
- six safety pins
- two large sterile individually wrapped unmedicated wound dressings
- six medium-sized sterile individually wrapped unmedicated wound dressings

- at least three pairs of disposable gloves
- tablets and medicines must not be kept in the first-aid box
- eye washes x 2

Cuts and grazes should be treated with gauze and clean water only and Elastoplast/micropore applied where applicable. Use of antiseptic creams are not permitted.

Care and Replacement of Equipment

The appointed first aider is responsible for checking the contents on a weekly basis and restocking as required. The checks must be recorded on the check sheet which should be kept with the first aid box (see Appendix H)

If staff are taking a First Aid kit for use on Off-Site Visits or Events, they must first check the box to ensure it is suitably stocked and contents are in date. They should sign the checklist to confirm they have assessed the contents.

Note: First aid does not include the treatment of minor illnesses such as headaches — therefore headache pills and/or other medications, etc. must not be kept in the first-aid box

Signage

All first-aid boxes will be marked with a white cross on a green background. Similarly, first-aiders will be easily identifiable by posters in classrooms and communal areas.

Signs will be placed where they can be seen (not obstructed from view) and easily identified.

Educational Trips and Out of School Activities

If a class is away from school or on an educational visit or out of school activity staff should take the following:

- Travel first aid box
- Bucket and paper towels
- Plastic bags or bin bags
- Change of clothes
- Emergency ice pack
- Inhalers – see individual class teacher
- Medication – appropriate for cohort of children & children with specific needs

Whilst on an educational visit or out of school activity, medication must be administered by the designated member of staff. If medication is administered, the relevant details must be recorded and transferred to the medication log once back at school.

If specific medication is required to be administered, on trips or residentials, parents/carers will be required to sign a medical form (see 'Policy for supporting children with medical needs').

In the event of first aid treatment being required, the first aider is responsible for recording the following details and updating the school accident report booklet at school and completing the relevant accident reporting forms.

- name of Child
- class
- date
- details of injury – how it happened, where it happened
- treatment administered

Automatic Emergency Defibrillator

The Automatic Emergency Defibrillator (AED) is kept next to the School Office. There is also an Automatic Emergency Defibrillator (AED) outside the school gates, for the community use.

The device is used to return a person's heart to normal sinus rhythm if it goes into ventricular defibrillation – a fatal condition. Ideally, the defibrillator will be used by a First Aider; however, knowledge of First Aid is not required to operate an AED safely. Instructions are provided audibly by the machine and are simple to follow. Timely response will save precious time and increase thepatient's chances of survival.

If a defibrillator is being used, it will only permit the administration of a defibrillator shock when its electronic algorithms determine that ventricular fibrillation is present. Patients in this state areconsidered clinically dead and it is unlikely that any intervention with this device could make the situation worse.

To support staff in the use of an AED, a whole school training session has been delivered.

The AED will be inspected and maintained in accordance with the guidance provided with the device. There is a designated member of staff that checks the AED and completes the weekly log(Appointed First Aider).

Appendix A - Designated First Aid Rota & Staff trained in use of EpiPen's

There are a number of registered first aiders in the school.
The aim of this rota is to ensure there is always one first aider available.

Designated First Aid Rota

The aim of this rota is to ensure there is always first aid available. It should be used in conjunction with the school's first aid policy.

Name	Key Stage	
Mrs Batley	EYFS	Paediatric 1st Aid
Mrs Shaw	EYFS	Paediatric 1st Aid
Mrs Stubbs	EYFS	Paediatric 1st Aid
Mrs Keane	EYFS	Paediatric 1st Aid
Mrs McKenna	EYFS	Paediatric 1st Aid
Mrs Quinn	EYFS	Paediatric 1st Aid
Mrs Parr	EYFS	Paediatric 1st Aid
Mrs Thomas	EYFS	Paediatric 1st Aid
Mrs Bostock	EYFS	Paediatric 1st Aid
Miss Parkinson	EYFS	Paediatric 1st Aid
Mrs Banner	EYFS	Paediatric 1st Aid
Mrs Rossi	Office/ Pastoral	Paediatric 1st Aid
Mrs Dedman	Office	First Aid at Work
Mrs Rowlands	KS1	First Aid at Work
Mrs Minshull	KS1	First Aid at Work Outdoor First Aid
Mrs Piazza	KS2	First Aid at Work
Mrs Ruth	MDA	Paediatric 1st Aid
Mrs A Hughes	MDA	Paediatric 1st Aid
Miss McLaughlin	MDA	Paediatric 1st Aid
Miss Cooper	MDA	Paediatric 1st Aid
Mrs Risley	MDA	Paediatric 1st Aid

Staff trained to use EpiPen's

Name	Key Stage	
Mrs Batley	EYFS	Anaphylaxis training
Mrs Keane	EYFS	Anaphylaxis training
Mrs Parr	EYFS	Anaphylaxis training
Mrs Rowlands	KS1	Anaphylaxis training
Mrs Cain	KS1	Anaphylaxis training
Mrs Piazza	KS2	Anaphylaxis training
Mrs Carman	office	Anaphylaxis training
Mrs Gray	office	Anaphylaxis training
Miss Cooper	MDA	Anaphylaxis training
Mrs Murphy	MDA	Anaphylaxis training

Emergency 1st Aid training covers the use of Defibrillators and EpiPen's.

Staff trained to use defibrillator (AED)
All staff who have received Emergency 1st Aid Training

Location of First Aid equipment

- first Aid kits are located in every classroom and in Key Stage corridors
- first Aid Cupboard
- pastoral care bags are available with lunchtime resources for use on the playground

AED (defibrillator) and **emergency inhaler** are located in the First Aid Cupboard next to school office

Anti-Choking Device is also located in the First Aid Cupboard next to the school office.

Appendix B – First Aid Training

Emergency First Aid inset training - Suitable for all school staff. Course provides **key skills** to keep our children safe. The course is delivered in 2.5 hours and covers:

- bleeding
- primary survey
- resuscitation - adult and child
- role of the first aider
- asthma
- communication and casualty care
- choking - adult and child
- unconscious casualty - adult and child
- how to use AED (Defibrillator)
- how to administer an EpiPen
- how to use anti-choking device

First aid at work (3 day course)

This course provides the comprehensive set of practical skills needed to become a confident first aider at work, giving the ability and knowledge to deal with first aid emergencies.
The content of the course will cover how to deal with the following:

- bleeding (minor and severe)
- burns
- casualty movement
- choking (adult)
- CPR (adult)
- fainting
- primary survey
- seizures (adult)
- shock
- unconscious casualty
- allergic reaction
- asthma
- bone, muscle and joint injuries
- chest pains (including heart attack)
- eye injuries
- head injuries & Stroke
- low blood sugar
- poisons
- spinal injuries
- sprains and strains

First aid at work requalification: This course updates the first aid skills for people who need to renew their statutory first aid at work certificate and whose existing certificate is still valid. The HSE strongly recommends that you requalify within a month of your certificate expiring.

This course is for people wishing to renew a valid first aid at work certificate and aims to update and refresh your knowledge of the First aid at work syllabus, while allowing time for revision and practice sessions in preparation for a final assessment.

Appendix C – Information slips for Parents

Cinnamon Brow C.E. Primary School Tel: 01925 821108	**ACCIDENT / INCIDENT / ILLNESS REPORT SLIP**	Date
	Pupil's Name	Time
		Class

Location and details of accident/ incident / illness

Head Injury		Sprains/Twists		**IMPORTANT** **Please consult your doctor or local hospital if your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home.**
Asthma		Nose bleed		
Bump/Bruise		Parent/Carer Contacted		
Cut/Graze		Unable to contact Parent		
Headache/ High Temperature		Well enough to remain in school after First Aid		
Vomiting/Nausea		Collected from school		Authorised Signature

Details of Treatment and Additional Comments

Appendix D - Procedure for Major First Aid Incidents

Call for a member of the Senior Leadership Team:

- Rachel Pimblett
- Bianca Prescott
- (if none of the above are available: Angela Brereton, Lisa Locke, Gill Marsden, Natalie Quinn, Donna Gray)

Once authorised, contact emergency services to request an ambulance to Cinnamon Brow Primary school.

To Contact Emergency Services:-
Dial 9 for an outside line followed by 999
Ask for ambulance and be ready with the following information
Our Telephone Number **01925 821108**
Our location **CINNAMON BROW CE PRIMARY SCHOOL** **PERTH CLOSE** **FEARNHEAD** **WARRINGTON**
Our Post code **WA2 0SF**
Your name
Brief description of the child's symptoms
Best entrance to site **School & Nursery – Main Entrance Perth Close**
Inform Ambulance control that the crew will be met at the entrance and taken to the incident
SPEAK CLEARLY AND SLOWLY BE READY TO REPEAT INFORMATION IF ASKED
Location of Nearest Hospital
Name: Warrington General Hospital
Address: Lovely Lane, Warrington, WA51QG
Travel Time: 14 mins travel by vehicle (approx.)

Appendix E
Pastoral Care Log

Date	Year Group	Child's Initials	Adult's Initials	Type of Pastoral Care Incident				
				Graze / cut (cleaned/dressing applied)	Feeling ill / sick	Minor head bump with no mark left	Other incidents where a mark is left (bruise, skipping rope burn)	Other (please put brief information)

Appendix F – Adverse Incident Reporting

All adverse safety events (accidents, incidents, ill-health and near misses) to employees on WBC business or to the public (to include clients, pupils, service users and contractors) which occur in any WBC premises or as a result of work undertaken by WBC; should be reported onto the Electronic Accident and Incident Reporting System via the intranet. This report is completed by the School Business Manager.

Definition of an Adverse Safety Event

Accident - an event that results in injury or ill health

Incident - an event that results in the loss or damage of plant or equipment but not necessarily personal injury

Ill-Health – includes acute and chronic ill health caused by physical, chemical, or biological agents

Near Miss - a near miss is an unplanned event in which an injury does not occur, but which had the potential, should it occur again, to cause an injury, also the term near miss will be taken to include dangerous occurrences

Therefore, an online report must be completed whenever one of the following occurs:

- A WBC employee has an accident (**HSA1**)
- A WBC employee is verbally or physically assaulted whilst at work regardless of theseriousness of the incident or where the incident occurred (**HSA2**)
- An employee suffers ill health as a result of a work activity and the manager has been notified in writing from a registered medical practitioner (**HSA3**)
- A member of the **public, a pupil, service user, visitor, contractor** etc. has an accident'arising out of or in connection with WBC's undertaking (**HSA1**)
- Near Miss incident occurs (**HSA4**)

Remember when reporting any of the reasons below:

- A death
- Employee suffers a specified injury
- Member of the public or **pupil, taken to hospital following an accident**
- Employee off work as a result of an accident for over 7 days
- Dangerous occurrence
- Diagnosed with an occupational disease

It is important that Compliance Education are contacted on the same day (Contact Harry Long 07415668342) as these incidents may be RIDDOR reportable and may need to be reported onto the HSE. Compliance Education will report any incidents to the HSE if required after a full investigation.

Under health and safety law, the Reporting of Injuries, Diseases, and Dangerous Occurrences regulations 2013 (RIDDOR) places a duty on Warrington Borough Council to report certain incidents which arise out of or in connection with WBC's activities. These incidents are reported direct to theHealth and Safety Executive (HSE) who are the enforcing authority.

All RIDDOR reportable accidents will be reported to the HSE by Compliance Education Failure to report RIDDOR incidents within the given timescale could result in prosecution.

Examples of incidents that should be reported to Compliance Education include:

- A member of the public trips over a loose piece of carpet in a building
- A pupil slips on food on canteen floor.
- A user is injured by faulty gym equipment.
- A service user sits on a faulty chair and the chair collapses.
- A pupil taking part in a school swimming lesson falls and bangs head on the side of a pool and requires hospital treatment.
- A child in school is scalded by hot water

Appendix G – Simple treatments

Minor cuts, scratches and grazes

Treatment

- Wash and dry your own hands
- Cover any cuts on your own hands and put on disposable gloves
- Clean the cut, if dirty, under running water or use a first aid wipe. Pat dry with a steriledressing or clean lint-free material. If possible, raise affected area above the heart
- Cover the cut temporarily while you clean the surrounding skin with soap and water and patthe surrounding skin dry. Cover the cut completely with a sterile dressing.

Nosebleeds

A nosebleed can be dangerous if the casualty loses a lot of blood. In addition, if bleeding follows a head injury, the blood may appear thin and watery. The latter is a very serious sign because it indicates that the skull is fractured, and fluid is leaking from around the brain.

Your aims

- to control blood loss
- to maintain an open airway.

Treatment

- Ask the casualty to sit down
- Advise them to tilt their head forwards to allow the blood to drain from the nostrils
- Ask the casualty to breathe through their mouth (this will also have a calming effect) and to pinch the soft part of the nose
- Reassure and help if necessary
- Tell the casualty to keep pinching their nose
- Advise them not to speak, swallow, cough, spit or sniff because this may disturb blood clots that may have formed in the nose
- After 10 minutes, tell the casualty to release the pressure. If the bleeding has not stopped,tell them to reapply the pressure for two further periods of 10 minutes
- Once the bleeding has stopped and with the casualty still leaning forwards, clean aroundtheir nose with lukewarm water
- Advise the casualty to rest quietly for a few hours. Tell them to avoid exertion and inparticular, not to blow their nose, because these actions will disturb any clots.

Caution

- Do not let the head tip back; blood may run down the throat inducing vomiting
- If bleeding stops and then restarts, tell the casualty to reapply pressure
- If the nosebleed is severe, or if it lasts longer than 30 minutes in total, take or send thecasualty to hospital in the treatment position.

Objects in wounds

Where possible, swab or wash small objects out of the wound with clean water. If there is a largeobject embedded:

Treatment

- Leave it in place
- Apply firm pressure on either side of the object
- Raise and support the wounded limb or part
- Lay the casualty down to treat for shock
- Gently cover the wound and object with a sterile dressing
- Build up padding around the object until the padding is higher than the object, then bandage over the object

without pressing on it
- Depending on the severity of the bleeding, dial 999 for an ambulance or take the casualty tohospital.

Sunburn

Sunburn can be caused by overexposure to the sun or even a sun lamp. Most sunburn is superficial.In severe cases, the skin is a lobster red in colour and blistered - the casualty may also be suffering from heatstroke.

Treatment

Your aims when dealing with somebody with sunburn is to move the casualty out of the sun or away from the source of the sunburn and to relieve any discomfort and pain.

Caution though, if there is extensive blistering or any other skin damage you need to seek medicaladvice.

- With minor sunburn cover the casualty's skin with light clothing or a towel
- Move them into the shade or preferably indoors
- Cool the skin by sponging it with cool water or by soaking the affected area in a cold bath ora cool shower for ten minutes
- Encourage the casualty to have frequent sips of cold waterFor severe

sunburn obtain medical aid

Other

St John's Ambulance Website provides advice on treatment of minor injuries http://www.sja.org.uk/sja/first-aid-advice.aspx

Appendix H

FIRST AID KIT MONTHLY CHECKLIST

Name:				**Date of inspection:**	
Building:		**Room:**		**First Aid Box Number**	

All First Aid Kits should contain the minimum contents in line with the British Standard BS 85991 recommendations as stated below. Additional First Aid Kits used for offsite visits etc. should be of a sufficient size in line with group numbers and activity.

Item /Component	Min Qty (Medium Kit)	Current Quantity Stocked	Quantity Required
First Aid Guidance Leaflet	1		
Contents List	1		
Medium Sterile Dressing (12cm x 12cm)	6		
Large Sterile Dressing (18cm x 18cm)	2		
Triangular bandage	3		
Alcohol Free Moist Cleansing Wipes	5		
Eye Pad Sterile Dressing (7cm x 5cm)	3		
Adhesive Tape- Hyper-Allergenic Micro-Porous Tape	1		
Nitrile Disposable Gloves	2 Pairs		
Finger Sterile Dressing	3		
Sterile Adhesive Dressings (Individually Wrapped Plasters)	10		
Resuscitation Face Shield	2		
Foil Blanket	2		
Eye Wash (Sterile 20ml Pods)	2		
Burn Dressing	2		
Tuff Cut Scissors	1		
Conforming bandage	2		

All First Aid Boxes to be checked MONTHLY - Contents must meet minimum Stock levels as details in Table abov

Kit Fully Stocked as per Minimum? * Please Tick as appropriate	Yes*	No* **ACTION: -**
Kit Contents in Date? * Please Tick as appropriate	Yes*	No* **ACTION: -**

Inspected By (Print Name):		**Signed:**	

Appendix I

FORM 1

Individual Health Care Plan for a child with medical needs

Name	**Photograph**
Date of Birth	
Condition	
Class/Form	
Name of School	Date
	Review Date
CONTACT INFORMATION	
Family contact 1	**Family contact 2**
Name	Name
Phone No. (work)	Phone No. (work)
Phone no. (home)	Phone no. (home)
Relationship	Relationship
Clinic/hospital contact	**G.P.**
Name	Name
Phone No.	Phone No.

Describe the condition and give details of child's individual symptoms:

Daily care requirements (e.g. before sport/at lunchtime)
Named member of staff administering medication
1
2
Describe what constitutes an emergency for the child, and the action to take if this occurs
Follow up care
Who is responsible in an Emergency (state if different on off-site activities)
Form copied to

FORM 2

Request for school to administer medication

Form for parents to complete if they wish the school to administer medication	
The school will not give your child medicine unless you complete and sign this form, and the headteacher has agreed that staff can administer the medication.	
CHILD DETAILS	
Surname	Male/Female
Forename (s)	Date of Birth
Address	Class/Form/Group
	Condition or Illness
Medication	
Name/Type of Medication (as described on the container)	
For how long will your child take this medication?	
Date dispensed	
Full directions for use	
Dosage and method	
Timing	
Special Precautions	
Side effects	
Self-Administration	
Procedures to take in an Emergency	
Contact Details	
Name	Address
Daytime telephone number	
Relationship to child	
I understand that I must deliver the medicine personally to: ……	
Date	Signature(s)
Relationship to child	

Appendix J **Compliance Education Accident, Incident and Near Miss Form**

1. Injured Person

☐Employee ☐Student/pupil ☐Visitor ☐Contractor ☐Other

Forename: _____ **Surname:** _____

Address: _____ **Age:** _____

Telephone No: _____

_____

Postcode: _____ **Occupation:** _____

2. Accident/Incident Details

☐ Accident ☐ Incident (e.g. violence/aggression) ☐ Near Miss

Location of the accident: **Date & time:**

Description of accident/incident *(continue on separate sheet if needed):*

If the injured person is an employee, were they engaged in work at the time of the accident/incident? ☐Yes ☐ No

What was being done at the time of the incident:

Has the injured person been off or unable to do their normal work for more than 7 days, including weekends, but excluding the date of the accident, as a result of the accident/incident? ☐Yes ☐ No

If yes, date absent from: to: **or Still Absent?** ☐Yes ☐ No

3. Injury Details

Nature of the injury *(e.g. fracture, sprain, cut, include part of the body injured)*

First aid given by *(inc job title)*:

First aid treatment given *(i.e. compress, plaster)*:

Was the injured person taken to hospital from the scene: ☐ Yes ☐ No

Were they detained: ☐ Yes ☐ No **If yes how long for in days?**

4. Witnesses

Name		**Name**	
Address		**Address**	
Contact Number		**Contact Number**	
Are witness statements attached?		☐ Yes ☐ No	

5. Report Details

Accident reported to *(i.e. Manager, supervisor, 1st Aider (inc name)*:

Reported on *(date)*: **Time:**

Signed by injured person (if employee):

Parent guardian informed ☐Yes ☐No Date Click or tap to enter a date.

Details:

Other – please specify	☐Yes	☐No	DateClick or tap to enter a date.

6. Accident Investigation *(to be completed by manager/department head/responsible person)*	
Carried out by:	
Position/occupation:	
Contact No:	
How did the accident/incident happen?	
What was the lesson/activity being undertaking at the time of the accident?	
What happened in the lead up to the accident?	
What were the environmental conditions at the time of the accident? (weather, lighting floor condition)	
What was the name and type of the machinery/equipment/substance involved in the accident?	
Is there any other information which describes what happened?	
What has been done to prevent reoccurrence?	
Do general risk assessments require updating?	☐ **Yes** ☐ **No**
If Yes, what additional risk control measures are needed / recommended?	
Is additional information, instruction and training required?	☐ **Yes** ☐ **No**
If Yes, detail what action has been taken:	
Signed:	**Date:** Click or tap to enter a date.

7. For Internal use only		
Reported to the HSE:	☐**Yes** ☐ **No**	
Reported by:		**Date:** Click or tap to enter a date.
Signed:		Date.Click or tap to enter a date.