



First Aid Policy

FLOREAT WANDSWORTH PRIMARY SCHOOL

ADOPTED BY: SSB

DATE of ADOPTION: July 2015

DATE of LAST REVIEW: November 2020

REVIEWED BY: Headteacher

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**Active Agents: Headteacher, Business Support Officer, General Staff, First Aider, Office Administrator,
School Trip Organiser**

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1. Mission Statement

We will enable children to flourish in school by giving them a knowledge-rich academic education and developing their character strengths and virtues. Our pupils will learn how to work hard and study well, and also to be good and to do good for others. This will set them up for a future of success and wellbeing, whatever they choose to do in their lives.

2. Purpose of Policy Statement

The procedures outlined in this policy are to ensure the health, safety and wellbeing of the school community. We aim to ensure that all injuries to staff and pupils are dealt with effectively and efficiently. In order to achieve this, we aim for all Teaching Assistants to have a Paediatric First Aid qualification (or be booked onto training in the near future) and that they receive regular training in order to be fully aware of the administration of First Aid.

2.1 The members of staff responsible for First Aid are:

- Headteacher - Matthew Custance
- The School Business Manager - responsible for ensuring that staff qualifications are up to date

3. INJURIES

3.1 Minor Cuts and Grazes

These should be dealt with at the scene by a qualified first aider.

3.2 Headaches and Stomach Aches

Children often complain of stomach aches and headaches which are not serious and can be addressed by the first adult they approach. The child should remain in class unless symptoms persist or worsen. If this is the case, after consultation with the Headteacher the parent will be called to take the child home.

3.3 More Serious Injuries

A First Aider must be summoned to any child who is seriously hurt or sick. THE CHILD SHOULD NOT BE MOVED. The First Aider will advise the Headteacher of the action to take and call an ambulance where necessary.

The ambulance service is to be called whenever pupils have obvious or suspected significant injuries due to climbing frame falls or accidents, or similar injuries.

When requesting an ambulance – dial 999 and be ready with the information below (this should be displayed by the office and Nursery phones):

1. The school's telephone number
2. Your name
3. Your location and postcode
4. Provide the exact location of the patient within the school
5. Provide the name of the child and a brief description of their symptoms/injury
6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient

- Ask office staff to contact premises to open relevant gates for entry
- Contact the parents to inform them of the situation
- A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

4. TREATING THE INJURY

Injuries need to be treated by First Aiders. The person who treats the injury must:

1. Complete a First Aid Slip (see Appendix 2) for parents so they are informed of all injuries, unless very minor. The white copy of the First Aid Slip needs to be given to the child's parent when they are collected from school. The yellow copy needs to remain at school. All completed yellow copies should be filed in the office once a booklet of slips is completed.
 - a. If the accident involves a head bump staff must also include a Bumped Head Letter (see Appendix 4), which contains NHS advice about head injuries.
2. Inform parents if the child needs to go home (after consulting the Headteacher or member of SLT).
3. Inform classroom staff of any injury which could have repercussions e.g. bump to the head so that they can observe any emerging symptoms.
4. Report serious injuries to the Headteacher or teacher in charge.

If children are taken ill during lesson time and teachers feel they are unfit to learn, after liaison with the Headteacher, parents may be called to take the child home. A member of teaching staff should liaise with office staff to ensure communication is clear and helpful. If possible, the child should stay in the classroom until parents arrive. If this is not possible (for example, if the child is vomiting) then the child should be taken to the office area.

All staff have a responsibility to ensure the health and safety of pupils at Floreat Wandsworth. If a child approaches any member of staff in a distressed or injured state then it is their responsibility to ensure the child is handed over to the relevant person who can assist them.

5. ADMINISTERING MEDICINES

Only prescribed medicines are to be brought into school and require a consent form to be completed by the parent/guardian and must be given into the main office. Medicines must be handed into the main office for all pupils.

The office will inform teachers of new forms that have been completed and they will be kept in the main office, along with the pupil's medicines (in a cabinet or refrigerator). **All medicines must be kept in a secure location. Children should always be aware of where their medicines are kept.**

Medicines are only allowed to be given to children by a **qualified First Aider**.

No child should be given any medication without parental written consent.

No aspirin products are to be given to any pupil at school, unless prescribed.

If children need to take medication during the school day e.g. antibiotics, the timing and dosage should be arranged so that the medication can be administered at home, wherever possible.

The “Medical” folder is available in the main office. Folders should hold all the relevant Medicine Forms and Asthma School Cards for children who are actively taking medicines or using inhalers. These must be kept in a secure location. When a pupil no longer requires a medicine (as outlined in their Medicine Form), their forms should be stored in the main office and all relevant medicines must be returned to their parents directly.

Please see the school’s policy on *Supporting Pupils with Medical Conditions* for guidance and forms for medicines/asthma inhalers and forms for recording the administration of medicines.

5.1 PRESCRIPTION MEDICATION

- Written consent from parents must be received before administering any medicine to a child at school.
- Medicines will only be accepted for administration if they are:
 - Prescribed
 - In-date
 - Labelled
 - Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage
 - The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container
- Medicines should be stored safely in the school office and out of reach of all children.
- Children should know where their medicines are at all times.
- Written records will be kept of all medicines administered to children and kept in the same office as the medicines.
- Pupils who are competent to manage their own health needs and medicines, after discussion with parents/carers, will be allowed to carry their own medicines and relevant devices or will be allowed to access their medicines for self-medication
- **A School Asthma Card should be completed by parents for pupils who require an asthma inhaler at school. This is in the place of a Medicine Form.** All Asthma Cards and inhalers must be handed into the main office, in accordance with other medicines above.

N.B. Pupils generally should only use a reliever inhaler (blue in colour) at school. Preventative inhalers (other colours, such as brown) are generally taken at home (morning/evening) and require an Asthma Plan in place at school. This may be needed on a residential trip for example.

- See www.asthma.org.uk or phone 0300 222 5800 for further information.

5.2 NON-PRESCRIPTION MEDICATION

At Floreat Wandsworth, pupils are not to be given non-prescription medicines, unless there has been a prior agreement with the Headteacher, due to exceptional circumstances. The school may challenge such a request and seek professional guidance to ensure that alternatives are not possible.

If the Headteacher accepts a request for non-prescription medicines to be administered to a pupil, parents must complete a Medicines Form. Such medicines are only to be administered by the appointed person or a designated person if they have agreed to this extension of their role and have been appropriately trained.

A teacher may administer non-prescription medication on a residential school trip provided that written consent has been obtained in advance. This may include travel sickness pills or pain relief.

All medication administered must be documented, signed for and parents should be informed in writing, on the same day, or as soon as possible. This should be done using a new Medicines Log for each child in this circumstance, so a copy may be given to the parents.

A child should never be given medicine containing aspirin, unless prescribed by a doctor.

EYFS Guidance: Parents are asked to complete a consent form at the start of the academic year to cover the administration of non-prescription medicines by a school first aider, only when deemed necessary by the Headteacher, in exceptional circumstances. Under changes to EYFS guidance (January 2012), this is now also acceptable in the case for EYFS pupils, provided that parents are contacted immediately **before** the administration of the medication. In all cases, which rely on such on-going consent, parents must, nevertheless, be informed in writing that the administration of medication has taken place. This should be done using a new Medicines Log for each child in this circumstance, so a copy may be given to the parents.

5.3 ADMINISTRATION OF MEDICATION

- The medication must be checked before administration by the member of staff confirming the medication name, pupil name, dose, time to be administered and the expiry date.
- Explain to the pupil that his or her parents have requested the administration of the medication.
- Document, date and sign for what has been administered.
 - Log the administration of prescribed medicines in the “Medical” folder
 - For non-prescribed medicines, log the administration of the medicine and provide a copy of this for parents (see section 5.2). A copy must kept in the “Medical folder” for school records.
- Ensure that the medication is correctly stored securely, out of the reach of pupils. Antibiotics or any other medication, which require refrigeration, should be stored in a suitable fridge.
- Parents should be asked to dispose of any out of date medication.
- Used needles and syringes must be disposed of in a sharps box.

5.4 EMERGENCY MEDICATION

It is the parents’ responsibility to inform the school of any long-term medical condition that may require regular or emergency medication to be given. In these circumstances a health care plan may be required and this will be completed and agreed with parents.

6. REPORTING

6.1 All Injuries

For any injury that occurs in school whether first aid treatment has or has not been provided, this **must** be written up using a First Aid Slip (Appendix 2).

For any accidents that happen in or outside the school building: All accidents must be recorded using a First Aid Slip (Appendix 2) and stored in the main office.

Serious Accident Report Form: For any serious accidents on the school premises a form must be completed, signed and given to the School Business Manager. (See Appendix 4)

Doctor/Hospital Referral: For all these accidents a report will need to be written by the First Aider who attended the pupil/adult and given to the School Business Manager the same day. This report should be written within the Serious Accident Report Form (Appendix 4).

Guidelines for reporting: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995). By law any of the following accidents or injuries to pupils, staff, visitors, members of the public on school premises requires reporting.

6.2 Major injuries

1. Any fracture, other than to the fingers, thumbs or toes.
2. Any amputation.
3. Any dislocation, other than to the fingers, thumbs or toes.
4. Loss of sight (whether temporary or permanent).
5. Any burn, chemical, electrical or otherwise.
6. Any injury resulting from an electric shock or electrical burn.
7. Any other injury leading to hypothermia, heat induced illness or to unconsciousness requiring resuscitation or admittance to hospital for more than 24 hours.
8. Any other injury lasting over 3 days.
9. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
10. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
 - Acute illness requiring medical treatment; or
 - Loss of consciousness
11. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
12. Death.
13. A specified dangerous occurrence, where something happened which did not result in an injury, but could have done.

7. FIRST AID EQUIPMENT

The Office Administrator is responsible for stocking and checking the first aid supply kept in the main office. Each class should have a first aid kit (easily accessible and by the sink). First Aiders are responsible for maintaining the stock in their first aid kit, replenishing it with stock from the office. All staff are responsible for reporting low stock to the Office Administrator so it can be replenished.

First aid kits must be checked monthly by the First Aider in each classroom and should contain:

- A first aid guidance card
- At least 20 adhesive hypo allergenic plasters (including blue plasters for home economics)
- 4 triangular bandages (slings)
- 6 Safety pins
- Cleaning wipes
- Adhesive tape
- 2 sterile eye pads
- 6 medium sized un-medicated dressings (approx. 12cm x 12cm)
- 2 large sized un-medicated dressings (approx. 18cm x 18cm)
- 1 pair of disposable gloves
- 1 resuscitator (optional)
- Yellow clinical waste bag (optional)

8. FIRST AID FOR SCHOOL TRIPS

The trip organiser must ensure that at least one adult accompanying the trip has an appropriate first aid qualification (paediatric first aid certificate for trips involving EYFS pupils) and undertake a risk assessment to ensure an appropriate level of first aid cover, with reference to the Educational Visits/ Off Site Activities Policy and Risk Assessment policy, which includes further guidance.

A first aid kit must be taken on all trips. The First Aider/s attending the trip are responsible for ensuring their first aid kit/s are adequately stocked. First Aid supplies are kept in the main office for when kits need replenishing.

Any accidents/injuries must be reported to the appointed person and to parents and documented in the accident book in accordance with this policy, as with accidents/injuries that occur at school. RIDDOR guidelines for reporting accidents must be adhered to. For any major accident or injury the appropriate health & safety procedure must be followed.

9. PUPILS WITH CRUTCHES OR LIMITED MOBILITY

Parents must inform the school of the nature of injury and the anticipated duration of immobility. The class teacher will arrange for a 'class partner' to carry books, open doors etc.

Information about the condition will be discussed in staff meetings to enable teaching staff to be fully aware of the pupil's needs. Arrangements will be made for the pupil to arrive/leave lessons early to allow for a safe transfer around school. Parents must inform the school of any particular difficulties.

10. PUPILS WITH MEDICAL CONDITIONS

A list is available in the staff room and the school office of all pupils who have a serious allergy or medical condition. This information is useful for lesson planning and for risk assessments prior to a school trip.

If staff become aware of any condition not on these lists please inform the appointed person.

11. DEALING WITH BODILY FLUIDS

In order to maintain protection from disease, all body fluids should be considered infectious. To prevent contact with body fluids the following guidelines should be followed:

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered.
- Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include: Blood, faeces, nasal and eye discharges, saliva, vomit.

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in all first aid boxes) then placed in the outside bins.

Avoid getting any body fluids in your eyes, nose, mouth, or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

12. INFECTIOUS DISEASES

If a child is suspected of having an infectious disease advice should be sought from the appointed person who will follow the Health Protection Agency guidelines available online to reduce the transmission of infectious diseases to other pupils and staff.

13. STORAGE OF THIS POLICY

A copy of this policy is available on the school website and in the school office.

APPENDIX 1

1. Guidance to staff on particular medical conditions

1.1 Allergic reactions

Symptoms and treatment of a mild allergic reaction:

- Rash
- Flushing of the skin
- Itching or irritation

If the pupil has an Individual Health Care Plan (IHCP), follow the guidance provided and agreed by parents. Administer the prescribed dose of antihistamine to a child who displays these mild symptoms only. Make a note of the type of medication, dose given, date, and time the medication was administered. Complete and sign the appropriate medication forms, as detailed in the Supporting Pupils with Medical Needs policy. Observe the child closely for 30 minutes to ensure symptoms subside.

1.2 Anaphylaxis

Symptoms and treatment of Anaphylaxis:

- Swollen lips, tongue, throat or face
- Nettle type rash
- Difficulty swallowing and/or a feeling of a lump in the throat
- Abdominal cramps, nausea and vomiting
- Generalised flushing of the skin
- Difficulty in breathing
- Difficulty speaking
- Sudden feeling of weakness caused by a fall in blood pressure
- Collapse and unconsciousness

When someone develops an anaphylactic reaction the onset is usually sudden, with the following signs and symptoms of the reaction progressing rapidly, usually within a few minutes.

Action to be taken

1. Send someone to call for a paramedic ambulance and inform parents.
2. Send for the named emergency box.
3. Reassure the pupil that help is on the way.
4. Remove the Epi-pen from the carton and pull off the grey safety cap.
5. Place the black tip on the pupil's thigh at right angles to the leg (there is no need to remove clothing).
6. Press hard into the thigh until the auto injector mechanism functions and hold in place for 10 seconds.
7. Remove the Epi-pen from the thigh and note the time.
8. Massage the injection area for several seconds.
9. If the pupil has collapsed lay him/her on the side in the recovery position.
10. Ensure the paramedic ambulance has been called.
11. Stay with the pupil.
12. Steps 4-8 maybe repeated if no improvement in 5 minutes with a second Epi-pen if you have been instructed to do so by a doctor.

REMEMBER Epi-pens are not a substitute for medical attention, if an anaphylactic reaction occurs and you administer the Epi-pen the pupil must be taken to hospital for further checks.

Epi-pen treatment must only be undertaken by staff who have received specific training.

1.3 Asthma management

The school recognises that asthma is a serious but controllable condition and the school welcomes any pupil with asthma. The school ensures that all pupils with asthma can and do fully participate in all aspects of school life, including any out of school activities. Taking part in PE is an important part of school life for all pupils and pupils with asthma are encouraged to participate fully in all PE lessons. Teaching staff will be aware of any child with asthma from a list of pupils with medical conditions kept in the main office and staff room. The school has a smoke free policy.

Trigger factors:

- Change in weather conditions
- Animal fur
- Having a cold or chest infection
- Exercise
- Pollen
- Chemicals
- Air pollutants
- Emotional situations
- Excitement

1.4 General considerations

Pupils with asthma need immediate access to their reliever inhaler (usually blue in colour). Younger pupils will require assistance to administer their inhaler. It is the parents' responsibility to ensure that the school is provided with a named, in-date reliever inhaler, as well as provide a new inhaler when their child's inhaler is out of date.

Inhalers are stored in the main office. Pupils must be made aware of where their inhaler is kept and this medication must be taken on any out of school activities.

Teaching staff should be aware of a child's trigger factors and try to avoid any situation that may cause a pupil to have an asthma attack.

If appropriate for their age and maturity, pupils can be responsible for their reliever inhaler, which is to be brought to school and kept in a school bag to be used as required. If a child is responsible for their inhaler, they should have an Individual Health Care Plan/Asthma Plan in place, with parental consent (see the Supporting children with medical needs policy). A spare named inhaler should be kept in the main office for use in the event that the pupil's inhaler is lost or forgotten.

Recognising an asthma attack:

- Pupil unable to continue an activity
- Difficulty in breathing
- Chest may feel tight
- Possible wheeze
- Difficulty speaking
- Increased anxiety
- Coughing, sometimes persistently

Action to be taken:

1. Ensure that prescribed reliever medication (usually blue) is taken promptly.
2. Reassure the pupil.
3. Encourage the pupil to adopt a position where they are sitting upright.

4. Wait five minutes. If symptoms disappear the pupil can resume normal activities.
5. If symptoms have improved but not completely disappeared, inform parents and give another dose of their inhaler and call the appointed person or a first aider if they are not available.
6. Loosen any tight clothing.
7. If there is no improvement in 5-10 minutes continue to make sure the pupil takes one puff of their reliever inhaler every minute for five minutes or until symptoms improve.
8. Call an ambulance.
9. Accompany pupil to hospital and await the arrival of a parent.

1.5 Diabetes management

Pupils with diabetes can attend school and carry out the same activities as their peers but some forward planning may be necessary. Staff must be made aware of any pupil with diabetes attending school and they should have an IHCP in place.

1.6 Hypoglycaemic attack

This happens very quickly and may be caused by: a late meal, missing snacks, insufficient carbohydrate intake, more exercise, warm weather, too much insulin and stress. The pupil should test his or her blood glucose levels if blood-testing equipment is available.

Signs and symptoms of low blood sugar:

- Pale appearance
- Glazed eyes
- Blurred vision
- Confusion/incoherent
- Shaking
- Headache
- Change in normal behaviour- weepy/aggressive/quiet
- Agitated/drowsy/anxious
- Tingling lips
- Sweating
- Hunger
- Dizzy

Action to be taken:

1. Follow the guidance provided in the IHCP agreed by parents.
2. Give fast acting glucose-either 50ml glass of Lucozade or 3 glucose tablets. (Pupils should always have their glucose supplies with them. Extra supplies will be kept in emergency boxes. This will raise the blood sugar level quickly)
3. This must be followed after 5-10 minutes by 2 biscuits, a sandwich or a glass of milk.
4. Do not send the child out of your care for treatment alone.
5. Allow the pupil to have access to regular snacks.
6. Inform parents.

Action to take if the pupil becomes unconscious:

1. Place pupil in the recovery position and seek the help of the appointed person or a first aider.
2. Do not attempt to give glucose via mouth as pupil may choke.
3. Telephone 999.
4. Inform parents.
5. Accompany pupil to hospital and await the arrival of a parent.

1.7 Hyperglycaemic attack

Hyperglycaemia – develops much more slowly than hypoglycaemia but can be more serious if left untreated. It can be caused by too little insulin, eating more carbohydrates, infection, stress and less exercise than normal.

Signs and symptoms of high blood sugar:

- Feeling tired and weak
- Thirst
- Passing urine more often
- Nausea and vomiting
- Drowsy
- Breath smelling of acetone
- Blurred vision
- Unconsciousness

Action to be taken:

- Inform the appointed person or a first aider
- Inform parents
- Pupil to test blood or urine
- Call 999

1.8 Epilepsy management

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- Pupil may appear confused and fall to the ground.
- Slow noisy breathing.
- Possible blue colouring around the mouth returning to normal as breathing returns to normal.
- Rigid muscle spasms.
- Twitching of one or more limbs or face
- Possible incontinence.



A pupil diagnosed with epilepsy will have an emergency care plan.

Action to be taken:

1. Send for an ambulance;
 - a. if this is a pupil's first seizure,
 - b. if a pupil known to have epilepsy has a seizure lasting for more than five minutes, or
 - c. if an injury occurs.
2. Seek the help of the appointed person or a first aider.
3. Help the pupil to the floor.
4. Do not try to stop seizure.
5. Do not put anything into the mouth of the pupil.
6. Move any other pupils away and maintain pupil's dignity.
7. Protect the pupil from any danger.
8. As the seizure subsides, gently place them in the recovery position to maintain the airway.
9. Allow patient to rest as necessary.
10. Inform parents.
11. Call 999 if you are concerned.
12. Describe the event and its duration to the paramedic team on arrival.
13. Reassure other pupils and staff.
14. Accompany pupil to hospital and await the arrival of a parent.

APPENDIX 2: First Aid Slip

Sample only (Always use original forms which are located in class folders)

										ACCIDENT / INCIDENT / ILLNESS REPORT SLIP	
Date		Time		Child's Name:				Class:			
Location of Accident / Injury:							LEA Accident Report No (if applicable):				
Details of treatment and additional comments:		<input type="checkbox"/> Cold Compress		<input type="checkbox"/> Ice Pack Applied		<input type="checkbox"/> Medi Wipe		<input type="checkbox"/> Plaster Dressing Bandage		<input type="checkbox"/> Cleaned with Cold Water	
										<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Front</p>  </div> <div style="text-align: center;"> <p>Back</p>  </div> </div> <p>Mark the area of the body which had the injury</p>	
Bump / Bruise		Vomiting / Nausea		Nosebleed		Headache / High Temperature		Head Injury		Cut / Graze	
								Asthma		Other	
										Parent contacted	
										Unable to contact Parent	
										Following First Aid the child was well enough to remain in School	
										The child was collected from School	
										The School is of the opinion that your child should consult a Doctor	
First Aider Name:					Name of Parent / Carer contacted:					Time	
Witness:					Collected by:					Time	
Slip completed by:					Signature:						
<p>IMPORTANT</p> <p><i>Should your child suffer any drowsiness, vomiting, impaired vision or excessive pain after returning home please consult your doctor or local hospital</i></p>											
Additional Information:						REPORT SLIP No. 151201					
Follow-up Action:											
_____						_____					
_____						_____					
_____						_____					
_____						_____					

APPENDIX 3: Bumped Head Letter

Today your child bumped their head.

We have carefully monitored your child since the event occurred.

Please read the following information from the NHS carefully.

Symptoms of a minor head injury

Minor head injuries often cause a bump or bruise. As long as the person is awake (conscious) and with no deep cuts, it's unlikely there will be any serious damage.

Other symptoms of a minor head injury may include:

- a mild [headache](#)
- nausea (feeling sick)
- mild dizziness
- mild blurred vision

If these symptoms get significantly worse or if there are other, more serious symptoms, go straight to the [accident and emergency \(A&E\) department](#) of your nearest hospital or call **999** to request an ambulance.

Close observation

If your child has sustained a head injury, observe them closely for 24 hours to monitor whether their symptoms change or get worse.

If your child has a minor head injury, they may cry or be distressed. This is normal – with attention and reassurance most children will settle down. However, seek medical assistance if your child continues to be distressed.

Signs of a serious head injury

Seek immediate medical attention if, after a knock to the head, you notice any of these symptoms in either you or your child:

- unconsciousness, either briefly or for a longer period of time
- difficulty staying awake or still being sleepy several hours after the injury
- clear fluid leaking from the nose or ears – this could be cerebrospinal fluid, which normally surrounds the brain
- bleeding from one or both ears
- bruising behind one or both ears
- any sign of skull damage or a penetrating head injury
- difficulty speaking, such as slurred speech
- difficulty understanding what people say
- reading or writing problems
- balance problems or difficulty walking
- loss of power or sensation in part of the body, such as weakness or loss of feeling in an arm or leg
- general weakness
- vision problems, such as significantly blurred or [double vision](#)
- having a seizure or fit (when your body suddenly moves uncontrollably)
- memory loss ([amnesia](#)), such as not being able to remember what happened before or after the injury
- a persistent headache
- vomiting since the injury
- irritability or unusual behaviour

If any of these symptoms are present, particularly a loss of consciousness – even if only for a short period of time – go immediately to [your local A&E department](#) or call 999 and ask for an ambulance.

APPENDIX 4: Serious Accident Form



REPORT OF SERIOUS ACCIDENT

Name of Pupil/Staff Member: _____

Date of Accident: _____ Time: _____

Class: _____ Year Group: _____

Parents Names and Contact
Details: _____

Staff Involved (if applicable): _____

Other Pupil/s Involved: _____

1. Circumstances leading to the accident.

Describe the circumstances **leading up to** the accident (include location/s, activities engaged in, verbal exchanges, etc, as appropriate).

2. Describe the serious accident that occurred after the above.

Include all relevant information (include location/s, actions, what caused the accident, persons involved etc, as appropriate. Please attach an extra form if necessary).

If more than one member of staff was involved, each should record their actions separately and attach such records to this form. Are the other records attached? YES/NO

3. Injuries (include details of body parts affected, medical attention, first aid administered and names of first aiders attending the scene):

To pupil/s (specify names clearly if more than one pupil was involved):

To staff:

4. Other than first-aiders named above, who witnessed the incident?

5. Was the injured person (or persons):

Taken to hospital for treatment:	Yes/No
In hospital for more than 24 hours:	Yes/No
Taken to own GP:	Yes/No
Referred to Occupational Health (if staff):	Yes/No

Serious Accident – Follow-up Action

a. Parents notified of accident.

Time: _____ Date: _____

By Whom: _____ By Phone/In Person: _____

b. Post accident support for member/s of staff if required.

Date: _____ By Whom: _____

c. Post accident support for pupil/s affected if required.

Pupil's Name: _____ Pupil's Name: _____

Date: _____ Date: _____

By Whom: _____ By Whom: _____

d. What steps, if any, need to be taken to avoid the recurrence of an accident of this type? This may include adjustments to pupil or staff activities, additional training, or adjustments to the physical school environment if there are any Health and Safety concerns.

e. What is the timeframe for the above action plan?

Report Completed by:

Name: _____ Role: _____

Signed: _____ Date: _____

Authorised by (Headteacher): _____ Date: _____

Checklist:

- Original report filed in the **Health and Safety** folder (School office)
- Copy of report filed in the pupil's file
- Copy of report filed in the staff member's file (if applicable)
- Copy of report filed with the FEAT team
- Photos of any injury sustained by staff and/or pupil/s attached (if required)

APPENDIX 5: AM Sport Academy First Aid Protocol

Low level injuries

1. A low level injury occurs during a PE lesson.
2. The child is taken by the sports coach that witnessed it to their year group and handed over to their class / year group TA for first aid treatment. At this point the sports lead that witnessed the incident will inform the TA of what has happened.
3. The TA will administer first aid, fill in a first aid slip and return the child to the PE lessons if appropriate.
4. The TA will inform the class teacher when he or she returns.

Serious Injuries

1. A serious/potentially serious occurs during a PE session.
2. If the child can walk the child should be taken to their year group and handed over to their class / year group TA. If the child cannot walk a sensible pupil should be sent to retrieve their year group/class TA. At this point the sports lead that witnessed the incident will inform the TA of what has happened.
3. The TA will begin first aid procedures and the class teacher should be sent for. The class teacher must then inform their SLT member (if not available another member of SLT).
4. If the child needs to go home the SLT member will make this decision and then either the CT or SLT will make that call to the parent.
5. During this time the first aider will seek support from other first aiders if needed and will complete the first aid slip.
6. Once the injury has been dealt with the first aider must complete a Serious Accident Form with the help of the sports leader who was present at the time. This must be completed on the day and handed to the HT.

In situations where an ambulance must be called in the moment please refer to the FW First aid policy.

During PE lessons where the child ratio is only requires one sports coach he or she must have a walkie talkie (collect from the office) and use on channel 3 connected to another walkie talkie kept by another AMSA member of staff.

This should be the case for all sports sessions during the school day and differs from the guidance given during before and after school clubs and camps.

Please note that AMSA sports coaches should always take the school mobile phone on external sporting fixtures so as to not use their personal device.