



First Aid Policy

This policy should be read with:

- Child Protection Policy
- Health and Safety Policy
- Supporting Pupils at School with Medical Conditions Policy
- Guidance on First Aid for Schools (DfE)

Vision:

At Burnt Ash we know that First Aid can save lives and prevent minor injuries becoming major ones. Staff use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school

(including off-site activities). We know that in general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Our school has a clear Health and Safety Policy, and actively seeks to minimise risk and create as safe an environment as possible for all who work here. Burnt Ash recognises that accidents can happen from time to time and the Governors and Headteacher of the school accept their responsibility under the Health and Safety (First aid) Regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.

Aims:

- To provide effective First Aid support for all pupils, staff and visitors.
- To ensure that all staff and visitors are aware of their roles and responsibilities in relation to First Aid and the First Aid systems in place.
- To support awareness of Health & Safety issues within school and during off-site activities, in order to reduce the risk of illness or injury.
- To ensure adequate First Aid provision as outlined in the Health & Safety (First Aid) Regulations 1981, having regard to the most up-to-date guidance from the Department for Education.

Roles and Responsibilities:

Members of staff are expected to take reasonable action to deal with injuries that children sustain until the child can, if necessary, receive professional medical treatment. The school has a team of fully qualified First Aiders who receive regular first aid training.

All School Staff

- Familiarise themselves with the first aid procedures (including this policy) and ensure that they know who the current First Aiders are.
- Follow the First Aid Flowchart and the procedures set out in this policy when dealing with first aid.
- Familiarise themselves with the 'look out for me board' in the staff room (which includes the names, photos and information of individual children in the school with medical needs).
- Treat minor injuries as and when needed (minor injuries; grazed knees, bruised shin, scrapes).
- Direct any parent to the office when they bring asthma pumps or emergency medication into school.
- Ensure that they have all the necessary emergency medication for all children in their care when children are taken off site for school trips.

School Staff with First Aid Training

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.

Senior First Aider

When a major (or a suspected major injury) occurs the Senior First Aider will support and assist the First Aider who provide initial care. They **MUST** be called in all major (or suspected major) cases. They will act as a coordinator between the school, parents and professionals so that the First Aider can concentrate on administering first aid. (Major injuries include, serious head or facial injury, severe breathing difficulties, any deep cut, any potential breaks, a fit or allergic reaction).

Designated Medical Lead

The designated medical lead is the school's named person who is responsible for:

- Ensuring the class teachers are provided with up-to-date information on the medical needs of the individual children in their class.
- Ensuring 'Look out for me' boards and the 'Grab and Go' folder are accurate and updated as appropriate with changes or new, additional needs, including any newly enrolled children throughout the year.
- Raising awareness amongst staff during staff briefings of children with particularly severe or complex medical needs, or any new medical needs throughout the year.
- Working together with the school office to ensure that all medication and medical forms are stored so that they are easily accessible in line with school procedures.
- Coordinating the training needs for staff on the use of managing medical needs and emergency medication – inhalers, auto injector pens.
- Ensuring that procedures are in place so that children with an illness or injury are looked after and supervised.
- Ensuring that first aid stock is ordered and maintained by the admin team
- Working with parents and the school nurse to put Individual Health Care Plans in place for children with high medical needs. Please refer to Supporting Pupils at School with Medical Conditions Policy for further information.
- Ensuring that staff are able to confidently and competently make use of emergency medical equipment on the school site e.g. the defibrillator.
- Recording and investigating allergy incidents as well as logging incidents and near-misses.

The School Business Manager

Is responsible for:

- Maintaining an accurate list of staff who are trained in paediatric first aid.
- Ensuring that sufficient staff are trained in first aid.
- Ensuring that accurate lists of first aid trained staff are displayed around the school.
- Recording the training of staff on the use of managing medical needs and emergency medication – inhalers, auto injector pens.

Class teachers

- All Medical boxes must be checked weekly

- Add the date of the check underneath the relevant week
- Check that the medication for each child is present in the box and initial to confirm
- Check that it is in date and initial to confirm
- If it is not present or has expired, inform the school office **immediately (speak to office staff and log on CPOMs under medical)**

Medical box checks can be delegated to LSAs however it remains the responsibility of the class teacher to ensure that the check has been conducted.

The School Office

- Are responsible for recording pupil medical conditions accurately and systematically.
- At the start of each academic year, provide the Designated Medical Lead and class teachers with up-to-date information on the medical needs of the individual children.
- At the start of each academic year, update both of the 'look out for me' boards and 'grab and go folder' with the information provided by the Designated Medical Lead prior to children returning to school.
- Update class teachers throughout the school year of any changes to existing medical conditions or any new medical conditions for the individual children in their class.
- Make the Designated Medical Lead aware of any updated medical information provided by parents or newly enrolled children throughout the year which requires the 'Look out for me' information to be updated.
- Work together with the Designated Medical Lead to ensure that all medication and medical consent forms, asthma cards and allergy action plans are complete and stored so that they are easily accessible in line with school procedures.
- Accept asthma pumps/emergency medicines from parents, ensure that they are correctly labelled with the child's name – including the canister and that they have not expired.
- Ensure that first aid stock is ordered and maintained.
- Each half term, monitor medical box checks and make Designated Medical Lead aware of any problems.

Parents

Parents have the responsibility to:

- Inform the school prior to a child's start date of any existing medical conditions.
- Provide sufficient information about their child's medical condition, treatment and/or special care needed at school
- Inform the school of any changes to prescriptions or support their child may need.
- Ensure that contact and emergency details given to the school are up to date. for themselves or another nominated adult.
- Inform the school immediately if their child develops a new medical condition following their start date.
- Ensure that any developments or changes in a child's medical condition are shared with the school.
- Ensure that the medication is provided in the original container as dispensed by the pharmacist and includes the instructions for administration, dosage and storage and has the child's details on the prescription label.
- Ensure that all emergency medication kept in school is in date. (It is the parents' responsibility to provide the medication. The office will remind parents of medication kept in school that will expire and when to bring in replacement medication.)
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment.

The School Nurse:

- Support the school in understanding individual children's medical needs, sharing relevant clinical expertise and knowledge.
- Promote the health and well-being of all children.
- Assist the school in looking after children with medical conditions.

- Support the school in ensuring that comprehensive care plans are in place for children with medical needs.
- Support the school in identifying appropriate training to ensure that staff are competently trained.
- Confirm that school staff have received adequate training, are competently trained and confident in applying the training.
- Use research and audit to deliver an evidence based-service.

The Governing Body

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 headteacher and staff members.

- Has ultimate responsibility to make arrangements to support pupils with medical conditions in school.
- Will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical needs.
- Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Review the policy and any associated risk assessments and practices annually.
- Monitor and respond to all matters relating to the medical needs of all persons on school premises.

The Headteacher

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

- Ensuring all staff are aware of first aid procedures and that suitable induction procedures are in place to ensure that all new staff are made aware of First Aid procedures in school.
- 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.
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or ensuring that appropriate people (Designated Medical Lead/SENCO/SBM) undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary.
- Regularly review the school's first aid needs and report changes to the Governing body.
- Review the accident book at least termly to consider any patterns or repeating accidents so that appropriate adjustments can be made.

Procedures:

All members of school staff are expected to deal with the injuries and illnesses that children might sustain whilst the child is at school. Any first aid that is administered **MUST** be recorded in the First Aid Book. The procedures to deal with any first aid incidents are clearly detailed in the First Aid Flowchart (Appendix 1).

During playtimes and lunchtimes, injuries should be assessed by the staff on duty. Staff wear a high-vis yellow jacket and carry the Medical Bum Bag from their classroom. Once first aid has been administered, it must then be recorded in on the First Aid Reporting Form, found in the First Aid Folder.

When in the classrooms, injuries should be dealt with by the adults in the classroom. In these cases, the injury is recorded in the class first aid book (small notebook kept in the medical box/bum bag) and then transferred to the First Aid Reporting Form in the First Aid Folder. If the child is taken to the school office for first aid, it is recorded in First Aid Folder located there.

Wrist bands

Wrist bands are used to make parents/carers aware that their child has received first aid. Yellow wrist bands indicate a minor injury, red wrist bands are used for a head injury or an injury which the first aider feels a parent should be informed of (e.g significant cuts/bruises). The wrist band is marked with the time and date of the injury and states what the injury was. The adult treating the child completes the wrist band and attaches it

securely. The office must be notified of injuries resulting in a red wrist band so that a text message is sent to inform parents.

Plasters

If a child has an open cut or graze then the wound should be cleaned and covered. The school keeps a list of all children that are allergic to plasters. These children will be clearly identified on the 'Look out for me' board.

Hygiene/Infection Control

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand-washing facilities, and should always wear gloves when dealing with blood or other body fluids and disposing of dressings or equipment.

Head Injury

- As with all injuries, the severity of the head injury will be established and the appropriate first aid will be given. This may range from a cold, wet tissue to an ice pack or hospital treatment.
- The adult treating the injury should follow the appropriate procedure (see appendix 1).
- A red 'bumped head' wristband is completed and securely attached to the child.
- The school office is informed of the head injury and a phone call is made to the parent/carer.
- After having treated a child for a head injury, the member of staff will ensure that the child's class teacher is informed so that they (or another adult in class) can monitor the child.
- All members of staff will be vigilant when a head injury has been sustained as children can experience delayed concussion or headaches.

Illness

Children who feel unwell should, at first, be monitored and observed in the classroom. Where possible, water and general TLC should be given. If this continues, and is out of character for the child, they should be taken to the school office, where parents will be called. The decision to send an unwell child home will be made by the first aid staff in the office who will make an informed decision. The school office will inform the class teacher if a child is being sent home.

Vomiting and Diarrhoea

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these symptoms will not be accepted back into school until 48 hours after the last symptom has elapsed.

Chicken Pox and other Rashes

If a child is suspected of having chicken pox a First Aider will look at the child's torso. The First Aider will always ask the child for permission and will ask them to lift up their own clothes. This will be done in the presence of another school adult. If chicken pox or something similar is suspected the parents will be called and notified so that they can arrange a medical appointment. If a child has any of these infections, they will need to stay off school for the prescribed period of time.

First Aid Room, Stations and Kits

Key points around the school have been identified to house first aid information and supplies. These have been identified so that all children and staff across the school have easy access to these resources. First Aid stations are routinely checked by the admin team to ensure that supplies are fully stocked. If any member of staff should notice that something is missing, they must notify the admin team.

Medical Information Boards

There are 'look out for me' boards in the following locations:

- Staff Room
- School Office – a 'grab and go' folder which contains the 'look out for me' information.

Children's names, photos and needs (and where needed, Individual Health Care Plans) will be included on the 'Look out for me' boards. These are updated throughout the year as the information changes. The children are grouped by need so that information can be easily accessed. Children identified under the following categories are included on the 'Look out for me' board:

- Complex medical needs including those with diabetes and cystic fibrosis
- Epilepsy/Seizure
- Allergies with auto-injector pens
- Allergies without auto injector pens.

First Aid Stations and First Aid Folders

There are First Aid Stations:

- First Aid Room (at the back of the School Office)
- KS2 Playground
- KS1 playground
- Nursery
- After School Club

First Aid Room

Within the School Office is the First Aid Room. A first aid kit is kept here, along with additional medical supplies. First aid boxes and storage are clearly labelled with a white cross on a green background. There is also a medical cupboard for the storage of medication, as well as fridge and freezer if needed. The admin team will order and replenish supplies for the first aid kit when needed.

KS1 and KS2 playgrounds

During playtimes and lunchtimes, injuries should be assessed by the staff on duty. Staff wear a high-vis yellow jacket and carry the Medical Bum Bag from their classroom.

During lunchtime a First Aid Station is set up in each of the playgrounds. Children that require first aid attention are taken to the First Aid Station where first aid treatment and recording is carried out.

Classrooms

Each classroom has a basic first aid kit contained in a green medical bag. This allows basic first aid to be administered when in the classroom. This should also be taken with the class when they are outside of their classroom. This includes PE lessons and school trips. It is the responsibility of the adults in the classroom to notify the admin team when their supplies are running low. Inside the Medical Bum Bag is a small note book to record information about the injury and the first aid given in the classroom. This should then be recorded on the first aid reporting form in the first aid folder. Any first aid given, along with information about the injury MUST be recorded. This must be done by the member of staff giving the first aid.



Medical box

Each class has a medical needs box which is kept by the sink with a first aid sign displayed on the wall above it.

The medical box contains:

- an up-to-date medical needs class list (provided by the admin team). This is updated half termly or when new children join the class.

- the emergency medication for the children in the class
- a class first aid book
- A green first-aid pouch
- a medical box checking sheet
- red and yellow wrist bands.

Medical boxes have up to date photographs of each child with medication in the box, accompanied by a label stating the medication.

Medications are organised in named pouches/wallets:

- Asthma pumps are in blue pouches
- Auto-injector pens in red pouches
- Any other medication in clear pouches.

In the pouch, along with the medication, is the child's medical consent form, asthma card or allergy action plan and a sheet to record when the medication is administered. Names are attached to the red and blue pouches with a laminated name label and a luggage tag.

Medical boxes are checked weekly: this is the teacher's responsibility. Although the checking can be delegated to a member of the team, the class teacher must keep oversight of this. The medical box check sheet is completed with the first and last name of each child who has medication in the box, the medication and the expiry date. Each week the box is checked to ensure that each medication is present and in date. The checker signs the sheet for each medication. The checker will alert the admin team when a medication reaches 4 weeks of its expiry date so that they can contact the parent and request a replacement.

If medication has expired or is missing and cannot be immediately located, the checker must inform the school office so that they can contact the parent and request a replacement. This should also be logged on CPOMs (under medical) by the checker.



Medical Needs Box

School Trips

It is the class teacher's responsibility to ensure that they have adequate first aid provision when going off site for a school trip. When carrying out the risk assessment for the trip, consideration will be made to ensure that all children have access to a first aider and actions will be taken to ensure this. They should also ensure that the following is taken;

- School Outing First Aid Kit
- Classroom Medical Bum Bag
- Information about the specific medical needs of children
- Children's emergency medication (as identified on the class medical list)
- Emergency Anaphylaxis kit
- Emergency Inhaler
- A Mobile Phone

Following a trip, the medical box must be checked to ensure that all medication has been returned and is present.

Emergency Medication:

At Burnt Ash School we are aware that there are times when children may need medication in school. It is the responsibility of parents to inform the school of any condition that might require emergency medication. The Designated Medical Lead, supported by the SENCO, works with parents and the school nurse to put Individual Health Care Plans in place for children with ongoing or long term medical needs. It is the parents' responsibility to provide the school with the appropriate medication. Parents must inform the school of any change in a child's condition e.g. if their condition has worsened or is being impacted by the weather etc. so that the appropriate measures can be put in place. Please refer to Supporting Pupils at School with Medical Conditions Policy for further information.

- All class teachers are given a class list which details the medical needs of the children in their class – this is updated half termly or when new children arrive.
- Staff are made aware of which children in the school have high medical needs through the 'Look out for me' boards.
- Each class has a Medical Box which has emergency medication log with administration record sheets.

Asthma Inhalers

It is the responsibility of parents of pupils who have asthma to supply the school with an in-date asthma inhaler clearly labelled with their child's details and a completed asthma card. It is parents' responsibility to be aware when the medication has expired beyond the use by date and to bring replacement medication to school accordingly. Asthma pumps are kept in the Class Medical Box. The school also keeps emergency asthma inhalers in the School Office should these be needed.

- The child's asthma inhaler is stored in the Class Medical Box in the child's classroom, in a blue pouch with the child's name.
- Class teachers ensure that asthma medication is taken with them when taking part in PE lessons or lessons involving significant physical activity.
- Class teachers ensure that children who suffer from asthma have their inhaler easily accessible at all times on any school trip or off-site activity.
- Pupils who suffer from severe asthma may have additional routines or procedures. These will be agreed together with the parents and outlined on the child's Individual Health Care Plan.
- The designated medical lead will liaise with parents of children with severe asthma and the child's class teacher to put appropriate arrangements in place. These will be included as part of the child's care plan and displayed on the 'Look out for me board'.
- It is the parent's/carer's responsibility to ensure that a working asthma pump is in school and available for their child.

Auto Injector Pens

It is the responsibility of parents of pupils who may need treatment using an auto injector pen for allergies/anaphylactic shock to supply the school with auto injector pens clearly labelled with their child's details. It is parents' responsibility to be aware when the medication has expired beyond the use by date and to bring replacement medication to school accordingly. Auto injector pens must have an Allergy Action Plan which clearly states what the child is allergic to, explains the care for a mild reaction and emergency action should the child go into Anaphylactic shock.

- The child's auto injector pens are stored in the class medical box in the child's classroom.
- Emergency anaphylaxis kits are located by the door to the school office, in the dinner hall, outside of the nursery/7B classrooms and in After School Club. They are wall mounted for ease of access with spare keys located next to the kits.
- Class teachers will make arrangements to ensure that children who may need treatment using an auto injector pen for allergies/anaphylactic shock have their auto injector pens easily accessible on

any school trip or off-site activity. Auto injector pens will also be available for any activity in school away from the classroom where the child risks being exposed to any allergen that may cause them to suffer from anaphylaxis.

- Auto injector pen training for staff is provided on an annual basis.

Breakfast and After School Club

Breakfast and After School Club are provided with a list of children attending each day, which notes who has emergency medication in school.

Children attending ASC who have emergency medication in school, take their pouch with them. The member of staff signing them into ASC checks that they have their pouch and it is stored in a medical box in the ASC room.

When children move to different areas of the school with their group, the emergency medication is taken with them. The medication is returned to the classrooms the following morning before the children arrive in school.

First Aid Guidelines

Where additional advice is required (but not in an emergency where 999 would be called) to manage the situation on school premises prior to the parent's/carer's arrival, 111 may be called for additional advice. In this case, one member of staff will call 111 and another member of staff will make contact with the parents/carers. If advised by 111 and agreed with parents/carers verbally, the school can act in loco parentis to administer over-the-counter medication such as paracetamol. This should only take place on very rare occasions where not administering this medication would leave the child in significant discomfort prior to the parents'/carers' arrival for collection. In this case, it is the school's responsibility to check the medication is in date and does not contain anything the child is allergic to. Strict hygiene measures will be taken to administer the correct dosage. In emergency cases, an ambulance will be called and the parents / carers informed immediately. In such cases, NHS ambulance personnel assume responsibility. A member of staff cannot give permission for any treatment at casualty (blood transfusions etc.).

Record Keeping and Reporting

- The First Aid Reporting form must be completed in **all** incidents where first aid has been administered for an injury.
- If a child needs to be taken to the hospital (either through advice from a First Aider or through 999) a Major Accident Form must be completed. (AR3)
- Children who receive first aid for either a minor injury, or a head injury, will have the appropriate coloured wrist band securely attached to their wrist, containing details of the time, date and injury.
- Parents will be notified by telephone if:
 - the injury is considered to be a serious injury (or more than minor injury)
 - requires attendance at hospital or other intervention by a medical professional
 - a head injury has occurred
- We will notify parents by calling the contact numbers provided on the emergency contact form and leave a message should the parents not be contactable. In the event of an injury where the child needs to go home, we will continue to attempt to make contact with the parents whilst supervising the child until the parents arrive.
- If a child requires immediate hospital treatment the parents (and if needed all emergency contacts) will be called and notified. They will then make an informed decision whether to go straight to the hospital or the school. The headteacher should also be informed.
- In the event that the child requires hospital treatment and the parents cannot be contacted prior to attendance, a member of the Senior Leadership Team should be notified so that further action can be discussed.
- For any injury that requires a hospital visit, a major injury or illness a 'Major Accident Form (appendix 4) must be completed. The DML is informed of any hospital visits and the work with the the SBM to complete the form

- Records held in the first aid and accident book will be retained by the school for a minimum of 7 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

Defibrillator

The school has been provided with a defibrillator (Mediana A15) as part of the government's rollout. This is located in the back office and is mounted on the wall opposite the sink. A short video on how to use the defibrillator is shared with all staff so that they have a basic knowledge of how to use it in case of an emergency. If the device is used, it will be recorded on the Mediana A15's SD card – the ambulance service who attend may need to access this to support them with their aftercare.

Accident Monitoring

All First Aid folders and Accident Reporting forms will be reviewed by the School Business Manager at the end of each term. The location, type of injury, treatment given and whether calls home were made for the relevant injuries will be analysed. This analysis will be shared with the Head teacher, Senior Leadership Team and trustees and will help the school identify accident trends and possible areas for improvement in the control of health and safety risks. It will inform any necessary reviews to procedure or training needed for staff. Analysis of accident records will take place at the discretion of the Headteacher at other times in the year, for example, if members of staff are reporting high incidence of accidents in the playground, so as to inform any necessary reviews.

Reporting Serious Accidents to HSE

The School Business Manager will carry out a review and inform the headteacher of her recommendations. Under the Reporting Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) we have a statutory duty to report some accidents to the HSE. We follow the guidance as laid out in Incident Reporting in Schools (accidents, diseases and dangerous occurrences): Guidance for Employers (HSE, 2013): <http://www.hse.gov.uk/pubns/edis1.pdf>

Appendices:

- 1 - First Aid Flowchart
- 2 - First Aid Locations & Kits
- 3 - Sample Sheet from School Accident Book
- 4 - Major Accident Form (AR3)
- 5 - First Aid Key Information Poster

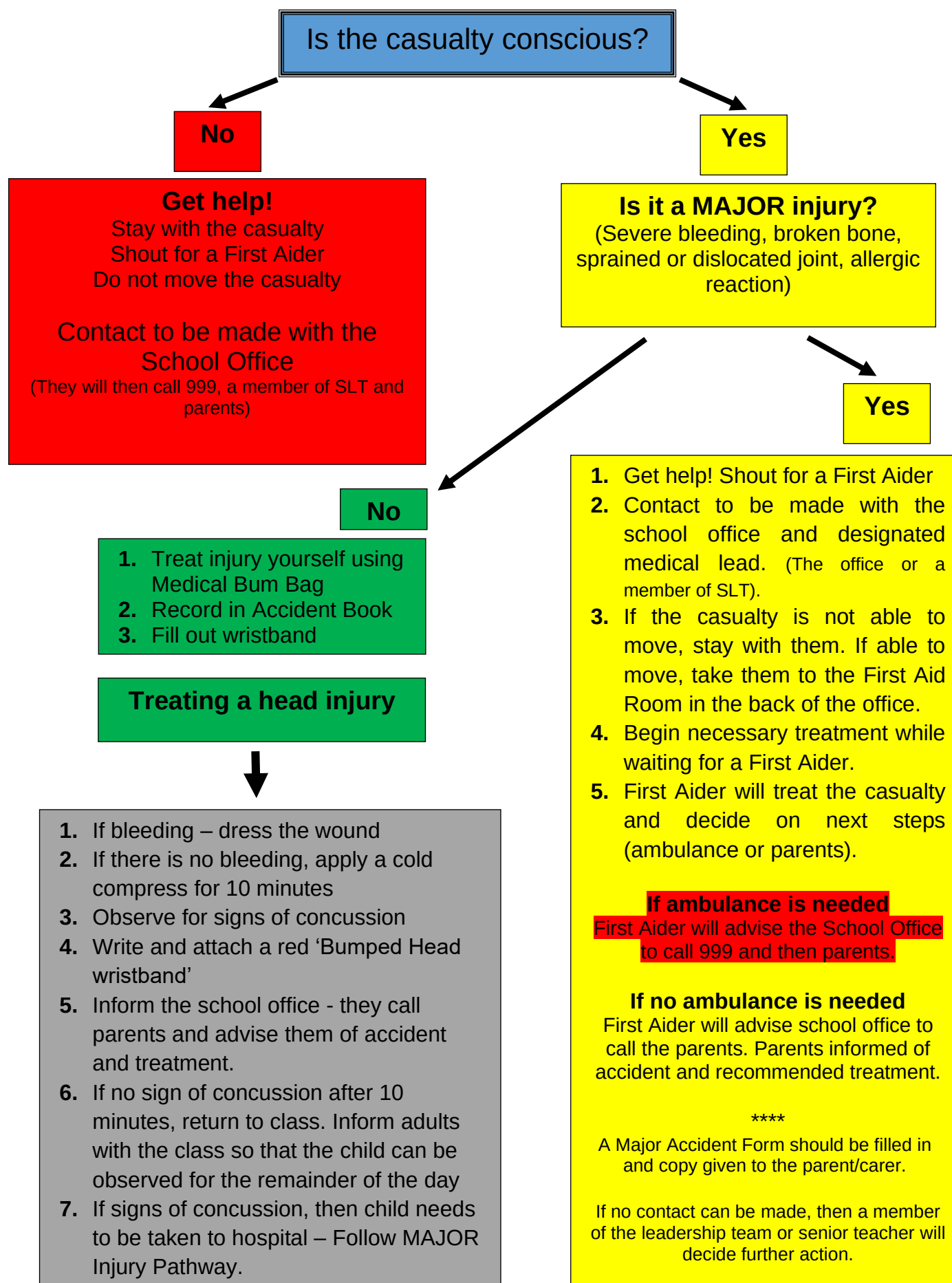
Written: July 2017

Reviewed Date: Autumn 2026

Next review date: Autumn 2027

Appendix 1 –

First Aid Treatment Flow Chart



Information about the First Aid Room, Stations and Kits

Location of First Aid Room and Stations

- First Aid Room (at the back of the School Office)
- KS2 Playground (station at breaktimes)
- KS1 Playground (station at breaktimes)
- Nursery
- After School Club

Location of 'Look out for me' boards

- Staff Room
- School Office – 'Grab and go' folder
- After School Club

First Aid Stock Checklist

There is no mandatory list of items for a first-aid container. However, the HSE recommend that, where there is no special risk identified, a **minimum** provision of first aid items is as follows:

First Aid Container

- Leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- two sterile eye pads
- four individually wrapped sterile triangular bandages
- six safety pins
- six medium sized (approximately 12cm x 12 cm) individually wrapped sterile unmedicated wound dressings
- two large (approximately 18cm by 18cm) sterile individually wrapped unmedicated wound dressings
- one pair of disposable gloves

Basic First Aid Kit

- Leaflet giving general advice on first aid
- six individually wrapped sterile adhesive dressings (assorted sizes)
- two individually wrapped sterile triangular bandages
- two safety pins
- one large (approximately 18cm by 18cm) sterile individually wrapped unmedicated wound dressing
- individually wrapped moist cleansing wipes
- one pair of disposable gloves

NAME:	DATE:	LOCATION:
CLASS:	TIME:	ADULT:

Injury - include info on where on head or body	First Aid Given			What happened next?		
	- Cleaned the cut - Ice pack- 10 mins and monitor - Plaster - TLC - Other, please specify					
Did it leave a mark?	Y wristband	R wristband	* If a red wristband has been given, please inform the office to call parents/carers	For office use only		
				Phone call	text	No contact – yellow band
NAME: CLASS:	DATE: TIME:			LOCATION: ADULT:		
Injury - include info on where on head or body	First Aid Given			What happened next?		
	- Cleaned the cut - Ice pack- 10 mins and monitor - Plaster - TLC - Other, please specify					
Did it leave a mark?	Y wristband	R wristband	* If a red wristband has been given, please inform the office to call parents/carers			
				Phone call	text	No contact – yellow band
NAME: CLASS:	DATE: TIME:			LOCATION: ADULT:		
Injury - include info on where on head or body	First Aid Given			What happened next?		
	- Cleaned the cut - Ice pack- 10 mins and monitor - Plaster - TLC - Other, please specify					
Did it leave a mark?	Y wristband	R wristband	* If a red wristband has been given, please inform the office to call parents/carers			
				Phone call	text	No contact – yellow band

Accident Report Form

Section A Personal Details

A. Details of injured or threatened person (to be completed by the injured person or their representative – can include their manager)		
A2. Surname:	A3. Forename:	A4. Date of Birth
A5. Address Rangefield Road, Bromley, Kent BR1 4QX	A6. Male/Female: A7: Staff / Pupil / Visitor / Contractor / Other	

Section B Accident/Incident Details

B. Details of the accident/incident (to be completed by the injured person or their representative – can include their manager)		
B1. Date of accident/incident:	B2. Time of accident/incident:	
B3. Address of accident/incident: If different from above Post Code:	B4. Name & telephone no. Of any witnesses:	
B5. Where on the premises did the accident/incident occur?		
B6. School activity being undertaken (pupils only):		
B7. Describe what the person was doing and how the accident/incident happened:		
B8. Injury:	Part of the Body:	Left/Right:
B9. Was first aid given:	B13. What additional action was taken:	
B10. Was the accident/incident caused by any defect(s) in the premises, plant tools, work equipment, work method. Etc. and the nature of the defect:		
B11. Name of the person completing sections A & B: Name: Position:		Date

B12. On completion of Sections A & B please forward the form to the HT or SBM

SBM / HT should now complete Section C if the person required an ambulance or a visit to hospital

Section C

Management Details

C. All accidents/incidents The Headteacher or the person in charge of the premises or their representative must complete this section and ensure the remainder of the form has been completed sufficiently and correctly.	
C1. Who reported the accident/incident to you?	
C2. Investigation undertaken by whom: _____ and on what date: _____ As a result of the investigation what action has been or will be taken to prevent a recurrence?	
C3. Did the accident/incident result in a Fatality, Major Injury or Over 3 days absence? If known	
C4. Was the person taken directly to hospital?	Name of hospital:
C5. Was the person detained in hospital for longer than 24 hours?	
C6. If the person was off work due to the accident/incident, give the date absence commenced (staff only)	
C7. Was this hazard identified in a risk assessment? Did the control measure fail? _____ If yes, who will be responsible for revising the risk assessment?	
C9. Should the accident be reported under RIDDOR?	Date reported:
C11. Name of person completing C Position: _____ Telephone No. _____ Date: _____	
C12. A copy of this form can be printed off and put in the injured person's file. Ensure HT is made aware of the incident.	



Trained in Paediatric First Aid	Senior First Aider Tom Frankland (exp 23.02.2029) EYFS / KS1 Nancy Arnould (exp 20.06.2028) Zoe Wrenne (exp 23.02.2029) Anne Elliott (exp 23.02.2029) Claire Groves (exp 23.02.2029) Deb Holt (exp 23.02.2029) Esther Cooper (exp 23.02.2029) KS2 Lizzie Bedden (exp 23.02.2029) Rachel Grice (exp 20.06.2028) Patricia Robery (exp 23.02.2029) Lisa Wren (exp 23.02.2029) Naomi Bygrave (exp 23.02.2029) Sandra Saunders (exp 23.02.2029)	Admin/Site team Laura Abbott (exp 23.02.2029) Kerry Huckle (exp 23.02.2029) Jodie Whitfield (exp 23.02.2029) Nursery Natalie Carter (exp 20.06.2028) Samantha Hutton (exp 20.06.2028) Paula Seary (exp 20.06.2028) ASC/MDS Tracy Dickson (exp 23.02.2029) Lorna Smith (exp 23.02.2029) Nicola Williams (exp 23.02.2029)
Location of Main First Aid Room	Rear of School Office – Go to Reception Desk	

Location of Emergency Medicine	Pupil specific medication is stored in the pupil's class room/Main office and travels with the pupil throughout the school day
Procedure for Accident and Reporting	❖ Take to First Aid Point ❖ Treat Injury ❖ Record in Accident Book (school office) ❖ Complete 'Letter to Parent' form where relevant
Procedure for Head Injury	❖ Apply cold compress for 10 minutes ❖ Observe child for signs of concussion ❖ Record in Accident Book ❖ Complete red wrist band and attach to wrist ❖ If no signs of concussion – pupil to return to class ❖ Ensure that adult staff in class are aware of situation and observe pupil throughout day; ensure Mid-Day Supervisors know too, where appropriate If there is a visible bump or cut ❖ If bleeding, dress the wound ❖ If there is no bleeding apply ice pack for 10 minutes ❖ Record in Accident Book ❖ Complete red wrist band and attach to wrist ❖ First-Aider or School Office staff member to contact and speak with parent and advise them of accident and treatment ❖ If no signs of concussion the pupil can go back to class ❖ If signs of concussion then the pupil needs to be taken to hospital

Updated 16/09/2026

Medical boxes should contain:

- An up to date medical class list (provided by the office) – list are provided half termly or updated for new children
- Up to date pictures of each child with a medical need on the outside of the box including their name and medical need
- A class first aid book
- All emergency medication – Asthma (blue pouch), Injector Pen/ Epipen (red pouch), Other (clear wallet)
- Wristbands for head injuries and minor injuries

All Medical boxes must be checked weekly – it is the class teacher's responsibility to ensure this

1. Add the date of the check underneath the relevant week
2. Check that the medication for each child is present in the box and initial to confirm
3. Check that it is in date and initial to confirm
4. If it is not present or has expired, inform the school office **immediately (speak to office staff and log on CPOMs under medical)**

Child's name	Medication	Expiry date	Week 1		Week 2		Week 3		Week 4		Week 5		Week 6		Week 7	
			In box	In date	In box	In date	In box	In date	In box	In date	In box	In date	In box	In date	In box	In date