



First Aid Policy

Author / staff lead: Mrs L Barnard

Abstract: This policy details first aid arrangements for school activities taking place at Lent Rise School and trips and visits away from the premises, organised by the school.

Approved by:	Mrs M Young Chair of Governors	
Approved by:	Mrs J Watson Headteacher	
Last reviewed on:	13/08/2024	
Next review due by:	12/08/2027	
Policy number:	LRS0037	

Aims

The aims of our first aid policy are to:

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

Legislation and guidance

This policy is based on the Statutory Framework for the Early Years Foundation Stage, advice from the Department for Education on first aid in schools and health and safety in schools and the following legislation:

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

Roles and responsibilities

As Lent Rise has Early Years Foundation Stage provision, at least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times.

See appendix 1: for Needs assessment

First Aid Coordinator

The school's first aid coordinator is Compliance Lead Louise Barnard, supported by Wellbeing Ambassador Hannah Slade.

Responsibilities:

- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Training staff on using Smartlog to log first aid incidents
- Reviewing Smartlog termly to look for patterns in incidents and report these to the Headteacher

Primary First Aiders

Responsibilities:

- Taking charge in the event of a significant first aid incident and supporting other staff with more complex first aid issues
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Providing first aid treatment to any employees
- Filling in a first aid slip or completing the accident book as soon as is reasonably practicable, and providing a copy for the parent
- Contacting parents directly where appropriate

Our school's primary first aiders are listed in appendix 2. Their names will also be displayed prominently around the school.

All staff

Responsibilities:

- Ensuring they follow first aid procedures
- Ensuring they know who the primary first aiders are
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Accessing additional support from Primary First Aiders if needed
- Completing a first aid treatment log on Smartlog for each incident
- Contacting parents directly where appropriate
- Informing the Headteacher or their manager of any specific health conditions or first aid needs

The governing body

The governing body 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.

The Headteacher

Responsibilities:

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times
- Undertaking, or ensuring that managers 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 relevant body when necessary

First aid procedures

See appendix iii for detailed information on first aid procedures

In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and treat minor injuries or seek the assistance of a primary first aider, if appropriate.
- Any member of staff should feel confident to make the decision to contact the emergency services in the event of a serious first aid emergency, without waiting for the primary first aider.
- The primary first aider, if called, will assess the injury and decide if further assistance is needed from the emergency services. They will remain on the scene until help arrives.
- The primary first aider will also decide whether the injured person should be moved.
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, inform office staff to contact parents immediately, the caretaker to manage the arrival of the ambulance and the Headteacher.
- The relevant member of staff will complete a log on Smartlog or accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

Off-site procedures

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

- A charged mobile phone
- A portable first aid kit including, at minimum:
 - A leaflet giving general advice on first aid
 - 6 individually wrapped sterile adhesive dressings
 - 1 large sterile unmedicated dressing
 - 2 triangular bandages - individually wrapped and preferably sterile
 - 2 safety pins
 - Individually wrapped moist cleansing wipes
 - 2 pairs of disposable gloves
- Information about the specific medical needs of pupils
- Parents' contact details

If the trip will be splitting into groups then each group leader should carry the above kit.

When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:

- 10 antiseptic wipes, foil packed
- 1 conforming disposable bandage (not less than 7.5cm wide)
- 2 triangular bandages
- 1 packet of 24 assorted adhesive dressings
- 3 large sterile unmedicated ambulance dressings (not less than 15cm x 20 cm)
- 2 sterile eye pads, with attachments
- 12 assorted safety pins
- 1 pair of rustproof blunt-ended scissors

Risk assessments will be completed by the trip coordinator prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid (PFA) certificate on school trips and visits with children from Nursery or Early Years.

First aid equipment

First aid kits in our school will include the following based on the HSE's recommendation for a minimum first aid kit:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves
-

No medication is kept in first aid kits.

First aid kits are stored in line with the Needs Analysis in appendix iii

Items within first aid kits that have a printed expiration date (such as sterile dressings and eye wash) must not be used after this date.

First aid kits will be checked termly for expired items. It is the responsibility of the first aider to replace any products they have used in the relevant kit after an incident.

Record-keeping and reporting

As log on Smartlog will be completed by the relevant member of staff as soon as possible after an incident resulting in an injury, with a copy emailed to the parent. For more serious incidents the first aider should complete the major accident book with a copy provided to parents.

Records held in smartlog and accident book will be retained by the school for the child's time at school plus 3 years, and then securely disposed of.

The Headteacher and Primary First Aider will decide together if any incident meets the threshold for further reporting.

Reporting to the HSE

The Headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Headteacher will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalding requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia

- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Notifying parents

The relevant staff member will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable, by Smartlog or through telephone contact (a Smartlog entry should still follow any telephone contact) - for more detail on how and when to contact parents see appendix iii First Aid Procedures.

Reporting to Ofsted, Department for Education and child protection agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify Buckinghamshire Council Safeguarding team of any serious accident or injury to, or the death of, a pupil while in the school's care.

Training

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until.

The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a primary first aider.

At all times, at least one staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every three years.

Monitoring arrangements

This policy will be reviewed by the First Aid Coordinator every three years.

Links with other policies

This first aid policy is linked to the:

Health and safety policy

Risk assessment policy

Supporting pupils with medical conditions policy

Supporting pupils with asthma policy

Appendices

Appendix i

First Aid Needs Assessment

The school must have a sufficient number of suitably trained first aiders to care for employees if they are injured at work

In addition the school must have at least one person trained in pediatric first aid on the premises at all times

Primary first aider	Pediatric first aider	Emergency first aider
Qualified in 3 day First Aid at Work training	Qualified in 2 day Pediatric First Aid training or 1 day Pediatric Emergency first aid	Received 3 hour emergency first aid training
Provide first aid to employees Act as the main first aider in the event of a more serious first aid issue	Provide first aid to children in Early Years and Nursery	Provide day-to-day care to children with minor injuries. To support in the event of a major first aid issue until primary first aider arrives.
5 staff trained At least one staff member to be on site at all times	Primary first aiders, Nursery Manager and EYS teachers should have two day Pediatric Training At least one staff member to be on site at all times All nursery, Early Years and club staff must have at least 1 day pediatric emergency training	All staff unless trained to a higher level

Equipment and supplies

- Full first aid kits are located in:
 - Main admin room
 - In inspiration station on wall next to the AED
 - Catering first aid kit on wall in kitchen
 - In nurture room (with additional burns dressings)
 - In staff room (with additional burns dressings)
 - In Premises Manager's workshop (with eye wash station)
 - In nursery
- Each TA has a small portable kit to support with minor injuries on the playground and in the classroom
- AEDs located in Inspiration Station corridor and in the front office
- Emergency inhaler kits located in the front office, admin office and old first aid rooms
- Emergency auto-injector kits located in Admin office

Additional first aid supplies are kept in the main admin room

Trips

Individual trip risk assessments should take into account the nature of the activity, location, access to emergency services, age of cohort and if any children / staff attending have conditions that may require additional first aid measure (for example epilepsy or severe asthma) when determining the level of training accompanying staff require, and any additional supplies to bring - such as the emergency inhaler

The rules on administering the emergency auto-injector have recently changed and this can now be administered to save the life of any child with symptoms of a severe allergic reaction even if they have not been diagnosed with a sever allergy. Staff should therefore take an emergency auto-injector kit on every trip.

Updated 13/08/2024

Appendix ii

Primary First Aiders

Louise Barnard

Hannah Slade

Daniel Holliday

Jill Watson

Rachael Small

First aid procedures

This document covers the procedures we regularly use at Lent Rise School. All staff administering first aid must have received certified training at the appropriate level.

When to contact parents:

This is not an exhaustive list. If you are unsure of whether to phone a parent - phone the parent.

Immediately by telephone

Any head bump where there is a visible, mark, lump, 'egg', graze or 'playground rash' or where child is significantly upset and cannot be calmed, where incident was witnessed and circumstances of accident were significant or when child is anywhere on the ACVPU scale other than alert.

Any sign of concussion (nausea, vomiting, double vision, feeling sleepy, confusion etc.)

Any loss of consciousness

Any facial, nose, eye or mouth injury

Any ingestion of foreign object or substance

Any burn

Nosebleed that lasts more than 20 minutes or more than two nosebleeds in a day

Any sprain, strain or limb injury where there is swelling or the child cannot bear weight

Any suspected break or fracture

Any cut that bleeds for more than a few minutes

Any allergic reaction.

Any rapid onset rash (if unsure see Mrs Barnard)

Any vomiting

Intentional injury either by another child or self-harm

At the end of the day by the teacher

Incidents which are not serious but may require further explanation e.g. unintentional injury caused by another child or where a change of clothes has been needed

Children in Early Years - where possible, particularly in their first term

By Smartlog

Minor cuts, grazes, bruises on limbs

Minor head bumps

Nosebleeds

Wasp or bee stings (not to face) Insect bites (unless there are lots!)

Nettle stings

Feeling unwell - if well enough to stay in school

Heat rash

Minor strains and sprains

Splinters

How to Contact Parents

Where possible the member of staff who has attended to the child should call parents however this is not always possible in which case please give information to the office staff. Contact details are provided in a folder in the admin room.

Never leave a child unsupervised. If you need to leave to make a call ensure another member of staff is supervising the children or telephone the office to make the call for you.

If you are unable to contact parents

Serious first aid issue requiring emergency treatment.

Dial 999 for an emergency ambulance. Do not delay doing this while you wait for parents to be contacted. If parents have not arrived by the time the ambulance comes ensure you have any medical information from SIMS or the child's file available for the ambulance crew. If the child needs to attend hospital without a parent they must be accompanied by two members of staff (if both will not fit in ambulance - one should drive directly to the hospital (check which hospital the ambulance is heading for - it may not always be Wexham Park)). These staff must take copies of the signed emergency medical consent form from the child's profile, any healthcare plans, or medication permission forms.

Moderate first aid issue - parents would be advised to seek medical attention but ambulance not needed

Are there any other ways of contacting parent? - Does the child know where parents are / where they work? - can these places be contacted directly?

Call additional emergency contacts

If no one can be contacted call NHS 111 - talk them through the situation and they will advise on what action to take. If they arrange transport for the child to hospital then two members of staff must accompany them. These staff must take copies of the signed emergency medical consent form from the child's profile, any healthcare plans, or medication permission forms.

Minor first aid issue / information only - child well enough to return to class

Inform the office staff you have not been able to get through in case parents call back.

Inform the class teacher if they need to monitor the child or speak to parents at the end of the day.

Ensure smartlog clearly shows that we tried to call but were unable to get through.

Staff should not transport children in their own cars to hospital unless in extreme circumstances such as ambulance industrial action where all other options have been exhausted. Permission must be sought directly from the Headteacher who will ensure that the driver has appropriate business insurance and car seat. Two members of staff would need to accompany the child.

Treatment of Injuries or Conditions

Assess the situation

What is the child's status on the ACVPU scale?

Alert	Awake, responsive at usual level
Confused	New confusion, disorientated, unable to orient themselves in space / time - ask yourself are they behaving normally for them? - ask a member of staff who knows the child for support
Voice	responds to name, may be confused or delirious
Pain	responds to pain - flick earlobes, tap shoulders or collarbones
Unresponsive	not responsive - this is a medical emergency check Airway Breathing Circulation and put casualty in recovery position

Should I move the child or treat in situ?

Questions to ask every child

Have you bumped your head?

Are you allergic to plasters?

Superficial cuts or grazes to torso or limbs, hands or feet

- Surface cuts, grazes or scratches should be cleaned with either a sterile wipe, sterile saline solution or warm running water. The area should then be dried and covered if possible to prevent infection. There should be no visible dirt or grit left. If you cannot adequately clean the wound contact the parent.
- Large grazes on bony areas or areas where clothing can rub might benefit from a non-adhesive pad. This is a soft pad with a shiny side that doesn't stick to a graze and provides a bit of extra padding. These can be secured with micropore tape.

Superficial cuts or grazes to face or head

- Even minor cuts to the scalp can bleed a lot. Apply pressure with a tissue or gauze swab to stop any bleeding
- Surface cuts, grazes or scratches should be cleaned with either a sterile wipe, sterile saline solution or warm running water. The area should then be dried and covered if possible to prevent infection.
- Ensure they have not also suffered a head bump.
- Telephone parents for all visible facial injuries

Major cuts to anywhere on the body

- Any cuts that continuously bleed or where bleeding is severe should be treated in line with emergency first aid training.
- Anything more than a small cut - whether it is deep, large, or bleeding heavily or continuously get help from one of the school's primary first aiders.

Minor head bump where child shows no sign of concussion

- Give the child an icepack to hold to their bump
- Observe the child for at least 5 minutes. If they are well and you are happy with their condition they can be sent back to class.
- Give child a green wristband to indicate to all staff that they have had a headbump.
- Log on Smartlog and call parents to inform them

Major head bump where child shows signs of concussion, has a visible bump or 'egg', cannot be consoled, or is acting out of character

- If the child shows significant signs of concussion - if they are confused, vomit or become unresponsive call an ambulance (for more information on signs of concussion see St John Ambulance website).
- If a child shows any signs of mild concussion, e.g. mild headache, dizziness, feeling sleepy but they are otherwise well - call a parent and ask them to collect the child and seek medical attention.
- If the child has no sign of concussion but has a raised bump or 'egg' then a parent should be contacted and asked to come in to school and check on the child.
- The parents of a child with a head bump should be given a concussion information sheet.

Twisted / sprained limb - child can weight bear / has full movement

- Child should rest with an ice pack on affected area
- Child may return to class when they are well enough. They should be encouraged to use the limb normally but avoid PE

Injured limb / child cannot weight bear / does not have full movement

- RICE: Rest, Ice pack, comfortable support, elevation
- Contact parents to collect and advise seeking medical advice

Mouth injury

- Find out how it happened - make sure the child doesn't have anything in their mouth
- Ask child to check their own mouth for missing, loose or chipped teeth by running their tongue around. If there is any damage to teeth or heavy bleeding get help from a primary first aider

- Mouths bleed a lot - a small cut on the tongue can bleed heavily and mislead about where the injury is. Get the child to spit in the sink and rinse their mouth with drinking water to better see the injury.
- Always contact parents for mouth injuries

Nose injury

- Parents should be informed of injuries to noses
- Some children's noses bleed very easily, even from a minor injury.
- It is very difficult to tell if a child has a broken nose. Apply an ice pack to any bruising and encourage the child to gently pinch the soft part of their nose to encourage bleeding to stop. Don't let them squeeze the cartilage area - this could further damage a broken nose.
- Do not attempt to remove foreign bodies from the nose - contact parents

Neck injury

- It is impossible for non-medical trained staff to tell the difference between a serious and minor neck injury - always treat neck injuries as if they are serious.
- Immobilise the child - try not to scare them but it is important that they do not move their neck. If they have walked to seek help get them to keep their head a neutral face forward position. Gently support them if needed.
- If the child is on the floor do not move them unless they are not breathing.
- Get help from a primary first aider as soon as possible.
- All neck injuries should be reported to parents
- Also be aware of stiff necks without an obvious cause - these should be checked by a primary first aider as a stiff neck can be a sign of serious illness.

Eye injury

- If a child has dust, soap or something else that can be washed out then this should be done using sterile saline pods, flushing away from the uninjured eye.
- If a child has received a blow to the eye call parents - eye sockets and cheekbones are fragile and can easily fracture.
- Ice packs can be helpful but they may disturb a child's vision if pressed into the eye so hold it for the child.

Ear injury

- Check a child's hearing has not been affected by any blow.
- Earache that comes on without an injury should be reported to parents.
- If a child has a foreign body in their ear contact parents.
- If a child has straw coloured or pink fluid leaking from their ear it can be a sign of a fractured skull; brown, puss or waxy discharge from the ear can be a sign of infection or a burst eardrum. Contact a primary first aider.

Splinters / thorns

- Splinters / thorns should not be removed by staff - cover the area with a dressing and if it is not bothering the child let the teacher know to inform the parent at pick up.
- If the splinter is painful or causing the child distress call the parents and ask them to come in (and bring tweezers with them - we no longer have these in school).

Imbedded objects

- Imbedded objects should be left in the wound. Try to stop any bleeding and get support from a primary first aider.

Insect bites, stings or nettle stings

- Insect bites and nettles stings should be assessed for severity - a child with a few nettle stings may just need a cold, wet paper towel and a distraction, whereas a child who has fallen in a patch of nettles and has substantial stings may need antihistamines and pain relief from parents.
- Wasp and bee stings - check for a mark - children sometimes think they have been stung when they have not because they saw a bee / wasp or one landed on them.
- Stings to the mouth can cause dangerous swelling and the child should be carefully monitored and parents contacted to seek medical advice.
- Check any stings to see if the stinger is still in - If so it should be removed using a clean credit card or ruler (ask a primary first aider for help). Wash the area and then monitor the child for any signs of allergic reaction. If the child is ok ensure you have logged on smartlog.

Ticks

- Removing a tick as soon as possible reduces the risk of infection so where possible follow these steps:
 - Use a tick-removal tool available from the admin office or in your trip first aid kit.
 - Grasp the tick as close to the skin as possible.
 - Slowly pull upwards, taking care not to squeeze or crush the tick.
 - Examine the tick to check all parts have been removed
 - Kill the tick when you have removed it.
 - Speak to primary first aiders who will provide additional monitoring information to parents.

Finger traps

- Finger traps should be checked by a primary first aider.
- Ask the child where they trapped their finger and ensure there is no safety issue that has caused the accident

Human bites

- If a child is bitten by another child wash with soap and water. If the bite has drawn blood allow it to bleed by gently squeezing for a few moments to clean the wound.
- Parents should always be called if a child has been bitten. Where a bite has broken the skin parents should seek medical advice.

Ingestion of substances / objects

See a primary first aider before taking any action. Find out exactly what has been ingested - how much and when. Data sheets are kept in the COSH file in the upstairs office and contain information about first aid procedures for each chemical held in school (e.g soap, cleaning products).

Allergic reaction

- Mild allergic reaction - e.g. hayfever - check with the school office if the child has medication.
- Encourage child to wash affected area e.g. splashing face with water to remove pollen.
- If a child develops hives they may need antihistamines from a parent.
- In the event of a serious allergic reaction follow emergency first aid procedure.

Asthma attack

- Do not move the child - bring their inhaler to them.
- Ensure child is made comfortable and has access to their inhaler. Their condition should improve quickly after a brief rest / use of inhaler.
- If it does not get a primary first aider to assist. If their condition deteriorates quickly - call an ambulance.
- All staff have had comprehensive asthma and anaphylaxis training but if you have a query or feel you need more information please speak to a primary first aider.

Rash

- The most common rash we see at school is heat rash.
- If a child comes to first aid with a rash it is best to speak to a primary first aider and they can advise.

Heatstroke / sunburn

- Heatstroke and sunburn can be very serious for young children.
- If a child presents with symptoms of heatstroke offer them cool fluids to drink and put ice packs under their wrists to help cool them down.
- Contact primary first aider for support.

Children wearing tights / injuries in difficult places

- If a child is wearing tights and has no obvious injury but has fallen over it can be useful to send them to check themselves if there is a cut or bruise.
- Ice packs can be effectively used over tights.

- If a child does need to remove their tights then treat them in the admin room where possible, please do be aware of maintaining the child's dignity.
- Sometimes a child will injure themselves in a place that requires them to remove their trousers or lift up their shirt. In these cases it is always best if two members of staff provide first aid.

Care of unwell children

- Sometimes a child just needs a few minutes to rest but if you think they need to go home contact the school office. You will need to stay with the child or they will need to stay in class until they are collected.

Infection Control

- Please remember that gloves should be worn when treating any wound or issue involving bodily fluids.
- Gloves must be changed between children and hands should be washed regularly.

Appropriate behavior

- Try not to react to a severe or very visible injury - children will watch your reaction to assess how bad something is so if you are calm, smiling and appear unfazed it will help them relax.
- Please remember to always tell a child what you are doing or why you are asking them to do something for example: 'Could you just lift up your t-shirt so I can see if you have a rash on your tummy?'
- Gloves and dressings can be scary especially for young children - explain what they are and what they are for. 'I'm putting special blue gloves on that stop you getting any germs from me'
- You should always ask a child's permission before touching them - 'is it ok if I touch your forehead to check if you have a temperature'.
- Sometimes children will be very upset. Children do need some TLC and a reassuring arm around the shoulder and kind word can be just what they need, but first aiders should take care to maintain professional boundaries at all times.

Spare uniform

- Spare uniform is stored with each year group. There are also spare pants and knickers and additional spare uniform is available in the office reception.

First aid supplies

- All first aid supplies are stored in the admin room. If you notice that we are running low on something - let the office staff know.

First aid log on Smartlog

- These are legal records of an accident - please ensure that they are filled out in full.
- By far the biggest complaint we receive from parents about first aid is that they were not made aware their child had been injured.

Concussion information sheet

This information is from Frimley Health's Healthier Together and should be given to all parents collecting children with a head injury.

<https://frimley-healthiertogether.nhs.uk/parentscarers/my-child-has-hurt-themselves-injuries/head-injury>

Head Injury

- Most head injuries are not serious and simply cause a bump or a bruise, and often they do not require medical attention.

- If your child's head is bleeding, apply pressure for 5-10 minutes. If it continues to bleed, they may need to have it glued (stitches are very rarely required). This can usually be done in a minor injuries unit, an urgent treatment centre or a walk in centre.
- A significant head injury can result in concussion. A child or young person does not have to have been unconscious, or “knocked out” for concussion to occur. Common symptoms of concussion include headache, fatigue, poor sleep and difficulty concentrating / learning.

When should I worry?

If your child has had any of the following in the 48 hours following their head injury, you need urgent help.

Go to the nearest Hospital Emergency (A&E) Department or phone 999



RED

If your child has had any of the following in the 48 hours following their head injury:

- Vomits repeatedly i.e. more than twice (at least 10 minutes between each vomit)
- Becomes confused or unaware of their surroundings
- Loses consciousness, becomes drowsy or difficult to wake
- Has a convulsion or fit
- Develops difficulty speaking or understanding what you are saying
- Develops weakness in their arms and legs or starts losing their balance
- Develops problems with their eyesight
- Has clear fluid coming out of their nose or ears or develops bruising around both eyes or behind an ear
- Does not wake for feeds or cries constantly and cannot be soothed
- Has memory loss of events before or after the injury
- Takes blood thinners or Any history of bleeding or clotting disorders
- The head injury was high impact such as:
 - a road traffic accident
 - a fall from a height of greater than 1 metre or greater than child's own height or more than 5 stairs
- Your child is younger than 6 months or under 1 year with a bruise, swelling or cut of more than 5 cm on the head



AMBER

If your child has had any of the following in the 48 hours following their head injury:

- Develops a persistent headache that doesn't go away (despite painkillers such as paracetamol or ibuprofen)
- Develops a worsening headache

You need to contact a doctor or nurse today.

Please ring your GP surgery or out of hours contact NHS 111 for advice - dial 111 or for children aged 5 years and above visit 111.nhs.uk



GREEN

If your child:

- Is alert and interacts with you
- Vomits, but only up to twice
- Experiences mild headaches, struggles to concentrate, lacks appetite or has problems sleeping - if you are very concerned about these symptoms or they go on for more than 2 weeks, make an appointment to see your GP.

Self care

Continue providing your child's care at home. If you are still concerned about your child, please ring your GP surgery or out of hours contact NHS 111 for advice - dial 111 or for children aged 5 years and above visit 111.nhs.uk

What should I do?

- In general, if your child cries immediately after a head injury and returns to their normal self in a short time, they can be managed at home. You should observe them closely for the next couple of days, checking that they are responding normally to

you. They may be pale or quieter than normal for the first couple of hours after a head injury - this is normal.

- Let your child rest and try to avoid strenuous activity until their symptoms have settled.
- Give them paracetamol (calpol) and/or ibuprofen if they are in pain.
- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury

Concussion following a head injury?

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping - these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out".
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury.
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Return to sport?

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain.
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered.
- Always discuss with your child's school and sports club to discuss a gradual return to full activity.

