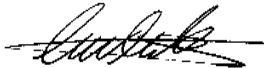


First Aid 3 Accident/Injury and Reporting Policy & Guidance 2025 - 2026



Governor Committee Responsible:	Premises	Staff Lead	Mr. G. Mills
Status	Statutory	Review Cycle	Annual
Last Review	June 2025	Next Review Date	June 2026

Designation	Name	Date	Signature
Chair of Premises	Mr. K. Wilson	26.06.25	
Head Teacher	Mr. G. Mills	26.06.25	

First Aid Procedures at Swindon Village Primary School:

If in doubt phone 999 and parents

Require the person dealing with an accident/injury to ensure that not only the injured person is correctly dealt with, but that the carer protects him or herself against personal injury or illness as well.

Therefore:

- Protective gloves should always be worn if there has been a spillage of body fluids.
- All First Aid equipment is located in the First Aid Room, except for inhalers and epi-pen
- Remember to take one of the prepared First Aid kits on off-site visits. (A walk in a local area may necessitate only the First Aid mini medical bag) and for all P.E. lessons
- Remember to take a copy of the year group medical information, listing:
 - all asthmatics
 - diabetics
 - any child with a severe allergy ie. Anaphylaxis
 - any other medical conditions

Individual care:

- Teachers who have children with any of the above conditions need to have consulted with the parents for the individual needs of the child, and be clear about the Care Plan for the child.
- Paracetamol, in any form, can only be administered by a designated person providing the appropriate consent form has been filled in and signed by the parents/carers. [see First Aid 1: Adminstrating medicines policy]

PEEPs

- From time to time children or adults may have an injury where mobility and/or movement around the school is affected. When/if this arises the following should take place immediately.
 - Meeting with parent(s) / adults to discuss what the child is allowed/not allowed to do in terms of the school day – this includes in class/moving around the school and at unstructured times of the day.
 - This meeting must include a member of the SLT and a PEEP will be written and kept on file. It will be regularly reviewed with the child and family to ensure the child is safe.

Accident/Injury Reporting:

All pupil accidents and injuries of a reportable nature should be recorded on an 'Accident/Injury' report form. There is a supply of Accident/Injury forms in each medical treatment area in the school. These need to be kept in school for Five Years.

If the person implementing first aid to a child is not the class teacher, then make sure the class teacher is aware of the incident and treatment given. He or she can then decide if the parent needs to be informed.

For more serious accidents you will need to instigate the Accident/Emergency Procedures (see Appendix 3 for A&E Procedures)

Certain accidents/injuries must also be recorded online (**within two days (username and password – please see the school office manager to fill in the form).** The Head Teacher ensures this form is submitted, in their absence the Deputy Head Teacher will take on this role. This form must be filled in alongside the person/people who dealt with the incident. These types of injuries and accidents will of course be reported to parents. **The online form should be filled with the accident witness statement form and kept securely online. (See Appendix 4)**

These include more serious accidents involving:

- a. fractures or suspected fractures (including chipped or cracked bones)
- b. hospital or other medical treatment (eg. referral to G.P.)
- c. head injuries giving rise to concern (and not covered by a or b above)
- d. defects in premises, equipment or furnishings (Staff to inform Head Teacher/SLT)

Accidents involving death or very serious injury should be notified to GCC.

Accidents and Injuries - What to do

The following pages include details of how to deal with the various types of accidents and injuries that one could encounter during a school day. They are considered minor accidents - all of which are treated within school.

Whilst waiting for a Higher Level First Aider please follow your training and the below guide.

Nose Bleed

Major bleed then sees a Higher Level First Aider

Minor bleed then sees a General First Aider

- Sit child down with head slightly forward.
- Child should breathe through his/her mouth.
- Pinch soft part of nose firmly for about 10 minutes.
- If you cannot stop the bleeding after more than 15 to 20 minutes of applying direct pressure on your nose or the bleeding is rapid or the blood loss is large (more than a cup) you should
 - phone for an ambulance or drive the child to the hospital
 - and phone parents.
- Do not: blow through the nose or plug the nose.

Graze/cut (minor) – Initially can be seen and dealt with by a General First Aider

- Allow to bleed initially.
- Use water or medi wipes to clean wound.
- Consult a First Aider if the Graze/Cut needs further attention.
- Use a plaster if necessary (the wound will heal better if it is allowed to 'breathe'), but only if it has been ascertained that they are not allergic to plasters
- **Do not: apply a plaster before cleaning, or apply cream and plaster to a wound.**

Major cut (eg 'split') – Must be seen by a Higher Level First Aider

- Place a compress over the wound to help stem the bleeding, apply direct pressure for 10 minutes.
- If a foreign object is in the wound do not attempt to remove it.
- **Parents and/or dial 999 if considered an emergency.**
- If bleeding through the compress occurs, place another compress over the original one.
- Raise wound to slow bleeding.

Bump to Head (major contact) - Must be seen by a Higher Level First Aider

- Parents should be informed immediately and the parents should be advised to take the child to hospital.

Bump to Head (minor contact) – Initially can be seen and dealt with by a General First Aider but If concerned, get a second opinion from a Higher Level First Aider.

- A lump on the head is good news! Swelling means that the skull absorbed energy thus probably avoiding more serious damage. **Ice Pack should be applied for NO LUMP and LUMP.**
- Sit child down quietly and be prepared for the child to be sick. Place cold compress onto the bump or to the area where the child is saying they bumped it.
- Watch child carefully - if there are signs of sleepiness and/or vomiting seek medical attention from a Higher Level First Aider. Monitor the state of the child every 10 minutes.
- If the child falls asleep try and wake them up and contact parents and/or phone for an ambulance.
- **Always inform parents - (Phone call or speak face to face)** so that a watchful eye can be kept on the child when he or she goes home.
- Ensure the accident book is completed and kept in the First Aid Room. **Accident Folder is kept in the First Aid Room only.**
- Use the Bumped Head sticker to also advise parents

Teeth – Higher Level First Aider Required

- If a tooth is knocked out or a piece accidentally chipped off, place the tooth (or part tooth) in milk immediately. Contact parents and seek medical advice.
- Under no circumstances should a tooth ever be pulled out.

Stings – General First Aider but can get a second opinion from a Higher Level First Aider

- Seek immediate advice of First Aider if a bee stings a child.
- Wipe over the sting and keep under observation; if spreads/or any reaction contact the parents immediately.

Allergies - Higher Level First Aider Required

- Extreme allergic reactions (the medical term is Anaphylaxis) usually requires immediate hospital treatment - telephone 9 (outside line) -999, lie the child down and inform the parents immediately.
- **Follow Care Plan specific to child**
- An Epi-pen must only be administered by a trained member of staff.

Allergies can be very diverse:

- Drugs eg. Penicillin
- Foods eg. Peanuts, milk, strawberries
- Insect stings

Eyes - General First Aider but can get a second opinion from a Higher Level First Aider

- Contact parent
- If eyes are affected by dust particles of other foreign objects, wash them out with cold water. If the object remains in the eye, seek medical advice/contact parents.
- Chemicals in the eye - seek medical advice and refer to the instructions on the label of the offending substance.

Sprains - Higher Level First Aider Required

- Seek advice from a Higher Level First Aider.
- It is usually advisable to carefully support the sprained area with a bandage and then to seek medical advice/contact parents.

Fall (minor) - General First Aider but can get a second opinion from a Higher Level First Aider

- Calm the child down.
- Check for any cuts or grazes.
- Sit the child down in a quiet area.
- Encourage the child to stand up unaided.

Fall (major) - Higher Level First Aider Required

- **Do not:** Move the child or try to lift the child
- Calm the child down.
- Do not attempt to move the child. Ask to be shown where the pain is. Take appropriate action based on this information and what you can see.
- Seek advice of First Aider.
- Contact Parents/Carers and/or emergency services

Loss of Consciousness - Higher Level First Aider Required

- Place child in recovery position if they remain unconscious. (Seek assistance from a First Aider.)
- Contact parents immediately.
- Arrange immediate transfer to hospital.

Asthma Attack – General First Aider but can get a second opinion from a Higher Level First Aider

The following guide is very basic and brief.

- See First Aid notes for more detailed information to help you deal with an Asthma Attack.
- Sit child up and ask 'Are you asthmatic?'
- Calm child down by fixing his/her gaze upon you. Child should look you in the eyes, you should hold each others hands and tell the child to "breathe in, breathe out". (Breathing out is sometimes forgotten in the panic of an attack!)
- Treat with their usual medication - look for a blue (ventolin) inhaler. (See Appendix 5 for instructions for using inhalers.)
- An Additional inhaler is kept in the First Aid Room – parents must give permission for use. These should be taken on all school visits.
- If child does not calm down after 10/15 minutes (the time it takes for drug to work) - seek medical advice.
- **Do not:** Panic! Or leave child unattended.

Diabetes – Only staff with specific training in Diabetes

Appendix 6 See First Aid notes for more detailed information to help you deal with Diabetes.

Implications for school

- FOLLOW THE CHILD'S CARE PLAN
- An essential part of treatment of diabetes is an appropriate diet, so ensure the child is eating sensibly.
- Some children will also need snacks between meals. These may occasionally need to be eaten during class time.
- It is important to allow the child to eat snacks without fuss. It is worthwhile explaining to the class why this needs to be done.
- If the child has school lunches he/she may need to be the first to be dealt with.

Epilepsy - 2 forms – General First Aider but can get a second opinion from a Higher Level First Aider

Minor (Absence Seizure):

- The child may not be aware it has occurred. The seizure may only last 30 seconds.
- Keep talking quietly to child.
- Stay with child until completely recovered.

Major: FOLLOW THE CARE PLAN (if they have one)

- Let the child have the seizure - usually lasts about 3 minutes – TIME THE SEIZURE
- Clear a space to avoid injury to the child.
- Clear the room or area of other children and onlookers.
- If possible, place something soft under child's head.
- Stay with child.
- Send for First Aider
- The child may go to sleep afterwards - if so, place them on their side.
- After the seizure has ended place in a recovery position and phone 999 for an ambulance.

Do not:

- Move child unless in danger
- Wake child up
- Give a drink until fully alert

Please note - Epilepsy comes in two forms, Petite Mal and Grande Mal. (The first may go unrecognised).

Poisoning - Higher Level First Aider Required

- DO NOT INDUCE VOMITING
- Seek medical advice as quickly as possible.
- Dilute with water if external (eg.- eyes)

Choking – unless a care plan is in place for the child General First Aider but can get a second opinion from a Higher Level First Aider

- Encourage coughing.
- Bend child down - sharp slap between shoulder blades. Repeat up to four times if necessary.
- **Do not** apply the abdominal thrust to a child - this should only ever be carried out by a qualified practitioner.

Burns - Higher Level First Aider Required

Examples could be water/flame/hot glue from glue guns/food...this is not a definitive list

- Immediately apply cold water directly onto wound - use running water or move limb in a bowl of cold water for at least 10 minutes.
- If required, seek medical advice - this should always be the case if the damaged area is larger than a 10p piece.
- Do not remove clothing as this can take the skin off
- If a bad burn (larger than 10p or 'deep' burn) then wrap in cling film.

Please note: If burn is from hot glue, remove the glue from the skin as quickly as possible.

Appendix 1

<u>Higher Level First Aid Training Received</u>	<u>Name</u>	<u>Role/Position</u>	<u>Training Expires</u>
First Aid at Work – Level 3	Louise Brown	Senior TA	28.09.26
Emergency First Aid at Work – Level 3	Sarah O’Leary	Assistant Head Teacher	17.06.27
Paediatric First Aid	Kerry Broughton	TA	14.4.27
Paediatric First Aid	Helen Arrenberg	TA	18.7.26
Paediatric First Aid	Julie Simic	TA	17.6.28
<u>Basic Level First Aid Training Received</u>			
Basic First Aid for Schools	All Staff		Annual Refresher

Appendix 2

FIRST AID KITS

To take on a school trip and all sporting events and to PE lessons and after school clubs:

1 x pack of gauze squares	antiseptic wipes
variety of plasters	bandages/Cling Film
micropore tape	small/medium/large bandages
safety pins	Instant Ice Packs
tweezers	plastic gloves

Mini Kits for playground use:

Antiseptic wipes
Plastic gloves
Plasters

ACCIDENT AND EMERGENCY PROCEDURES - APPENDIX 3

This is a copy of the Accidents and Emergencies Procedures card located by every telephone in the school.

First Aid Notes for Staff - EMERGENCY PROCEDURES

(Please keep in an easily accessible place)

Accident/Emergency Procedure - In the event of a serious accident/incident:

- Send for a relevant First Aider depending on the severity of the injury/incident.
- Send **member of staff**/or **two children** to the designated teacher (Head, Deputy, Assistant Heads, Senior member of staff or school office) to say emergency procedure needs to be activated.
- **Member of staff/ TWO children** will be sent back to the teacher or support staff at scene to acknowledge procedures are under way.

Your job at the scene of the accident

- Comfort the child, but do not move them if there is any suspicion that doing so could exacerbate their injuries. May need to keep them warm or dry.
- Keep witnesses close by.
- Clear the site.
- Give details to the First Aider when s/he arrives.

Your job as the designated teacher

- Send member of staff/children back to the scene to say procedure is under way.
- Send a First Aider to the scene if they haven't already been called for.
- Ring for an ambulance giving as much information as possible. See notes below.
- Ring parents to inform them and request they immediately come to the school or (if more suitable) that they meet the ambulance at the hospital.
- Inform Headteacher of the accident.
- In the absence of the parent/s going in the ambulance a member of staff should go with the child (taking data sheet). At hospital the doctor should then assume responsibility for any decision regarding medical consent, not the school's member of staff.

Calling an Ambulance:

- Phone 9 (outside line)-999
- Give your name, address of where you are calling from

Ambulances work in a medical priority dispatch system so use the following format when giving details:

1. Age,
2. Sex,
3. Chief complaint of the patient.
4. Observations – what you can see – i.e. assess the scene, what you have done for the patient and the current situation.

Appendix 4



Swindon Village Primary School Accident/injury advice form

For children whose injury need further treatment or assistance from medical professionals, and need taking out of school.

I have been asked to collect my child from school today, because he/she sustained an injury that requires further observation or intervention.

- ☐ I may need to observe my child at home if unwell and seek further medical advice if they become worse.
- ☐ I have been advised to seek a medical assessment from a medical professional, i.e. GP or hospital accident and emergency department.

Please print child's name and sign below that you agree to the reasons you have been asked to take your child from school today.

Date: _____ **Childs name:** _____ **Signed:**



Swindon Village Primary School Accident/injury advice form

For children whose injury need further treatment or assistance from medical professionals, and need taking out of school.

I have been asked to collect my child from school today, because he/she sustained an injury that requires further observation or intervention.

- ☐ I may need to observe my child at home if unwell and seek further medical advice if they become worse.
- ☐ I have been advised to seek a medical assessment from a medical professional, i.e. GP or hospital accident and emergency department.

Please print child's name and sign below that you agree to the reasons you have been asked to take your child from school today.

Date: _____ **Childs name:** _____ **Signed:**

APPENDIX 5

First Aid Notes for Staff - THE ASTHMA ATTACK - GUIDANCE – PHONE PARENTS

(Please keep in an easily accessible place)

Always allow a child immediate access to his/her inhaler. The child's teacher and friends should know where the inhaler is kept. If a child needs his/her inhaler at breaktime or lunchtime he/she should be allowed immediate access to the school building.

At the onset of an attack, when an asthmatic child becomes breathless and wheezy or coughs continually:

- A Keep calm. It's treatable.
- B Let the child sit down; don't make him/her lie down. Make eye contact and tell the child to breathe in, breathe out. Breathing out is often the problem!
- C Let the child take his/her usual treatment - normally a blue inhaler.
- D Wait 5 -10 minutes. (Takes 10 minutes for drug to work)
- E If the symptoms disappear, the child can go back to what he/she was doing.
- F If the symptoms have improved, but not completely disappeared, summon the parents, and a first aider, and give another dose of inhaler while waiting for them. The child cannot overdose on his/her inhaler.
- G If the normal medication has had no effect, see severe asthma attack below.

How to deal with a severe attack

- Follow the school accident procedure.
- Get someone to inform the parents.
- Keep trying with the usual reliever inhaler, and don't worry about possible overdosing.

Isn't this overdramatic?

- 2,000 people die from asthma each year, and the vast majority of these deaths are avoidable.
- An important factor in many deaths is that patients, relatives and carers underestimate the seriousness of the situation and delay seeking treatment.

Notes on treatment

- Do NOT administer inhaler to pupils not diagnosed with asthma. (However this will not harm a patient.)
- It is acceptable in an emergency for a pupil who is a known asthmatic to use another person's inhaler, if they do not have access to their own.

The school has a spare inhaler which **designated First Aiders** can administer (located in the medical room).

APPENDIX 6

First Aid Notes for Staff - DIABETES - GUIDANCE

All children with Diabetes will have a Health Care Plan – Please read and follow these instructions

(Please keep in an easily accessible place)

What is diabetes?

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high because the body is unable to use it properly. This is because the body's method of converting glucose into energy is not working as it should. Normally the hormone insulin carefully controls the amount of glucose in our blood. Children with diabetes have lost the ability to produce insulin because the cells in the pancreas that produce it have been destroyed. A child with undiagnosed and untreated diabetes will show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness.

The aim of the treatment of diabetes is to keep the blood glucose level close to the normal range so that blood glucose is neither too high (hyper) nor too low (hypo). All children with diabetes will need insulin. In some cases children will be on 2 injections of insulin a day. The injections will be taken at home, usually without the help of an adult. Some children are on 4 injections per day, 1 of which will be needed at lunchtime. Some children are on insulin pumps. The Healthcare plan must be followed carefully.

Implications for school

An essential part of treatment of diabetes is an appropriate diet, so ensure the child is eating sensibly.

Some children on injections may also need snacks between meals. These may occasionally need to be eaten during class time.

It is important to allow the child to eat snacks without fuss. It is worthwhile explaining to the class why this needs to be done.

If the child has school lunches he/she may need to be the first to be dealt with.

Hypoglycaemia or HYPO - This means low blood sugar – below 4

Common causes are:

- A missed or delayed meal or snack
- Exercise above that normally anticipated
- Too much insulin

A hypo may occur when weather is very hot or very cold, if the child is stressed or unwell

Symptoms can include hunger, sweating, drowsiness, pallor, glazed eyes, shaking, mood changes or lack of concentration.

Each child's symptoms may differ.

Treatment – Trained Diabetic Staff Only – Follow CARE PLAN – Guidance only

- Talk to the child and gain a history of activity and food intake.
- Give one of the following fast acting sugar:
 - Lucozade
 - Sugary drink eg Coke (not diet)
 - Glucose tablets
- The parent should inform you what provision they have made for their child. This supply should be kept in the classroom.
- Do not send a child unaccompanied to get sugary food.
- Follow this up with some starchy foods:
 - A sandwich
 - A glass of milk and a biscuit
 - Fruit
 - Next meal if due

In the unlikely event of a major hypo, initiate the school's emergency procedure.

- If the child loses consciousness place him/her on the recovery position and follow care plan.

Hyperglycaemia or Hyper - This means high blood sugar – 14 or more

Symptoms

- Blood glucose level at 14 or above
- Tummy ache or feeling unwell
- Nausea or vomiting
- Going to the toilet frequently

Treatment

- Talk to the child and gain a history of activity and food intake.
- Refer to Care Plan – ensure child drinks water