GAYTON PRIMARY SCHOOL



First Aid Policy

| Approved by: | Governing Board |
|---------------------|-----------------|
| Last Reviewed on: | January 2021 |
| East Neviewed on. | Junuary 2021 |
| Next review due by: | January 2023 |

Introduction

First aid can save lives and prevent minor injuries becoming major ones. These arrangements provide guidance to managers with staff or premises responsibilities to ensure first aid provisions and sufficient cover is available at all times. These arrangements will reflect the HSE Approved Code of Practice L74 and comply with the Health and Safety (First Aid) Regulations 1981. The Council will provide information, instruction and training to ensure whenever employees require emergency medical attention that sufficient numbers of trained staff are available to provide first aid.

First Aid Boxes

First Aid boxes are located in:

- The Staff Room
- Outside the ICT suite
- •The Hall
- •The disabled toilet

Qualified First Aiders are:

First Aid at Work

Sarah Longworth Alf Fletcher Bev Morley Sue Doogan

Paediatric First Aiders:

Ruth Such Kelly Spearing Jennie McAleny Seema Ahmed Alison Hulley Vicky Ierston Vicky Kurton

First Aid

Any child needing first aid is the responsibility of the member of staff working with that child. It is their duty to administer any treatment they deem necessary. In more serious situations, or for further advice, a qualified first aider should be contacted.

*Playtimes- Staff on duty should deal with any first aid issues. If required a qualified first aider should be contacted.

*Lunchtimes- Midday assistants have access to first aid kits and will deal with all minor injuries. In more serious situations, or for further advice, a qualified first aider should be contacted.

Treatment

- Disposable plastic gloves should be worn when dealing with wounds, particularly when dealing with nose bleeds.
- Cuts and grazes can be cleaned using alcohol free antiseptic wipes.
- Cuts and grazes can be covered using plasters. Check to ensure child is not allergic to plasters.
- Minor bumped heads should have a 'cold pack' applied and a 'bumped head note' completed. Class teachers must be informed of the injury and the need to monitor for the rest of the day.

- Dental injuries of any kind should be reported to the parents/carers. They may be advised to attend their own dentist.
- Serious injuries must be dealt with by a qualified first aider.
- CPR in the event of a child stopping breathing

All injuries occurring during the day should be monitored by the child's class teacher for the rest of the day. Parents/carers should be informed directly if deemed necessary.

Should a child's condition worsen or become more serious a qualified first aider must be contacted immediately. In the case of an emergency, or when the Head Teacher of qualified first aider consider that hospital treatment is required, an ambulance will be called.

Staff accidents or injuries must be reported to the line manager/Qualified First Aider/ Headteacher and an adult accident form must be completed.

Transport to hospital

In the case of an emergency, or when the Head Teacher or qualified first aider consider that hospital treatment is required an ambulance will be called. Parents/carers must also be contacted at this point.

If, despite being fully appraised of the situation, the emergency service does not consider it necessary for transport by ambulance, but the school consider that further medical advice is required, the school should contact the pupil's next of kin. If the next of kin cannot be contacted and/or do not have access to own transport, the school can, only in these exceptional circumstances arrange to transport the injured person using their school staff transport. Please note that they must be accompanied by an additional responsible adult to support the injured person. A member of staff should stay with the injured child until their parents/guardians arrive at the hospital.

Only a member of staff with business insurance can drive a vehicle with a child in. The school has designated members of staff with business insurance. All staff who are likely to use their own vehicles for business travel must have the appropriate business insurance, a valid MOT certificate (if required). It is the responsibility of the school's business manager to check and log these documents together with the individual's driving licence making note of any endorsements on an annual basis and maintain appropriate records.

First Aid away from school

Portable first aid kits must be carried by an appointed member of staff when taking a group of children out of school. All teachers are to check that pupils who have asthma take their inhalers and any children with specific medical needs have appropriate medication available. All trips will be risk assessed appropriately with regards to first aid requirements. All incidents/accidents will be recorded in accordance with Local Authority Guidance. All members of staff will take a mobile phone when they are on a trip in order to ensure that they can call for help in an emergency situation.

First aid kit contents:

Each first aid box should contain at least the following items (minimum requirement):

- *A leaflet giving general advice on first aid
- *2 Saline eyewashes
- *20 individual wrapped sterile adhesive dressings (assorted sizes)
- *Two sterile eye pads
- *Four individually wrapped triangular bandages (preferably sterile) six medium sized (approx. 12cmx12cm) individually wrapped sterile un-medicated wound dressings

- *Two large (approximately 18cm x 18cm) sterile individually wrapped un-medicated wound dressings
- *One pair of disposable gloves
- *Adhesive tape
- *Moist cleansing wipes

Accidents & Injuries reporting:

All accidents and injuries should be recorded on class accident forms (Appendix A). Bumped heads will be reported to parents/carers using a 'bumped head note' (Appendix B) An M13 (accident form) should be completed every time first aid-trained staff provides assistance to a casualty arising from the condition of the premises or the work they were undertaking. The name of the person giving first aid together with summary details of the treatment given should be recorded (Appendix C).

Staff injuries are to be recorded on individual staff record forms (APPENDIX D)

Analysis of Accidents – including Staff Accidents

An analysis of accidents is carried out by the business manager. The findings are then reported to the Headteacher and the governors. Any actions required will be identified and acted upon.

Medical conditions in school with prescribed medicines (Managing medicines)

Staff must regularly check the expiry date on all prescribed medication kept in school. Before it expires a replacement must be requested from the parent/carer.

If a child is required to take any form of medication that has been prescribed by their doctor, the parents/carers must complete a Form 3A - Parental agreement for school to administer medicine (APPENDIX E)

Asthma

Children should have clear access to their own inhalers at any time of day. Inhalers are kept in each classroom in an easily accessible place. All inhalers are marked with the child's name. A list of asthmatics is kept in each classroom and in the school office. A record of all inhaler use must be made in the appropriate classes red, inhaler record book. Any child needing to use their inhaler in school will receive a note to take home showing when they used their inhaler and the dosage.

Anaphylaxis

This is an acute, severe allergic reaction to an allergen that requires immediate medical attention. Teaching staff have been trained in how to use an epipen. Epipens are currently kept in a locked First Aid cabinet in the school office. A risk assessment will be completed for nut allergies. Should a child experience a severe allergic reaction an ambulance must always be called and then the parents/carers informed.

Eczema

Children with eczema should not routinely need regular medication or cream in school. For severe cases of eczema or eczema flare-ups cream may need to be applied during the day to ease the discomfort. Any cream brought into school must be kept in the school office and be accompanied by a completed form (Parental agreement for school to administer medicine).

Illness

Should a child fall ill during the course of the school day they will be made as comfortable as possible. Parents/carers/emergency contact adult will be contacted and asked to come to collect the child as soon as possible. If there is no-one available or contacts cannot be

reached the child will be looked after in school. In the case of an emergency an ambulance will be called and school procedures will be followed.

Sickness

Should a child be physically sick in school they will be made as comfortable as possible and cleaned up where necessary. Parents/carers/emergency contact adults will be contacted and asked to come to collect the child as soon as possible. If there is no-one available or contacts cannot be reached the child will be looked after in school. Following an episode of sickness the child should not return to school until 48 hours after the last episode of sickness this is part of our infection control procedures.

Contagious Diseases

If school suspect that a child is suffering from a contagious disease guidance from the Health Protection Agency will be followed (Guidance on Infection Control in Schools and other Child Care Settings). Parents/carers/emergency contact adults will be contacted and asked to come to collect the child as soon as possible. If there is no-one available or contacts cannot be reached the child will be looked after in school.

Disposal of Clinical Waste

Clinical waste, including wipes, dressings, swabs or tissues used to clean wounds or clean up bodily fluids must be disposed of properly. School has yellow clinical waste bags so any clinical waste should be bagged up and then disposed via the normal waste.

Disposal of Nappy Waste

Children with on-going incontinence problems have in Individual Health care Plan –drawn up in consultation with parents by either Amy Thompson (School Nurse). Any nappies that need to be disposed of are bagged up and disposed of immediately in the main bins outside school.

Children who soil their clothing

Children are encouraged to be as independent as possible while toileting. In the event of a toilet accident children are encouraged to remove any wet or soiled clothing themselves. An adult stays nearby at all times to offer assistance, if requested, or needed. When assisting a child the adult will always wear disposable gloves and place all waste in the yellow clinical bin bags. These then need to be disposed of immediately in the main bins outside school. Assistance might be required with the removal of wet or soiled clothing, or with cleaning a child. If a child is extremely dirty the adult will endeavor to clean them to the best of their ability, but then the parents will be informed and asked to come to school as soon as possible. If a child requires adult assistance in their toileting but declines the offer, a member of staff will call the parents/carers and ask them to come to school to clean their child. Parents are informed about all accidents via a note in a sealed envelope (APPENDIX F).

Procedures

In school:

- In the event of injury or medical emergency, if possible contact the appointed First Aider(s) or other Teacher.
- Any pupil complaining of illness or who has been injured is sent to the School Office for the qualified First Aider(s) to inspect and, where appropriate, treat. Constant supervision will be provided (the disabled toilet where first aid can be administered has access to a wash basin and toilet facilities). Parents should be contacted as soon as possible so that the child can be collected and taken home.
- Parents are contacted if there are any doubts over the health or welfare of a pupil.
- IF THE SITUATION IS LIFE THREATENING THEN AN AMBULANCE SHOULD BE CALLED AT THE EARLIEST OPPORTUNITY WITHOUT WAITING FOR THE APPOINTED PERSON TO ARRIVE ON THE SCENE.

- The school recommends that, unless it cannot possibly be avoided, no member of staff should administer first aid without a witness (preferably another member of staff).
- No member of staff or volunteer helper should administer first aid unless he or she has received proper training, except in the case of minor cuts and grazes, which can be dealt with by members of staff under St. John's Ambulance guidelines.
- For their own protection and the protection of the patient, staff who administer first aid should take the following precautions. Exposed cuts and abrasions should be cleaned under running water and patted dry. Hands should be washed before and after administering first aid. Disposable gloves should be worn.
- All serious accidents should be reported to Head Teacher or First Aider who should call an ambulance and the child's parents ASAP (numbers located in office 'pupil contact' folder.
- In the event of a serious incident an ambulance is called and a member of staff accompanies the pupil to hospital. Parents are asked to go immediately to the hospital.
- If an ambulance cannot be sent quickly, it may be appropriate to transport a pupil to
 hospital without using an ambulance. This should be on a voluntary basis. In such
 cases staff should ensure they have specific cover from their insurance company.
- If staff are concerned about the welfare of a pupil they should contact the School Office immediately. If an injury has been sustained, the pupil should not be moved.

Out of School:

- All staff will take a mobile telephone with them on school trips.
- Teachers to check that pupils who have asthma take their inhalers and any children with specific medical needs have appropriate medication available.
- If the trip is via minibus or coach, teachers must take a first aid kit.

Educational Visits

- a) The Head Teacher has responsibility for ensuring staff have adhered to the school's 'Educational Visits Procedures' (as set out in the Health & Safety Handbook) when organising a visit.
- b) A Risk Assessment will need to be carried out as part of an educational trip. Particular attention needs to be paid to:
 - Outdoor Educational Visits
 - Hazardous Activities
 - Class Visits
 - Swimming Pool Lessons. Swimming instruction is provided by qualified swimming instructors. We use Calday Swimming Pool for swimming lessons, and we ensure that pupils adhere to the swimming pool rules.

Action at an Emergency (To be undertaken by trained First Aider)

- Assess the situation: Are there dangers to the First Aider or the casualty?
- Make the area safe, look at injury: Is there likely to be a neck injury?
- Assess the casualty for responsiveness: Does the casualty respond.

IF THERE IS NO RESPONSE:

- Open airway by placing one hand on the forehead and gently tilt the head back. Remove any obvious obstructions from the mouth and lift the chin.
- Check for breathing. If the casualty is breathing assess for life threatening injuries and then place in the recovery position. If the casualty is not breathing send a helper to call an ambulance and give rescue breaths in line with latest guidance.
- Assess for signs of circulation. Look for breathing, coughing or movement.

 If present, continue rescue breathing and check signs for circulation every minute. If breathing is absent begin Cardio Pulmonary Resuscitation (CPR) in line with latest guidance.

Head injuries

Children frequently sustain minor head injuries. This section gives details of what symptoms and signs should be looked for in children who have hit their head whilst at school and when medical advice should be sought.

If after a head injury a child remains unconscious or fits, an ambulance should be called immediately and the parents contacted. If a child suffers from any of the following symptoms, medical advice must be sought and if advised, the child should be taken to see either their GP or to A&E by the parents or by school staff:

- Loss of consciousness
- Vomiting
- Sleepiness
- •Fits or abnormal limb movements
- Persisting dizziness or difficulty walking
- •Strange behaviour or confused speech

Children may appear well immediately after sustaining a head injury but show signs of complications later in the day. School staff must remain vigilant and take the appropriate action if the child develops a problem.

If a child sustains a head injury whilst at school, the following information should be recorded from any witness, on the 'Head injury slip' (sample below).

- •Was the child behaving in an unusual way before the injury?
- What happened to cause the injury?
- •If they fell, how far did they fall?
- •What did they hit their head against?
- •Did the child lose consciousness? If so, for how long?
- •How did they appear afterwards?
- •Did they vomit afterwards?
- •Was the child observed to have any other problem after the injury?

Regardless of whether the school seeks medical advice about the child, this information should be given to parents afterwards, where possible. It may be that the child becomes unwell after school and the information will be helpful to parents if they need to see a doctor.

In addition parents will be notified by phone following any head injury to their child and invited in to inspect the injury. Each head injury will also be recorded in the accident book and a slip advising of the injury sent home with the child *(example below)*. Both will be completed by the person dealing initially with the accident.

If an accident occurs during break or lunchtime the duty staff <u>must</u> ensure that the class teacher is aware of the injury.

Incident Reporting

- All incidents, injuries, head injuries, ailments and treatment are reported in the accident book, kept by the exit near the ICT suite.
- Parents are informed of a head injury by letter. The letter outlines the injury and symptoms to look out for.

- First Aiders contact parents by phone if they have concerns about the injury.
- Staff should complete the accident book if they sustain an injury at work.
- An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed.
- The member of staff or other supervising adult concerned should seek medical advice without delay.

Administration of Medicines

a) Staff may administer medicines voluntarily (stored in Office drawer or staff room fridge) if a written request for administration form has been received from a parent. This form must clearly outline full details of the medication and frequency/quantity of dose together with timings and special circumstances. Details of administration must be recorded on the back of the administration of medication form, which should be kept in the staff room until the course is completed; this form should then be transferred to the medication folder. Training is required before use of medication for anaphylaxis. A record will kept of any medicine administered under these circumstances, and parents will be informed. If medications such as asthma inhalers are brought into the school, it is a parent's responsibility to ensure that they inform the school, and that they understand that their child will take responsibility for it. If there are any doubts about a child's ability to take responsibility for their own medication then a parent should be advised to maintain that responsibility and make arrangements to administer the medication themselves. Parents are responsible for renewing medication before its 'use by' date.

Body Spillages/HIV

- No person must treat a pupil who is bleeding, without protective gloves.
- Protective gloves are stored in the First Aid boxes, Staff Room and Caretaker's room.
- Sponges and water buckets must never be used for first aid to avoid the risk of HIV contamination.
- All body fluid spillages (vomit, diarrhoea and blood) must be cleaned immediately. This
 is vital if spread of infections to be reduced. Gloves should be worn when in contact
 with blood or body fluid is likely. Ordinary rubber gloves (located in the caretaker
 cupboard) are suitable for dealing with spillages. They must be kept for this purpose
 only. Following use, gloves must be rinsed and left to dry.
- Absorbent granules should be dispersed over spillage and left to absorb for a few minutes then swept up into newspaper. A designated dust pan and brush is available for body spillages and is kept in the Caretaker's Cupboard. Wash the affected area with warm water and detergent anddry. Single use latex gloves should be available for first aid and hygiene care procedures (these are available as above). Once spillages have been put into newspaper, hands must be washed and dried after removal after removal of protective gloves.
- Once spillages has been put into newspaper it must then be placed in a sealed black plastic bag and put in the external dustbins for domestic waste disposal.

Head Lice

- A general letter is sent to the parents of all pupils in a class if there is a case of head lice in the class.
- If live lice are noticed in a pupil's hair the parents are contacted by telephone and asked to collect him/her from class

Appendices

- A) Class Accident Form
- B) Bumped Head Note
- C) M13 Accident Form
- D) Staff Record Form
- E) Parental Agreement for school to administer medicine
- F) Note to parent

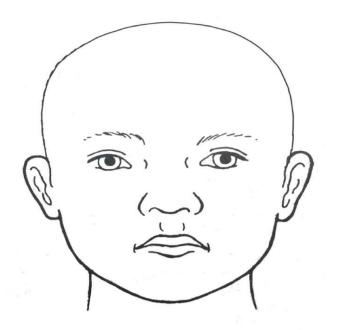
GAYTON PRIMARY SCHOOL INCIDENT REPORT FORM

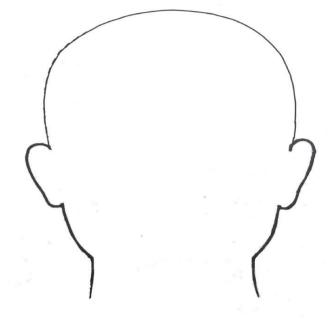
Form to be completed for ALL accidents and dangerous occurrences to pupils.

| Name Of Pupil | Date & Time | Details of accident. Where did it happen? How did it happen? Details of any treatment given from first aid box. | Hospital Referral YES/NO | Parent Notified YES/NO | Form M13 Completed YES/NO | Any other comment | lature & date of person making report | Name of Senior staff member informed if applicable. |
|------------------|-------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------|---------------------------|-------------------|------------------------------------------------|--------------------------------------------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



Head Injury Leaflet





SCHOOL STAFF TO COMPLETE

| NameDate | Time | |
|--------------------------------------------|-------------------------------------------|--|
| Location of injury to be marked on diagram | | |
| Fell from greater than their own height | Vomited x1 | |
| Collided with | Vomited x2 | |
| Landed on a hard surface | Vomited x3 | |
| Landed on a soft surface | Vomited >3 | |
| Lost consciousness when they fell | Can't remember events before the accident | |
| Had a fit/seizure | Can't remember events since the accident | |
| Cried immediately | | |

ADVICE FOR PARENTS/CARERS

Your child has bumped their head today.

- Allow them to rest, with ideally no screentime (TV or tablet etc) for about 48 hours.
- Watch them carefully for the first 48 hours after the injury.
- You can give Paracetamol or Ibuprofen for a mild headache, if you have to give both we would advise you to see a doctor for assessment.

 Allow them to go to sleep as usual and check on them from time to time while you are awake. If they don't stir when you touch them, wake them up fully.

Bring them to the nearest Childrens' Emergency Department if any of the following happen:

- Their headache gets worse despite Paracetamol or Ibuprofen.
- · They continue to vomit.
- · Poor coordination/clumsiness/unsteady walking.
- · Weakness in arms or legs or one side of their face.
- They become unconscious/don't respond to you.
- Excessive drowsiness (difficult to wake when you try to wake them).
- Bump to the head getting larger or squashier.
- Problem with eyesight or hearing.
- Slurred or unclear speech.
- Fluid/blood coming from ears/nose.
- Has a fit or collapses.
- · Unusual or confused behaviour.
- If it looks like the child has a dent or large cut on their head.
- · If the child is complaining of neck pain.
- · Your child has a known bleeding disorder.

These symptoms are not always serious, but it is best to get a doctor to check them out. If you are worried at all, don't hesitate to see a doctor - either your GP or a doctor in the Emergency Department will be very happy to see and assess your child.

Please bring this leaflet with you if you seek medical advice.



Accident Report

Appendix C

This form is to be used for reporting all incidents connected with work, which involves an injury (including an act of physical violence), or a near miss. The person involved in the accident/incident must complete all sections of this form. If they are unable to do so then the relevant line manager/supervisor or Head Teacher should complete it. Send this original form to the **Health & Safety Team at Wallasey Town Hall, Brighton Street, Wallasey CH44 8ED** .Contact No 0151 606 2364 or email to healthsafetyandresilience@wirral.gov.uk .

| Pai | rt 1 | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|---------|
| | out any injured perso | n | |
| If reporting a near miss go to Part 3. If more than one person was injured in the same incident, please complete a separate accident report for each person. 1 What is their full name? | | | |
| | | | |
| 2 | What is their home addre | ee? | |
| _ | | | |
| | Postcode | | |
| 3 | What is their home telephone number? | | |
| 4 | What is their DOB? | | |
| 5 | Are they Male | Fe | male 🔲 |
| 6 7 | Employee Number Post Number | | |
| 8 | What is their job title? | | |
| | | | |
| 9 | Is the injured person: (X | the box that applies of your employees? | s) |
| | On work experience / On | a training scheme? | |
| | | Volunteer? | |
| | | by someone else? | |
| | · | oloyed and at work? | |
| | A me | mber of the public? | |
| | • | A visitor? | |
| | | vice user / A pupil? | |
| | What is the unique pupil nu | imber? | |
| 10 | Is/was the person absent the injury? | | sult of |
| ., | Yes [| No No | |
| If ye | es has this been recorded o Yes [| n the SD1? Yes No | |
| 11 | On the date of the accide | ent, between what | nours: |
| (a) | Did the injured person exp from [| ect to work? | |
| (b) | Did the injured person actured from [| ually work? | |

| Part 2 | | | |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------|-----------|
| About an | y injury | | |
| 1 What w | as the injury? (e | g fracture, laceratio | n) |
| | | | |
| 2 What p | art of the body wa | as injured? | |
| - | | | |
| 3 Was th | e injury (X in the | box that applies): | |
| | | A fatality? | |
| | | ? (see accident policy) | |
| which prev | ented them from doin | r self-employed person ng their normal work for | |
| | , , | uding non-work days)? uding non-work days)? | |
| | , , | the public which meant | |
| | , | n from the scene of the | |
| | | hospital for treatment? | |
| 4 Did the | | X all the boxes that | apply): |
| | | Become unconscious? Need resuscitation? | |
| | Pomain in hospital fo | or more than 24 hours? | |
| | Kemain in nospital it | None of the above? | |
| Part 3 | | None of the above: | |
| | e incident | | |
| | at date did the at happen? | | |
| | t time did the inci | | |
| | did the incident h | nappen? State the a mises | ddress |
| | | | |
| | Postcode | | |
| 4 Where | on the premises | did the incident hap | pen? |
| | | | |
| 5 On wha | t date were details | s of the incident rec | orded in: |
| | Record (M36) | - f - 11 i (/i f | |
| | ame and address ses please state N | of all witnesses (if r | 10 |
| | · | , | |
| Witness Acc | counts attached | Yes 🗌 | No 🗌 |
| Part 4 | | | |
| Describir | ng what happe | ned | |
| the nanthe nanthe eve | ch detail as you can ne of any substance ne and type of any nts that led to the i | e involved; machine involved; ncident; | |

- please provide photographs or sketches

 please state if CCTV footage is available
 If it was a personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent a similar incident. Use a separate piece of paper if

| you | need to. |
|-----------|-----------------------------------------------------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Par | t 5 |
| | out the kind of accident |
| | |
| Plea 1 | se X the one box that best described what happened. Contact with machinery |
| 1 | Struck by object |
| 3 | Struck by a moving vehicle |
| 4 | Struck by a moving venicle Struck against |
| 5 | Lifting and handling injuries |
| 6 | Slipped, tripped or fell on the same level |
| 7 | Fell from height |
| | How high was the fall? Metres |
| 8 | Trapped by something collapsing |
| 9 | Drowned or asphyxiated |
| 10 | Exposed to a harmful substance |
| 11 | Exposed to fire or smoke |
| 12 | Exposed to an explosion |
| 13 | Contact with electricity |
| 14 | Injured by an animal |
| 15 | Physically assaulted |
| 16 | Another kind of accident (as described in Part 4) |
| Emr | Novae Signature |
| | oloyee Signature |
| | |
| | |
| | Date |
| Par | t 6: Your Section head/Line Manager |
| | pervisor or Head teacher must complete |
| this | s section. |
| Abo | out you |
| 1 | What is your full name: |
| | |
| 2 | What is your Post Number and Job Title? |
| | What is your work telephone number? |
| 4 | What is your work address? |
| | |
| | |

| Postcode | |
|---------------------------------------------------|---|
| 5 Your signature | |
| | |
| | |
| Date | |
| Part 7 | |
| Management action taken to prevent recurrence | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Has the risk assessment been reviewed? Yes ☐ No ☐ | |
| Part 8 | |
| Safety Officer's comments. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| DIDDOD Devention Date: | |
| RIDDOR Reporting Date: | _ |
| RIDDOR Reporting Date: 5 Signature | |
| | |

STAFF ACCIDENT RECORD

| Date | Accident Details | M13 Completed |
|------|------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Appendix E

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

| Name of school/setting | GAYTON PRIMARY SCHOOL |
|-----------------------------------------------------------------------------------------------|-----------------------|
| Full name of child | |
| Date of birth | / / |
| Group/class/form | |
| Medical condition or illness | |
| Daily care requirements (e.g. before sport/lunchtime) | |
| Describe what constitutes an emergency for the child, and action taken if this occurs | |
| Medicine Note: Medicines must be the original container as dispensed by the pharmacy | |
| | |
| Name/type of medicine (as described on the container) | |
| Date dispensed | / / |
| Expiry date | / / |
| Agreed review date to be initiated by | |
| Dosage and method | |
| When to be given | |
| Any other instructions | |
| Timing | |
| Special precautions: | |
| Are there any side effects that the school/setting needs to know about? | |
| Self administration | |
| Procedures to take in an emergency | |
| Contact Details | |
| Name | |

| Daytime telephone no. | | | | | | |
|-----------------------------------------------------------------------------|-----|--------|---------|------------|---|---|
| Mobile telephone no. | | | | | | |
| Relationship to child | | | | | | |
| . to all a simu | | | | | | |
| Address | | | | | | |
| Who is the person to be cor emergency (state if different activities) | | | | | | |
| Medicine Administered to an Individual Child | | | | | | |
| Name of school | | GAYTON | PRIMARY | SCHOOL | | |
| Name of child | | | | | | |
| Date medicine provided by par | ent | / | / | | | |
| Group/class/form | | | | | | |
| Location of storage | | | | | | |
| Quantity received | | | | | | |
| Name and strength of medicine | Э | | | | | |
| Expiry date | | / | / | | | |
| Quantity returned | | | | | | |
| Dose and frequency of medicir | ne | | | | | |
| Staff signature | | | Pi | rint Name: | | |
| Signature of parent | | | Pi | rint Name | | |
| Date | / | / | / | / | / | / |
| Time given | | | • | | • | |
| Dose given | | | | | | |
| Name of member of staff | | | | | | |
| Staff initials | | | | | | |
| | | · | | | | |
| Date | / | / | / | / | / | / |
| Time given | · | | • | | • | |
| Dose given | | | | | | |
| Name of member of staff | | | | | | |
| Staff initials | | | | | | |

Appendix F

MINOR ACCIDENT

| Date | |
|-------------------------------|--------------------------------------------------------------|
| Dear Parent/Guardian, | |
| Your childfirst aid. | has had a minor injury today and has been administered basic |
| Yours sincerely | |
| Mrs J McAleny Head teacher | |