



# Management of first aid & Medicines in school Policy



## First aid provision policy as outlined by WSCC and adopted by The Mill, January 12

At The Mill we take our duty of care, to both pupils and adults very seriously and as such follow the recommendation set out by WSCC on the provision of first aid and administration of medicines in schools.

### Duty:

First aid must be provided to any person that we owe a duty of care if they are injured or become ill while on our premises or involved in an off-site activity. There must be sufficient suitably qualified first aiders and adequate first aid facilities to ensure that assistance will be provided quickly to casualties and a call made to the emergency services when appropriate.

Contractors who work on site must provide their own first aid.

To ensure that the arrangements are appropriate for a specific establishment, the head teacher must undertake a first aid risk assessment. This risk assessment should be reviewed if there is any significant change at the school. See Appendix.

The School Business Manager will work with the nominated First Aider in order to ensure that the day-to-day management of first aid within the establishment guarantees:

- reviewing the first aid risk assessment whenever necessary;
- providing letters of appointment to first aiders;
- co-coordinating first aid training to ensure continuation of competency; and
- ensuring that first aid supplies are replenished, kept in date and correctly stored.

### Qualifications and training

All first aiders must hold a relevant current certificate that has been obtained through attendance on a training course run by an approved organisation.

### How many first aiders?

There must be a sufficient number of first aiders strategically located to ensure that first aid treatment will be provided quickly in an emergency. The number must also be sufficient to ensure provision will be maintained during both planned and unplanned absences such as leave and sickness, and to accommodate off-site activities such as educational visits and sporting fixtures. First aid duties can be shared between qualified staff provided the appropriate level of provision is maintained.

<b>Primary schools with children under 5</b> <i>It is recommended that the EFAW first aid courses you provide includes an element of first aid relevant to primary-school aged children.</i>		
<b>Number on roll</b>	<b>Minimum First Aid Provision in school during school hours</b>	<b>Staff numbers (head count)</b>
300-999	2 FAW, 3 EFAW-EYFA, 3 EYFA (alternatively, 2 FAW, 3 EFAW-EYFA)	< 200 staff
Off-site activities attended by children under 5	Additionally, at least 1 EFAW-EYFA or 1 EYFA accompanying the group.	
Other off-site activities (see note c)	First aid provision should be at least one EFAW, and any additional cover determined by risk assessment	

c. First aid provision must be considered for every off-site activity (including sports fixtures). The provision is subject to risk assessment but the minimum must be a First Aider qualified in EFAW, or for children 5 and under, at least one EFAW-EYFA

- **First Aid at Work (FAW)** - A 3-day course in first aid delivered by a Health and Safety Executive (HSE) approved training provider. Certificates are valid for 3 years and the qualification can be maintained by attending a 2-day FAW renewal course. Renewal courses must be completed within 28 days of expiry of the previous certificate.
- **Emergency First Aid at Work (EFAW)** - A 1-day course in first aid delivered by an HSE approved training organisation or a training organisation that have gained accreditation from one of the awarding bodies offering accreditation that are listed on the HSE website. Certificates are valid for 3 years. St Johns Ambulance also provide EFAW (Primary), a 1-day course in first aid delivered as above, that includes first aid to employees and additional training in resuscitation of children aged 5-11. This latter course (or equivalent from other first aid training providers) is recommended for primary schools.
- **Paediatric or Early Years First Aid (EYFA)** - A 2-day course specialising in first aid for children aged up to 5 years, delivered by a provider approved by the Local Authority (LA). This qualification is required in addition to the standard first aid qualifications in any establishment where staff will have a duty of care for children up to the age of 5 years. Certificates are valid for 3 years.
- **Combined Emergency First Aid at Work (Primary) and Early Years First Aid (EFAW/EYFA)** - A new 2-day course provided uniquely for West Sussex County Council by St Johns Ambulance, aimed at primary and nursery schools with children under 5. The course specialises in first aid for children but also includes emergency first aid for adults. It meets the requirements for paediatric first aid provision and also for employee first aid provision in the scales set out below. Please note that this course is delivered over 2 extended days (5.00pm finish) to accommodate the syllabus of both certificates.

**Educational establishments with children under 5 (including reception class children)**  
Educational establishments with children under 5 must also meet the first aid requirements of the Early Years Foundation Stage Statutory Framework. At all times when children under 5 are at the establishment, or on an off-site visit organised by the establishment, there must be at least one person present who has a current early years first aid certificate (paediatric first aid certificate).

**See Appendix for Current qualified Staff**

## **Letters of appointment**

Staff that agree to provide first aid must be given a formal letter of appointment, unless the role of first aid provider is already included in their job description.

## **Contacting first aiders**

Headteachers must ensure that everybody on the premises knows how to summon a first aider in an emergency. Notices should be displayed in conspicuous places and the procedure should be included in staff and volunteer induction training and pupil safety briefings. Unaccompanied visitors will also need to be informed when they are admitted to the premises.

## **Appropriate practice**

First aiders are responsible for assessing injuries or ill health and using their training to decide upon the most appropriate response. This can involve treating the casualty if the injury is within the scope of their training, referring them to hospital for assessment or further treatment, or calling the emergency services for urgent help.

If the first aider is in any doubt whether a casualty requires professional medical assistance, he or she should refer to the First Aid Manual, call 999 or contact NHS Direct.

## **Urgent treatment should not be delayed in order to consult with parents or careers.**

The current first aid manual is the 9th edition published by Dorling Kindersley Limited in 2009 (ISBN 978 1 4053 3537 9). First aiders should adhere to the procedures in the First Aid Manual.

## **Head bump letters**

Children often bump their heads without further consequences but parents should be informed about head bumps so that they can look out for signs that the injury could be more serious. We have a first aid sheet that is sent out to parents when they are seen by a 1<sup>st</sup> aider - please see appendix.

## **Calling the emergency services**

When you dial 999 you are not calling an ambulance but alerting the emergency services to your incident. They will decide on the response that they will provide; this can range from verbal advice over the telephone to an emergency evacuation by air ambulance.

Calling 999 should not be delayed - let the emergency services decide the appropriate course of action based on the information that you give them.

It is recommended that you complete 'Form 1' from 'Managing medicines in Schools and Early Years Settings' and display this as an aide-memoir for staff that may be required to call the emergency services.

- This policy follows guidance in [Managing Medicines in Schools and Early Years Settings](#) and this should be available to all 1<sup>st</sup> Aiders and a copy of which should be available in the 1<sup>st</sup> aid room.

## **Pupils with medical conditions**

First aiders will need to be informed if a pupil with a medical condition is likely to need special emergency treatment. The designated nurse from the school nursing service can assist to prepare a health care plan for such pupils and arrange any necessary training. Pupil health care plans must be available to first aiders, and a copy should be provided to any medical practitioner providing emergency medical treatment to such pupils.

## **Hygiene and infection control**

First aiders must follow their training and maintain good standards of infection control. Whenever small amounts of body fluids have to be cleaned up, disposable plastic gloves should be worn and disposable paper towels and a detergent solution should be used to absorb and clean surfaces. These items should be disposed of in black plastic bin bags, tied up and placed directly into waste bins with other inert waste.

Human hygiene waste that is produced in places like schools and offices is generally assumed not to be [clinical waste](#) because the risk of infection is no greater than for domestic waste. However, this should be verified in the risk assessment on a case-by-case basis.

### **Record keeping**

All first aiders should ensure that a record is made of all first aid treatment they give. This must include:

- the date, time and place of the injury or illness occurring;
- the name of the injured or ill person and their status, such as employee, pupil, client, visitor;
- details of the injury or illness and what first aid was given;
- what happened to the person immediately afterwards, for example, sent home, sent to hospital, returned to normal duties; and
- the printed name of the first aider or person dealing with the casualty.

Records should be kept according to the following schedule:

- pupils - 6 years from the date of 18th birthday
- employees and others - 6 years from the date of the accident.

This means you should record first aid provided to pupils separately from that provided to employees and others. You must also ensure that records are protected from unauthorised access and that they are irretrievably destroyed when their retention period expires.

Please see appendix for schools record proforma

### **Indemnity**

West Sussex County Council employees who hold a valid first aid qualification are indemnified by the County Council's insurance against any claims for negligence or injury, provided they relate to first aid provided in the course of their employment and they acted in good faith and in accordance with their training. The indemnity is regardless of where and to whom the first aid was provided.

### **First aid materials, equipment and facilities**

There must be an adequate level of first aid materials, equipment and facilities in every establishment, to ensure that an injured person can be treated quickly in an emergency. It is the schools responsibility to ensure that the first aid kits are appropriate to the size of school and restocked as needed.

First aid kits must be stored in a robust container designed to protect the contents from damp and dust and marked with a white cross on a green background.

The contents of the first aid box should be checked regularly to ensure there is adequate stock and to replenish out of date items.

There is a new British Standard for the First Aid box contents. All new kits should conform but existing kits conforming to the previous standard do not need to be replaced until new kits required.

This is what we recommend based on the British Standard:

- one leaflet giving general guidance on first aid
- one leaflet giving a list of first aid kit components included in kit
- 6 Pairs of Nitrile disposable gloves (Conforming to BS EN 455-1 and BS EN 455 -2, Large size (8-9))
- 40 individually wrapped sterile adhesive dressings (Water resistant, sterile, an island design and blue ones for food technology or kitchen areas);
- 2 sterile eye pad dressing with bandage
- 2 individually wrapped sterile triangular bandages
- 1 conforming bandage
- 6 safety pins
- 4 medium-sized individually wrapped sterile unmedicated wound dressings (approximately 12cm x 12cm)
- 1 large individually wrapped sterile unmedicated wound dressings (approximately 18cm x 18cm)
- 1 Foil Blanket 130cm x 210 cm
- 1 Mouth to mouth Resuscitation Device includes a one-way valve
- 20 Alcohol free moist cleansing wipes individually wrapped (sterile)
- 1 Micro porous adhesive tape
- 2 Finger sterile dressing with adhesive fixing
- 1 burn relief dressing
- shears

**Do not keep antiseptic creams, lotions, or any type of medication or drug in a first aid kit.**

The contents of a travelling first aid kit for off-site visits must be appropriate to the type and duration of visit, but should contain as a minimum:

- 1 leaflet giving general advice on first aid
- 1 contents list giving the first aid components in the kit
- 1 Pair of Nitrile disposable gloves (Conforming to BS EN 455-1 and BS EN 455 -2, Large size (8-9))
- 10 individually wrapped sterile adhesive dressings (Water resistant, sterile, an island design and blue ones for food technology or kitchen areas)
- 1 sterile eye pad dressing with bandage
- 1 individually wrapped sterile triangular bandages
- 1 conforming bandage
- 2 safety pins
- 1 medium-sized individually wrapped sterile unmedicated wound dressings (approximately 12cm x 12cm)
- 1 large individually wrapped sterile unmedicated wound dressings (approximately 18cm x 18cm)
- 1 Foil Blanket 130cm x 210 cm
- 1 Mouth to mouth Resuscitation Device includes a one-way valve
- 4 Alcohol free moist cleansing wipes individually wrapped (sterile)
- 1 Micro porous adhesive tape
- 1 burn relief dressing
- Shears
- 1 Eye wash (250ml) (Laboratories can have different arrangements for eye irrigation; see the WSCC Health and Safety information for Science CD-ROM).

### **Medical accommodation**

Schools must have accommodation to care for children during school hours, and for health professionals to carry out medical and dental examinations. It does not need to be used

solely for these reasons, but it must be appropriate for this use and be available when needed.

It must be well lit and also contain a washbasin and have a toilet reasonably nearby, and the floor and surfaces must be easy to clean and disinfect. It should be located on the ground floor with reasonable access for a wheelchair or gurney to the space reserved for emergency vehicles.

You should equip the room with adequate first aid facilities and equipment. It would be reasonable to expect:

- a sink with hot and cold running water;
- soap and paper towels;
- disposable gloves;
- drinking water and disposable cups;
- a range of first aid equipment (at least the contents of a standard first aid kit);
- apparatus for the safe disposal of clinical waste such as a foot-operated refuse container lined with disposable yellow clinical waste bag;
- a sharps container if it is foreseeable that sharps will be used;
- a couch with waterproof protection, clean pillows and blankets;
- a chair;
- a telephone;
- a record book for recording the first aid given;
- a current edition of the First Aid Manual; and
- a copy of the Health Protection Agency poster 'Guidance on Infection Control in Schools and other Child Care Settings'.

Educational establishments other than schools are not normally required to provide medical accommodation.

Medicines in school:

## **Medicines in School Policy**

### **Administering Medication**

First Aiders, office staff and TAs are able to administer prescribed medicines in school as long as they have written guidance and permission from the parents to do so. At no time should any adult give a child medicine or a drug of any kind without the parents permission.

School staff shall only administer prescribed medication when it is necessary for that medication to be taken during the school day, i.e. four doses per day. (This includes Hayfever and Travel Sickness medication) and without it the child would not be able to return to school when they are well enough to do so or by refusing to do so would cause them unnecessary discomfort / illness).

Non-prescribed medication is not administered by staff and should not be brought into school. The office can administer Calpol according to instructions and with parents written permission if this could prevent recurring sickness (migraine, etc). The dose would be in accordance to guidelines on the packet and would only be allowed to be administered once a day.

Prescribed medication must be brought into the office and collected by an adult. The medication must be accompanied by a signed parental consent form and must be supplied in its original pharmacist's container. If needed parent is to supply a measuring spoon or measuring cup.

### **Self Administration**

For some medical conditions such as asthma, pupils are encouraged to administer their own medication which is labelled and kept in the child's classroom, normally in the teachers cupboard where it can easily be accessible to the child. All inhalers need to be taken to PE activities.

### **Long-term or Complex Medical Needs**

The SENCO will complete a Health Care Plan for all pupils who have long-term or complex medical needs and this will be shared with the people who are responsible for this plan.

### **Storage and Access to Medicine**

All medication is kept in a locked cupboard in the staff room or in the school office, unless it is emergency medication (asthma inhalers, epipens etc) or requires refrigeration. All medication is kept in its original pharmacist's container. The keys for the locked medicine cupboard in the staff room are kept in the HT pigeon hole so that only personnel privy to this information can gain access to them.

## Record-Keeping

Records of all medicines administered are kept at the school until the pupil is 21. This includes medication administered during off-site activities. This is kept in the first aid folder in the first aid room.

## Emergency Procedures

In a medical emergency, first aid is given, an ambulance is called and parents are notified. Should a pupil have a Health Care Plan, the emergency procedures on the plan will be followed.

## Ongoing Medical Conditions

In the first Aid Room there is a first aid folder which has a section on ongoing medical conditions and pupils with allergies. These outline the children that we have with medical conditions and a photograph of them so that it is easy for anyone dealing with a medical incident to be informed. This information is also duplicated on a board in the staff room. This information is regularly updated.

This policy follows guidance in [Managing Medicines in Schools and Early Years Settings](#) and this should be available to all 1<sup>st</sup> Aiders and a copy of which should be available in the 1<sup>st</sup> aid room.

## Trained First Aiders

Name	Qualification	Valid From	Expires
Sonia Mitchinson	First Aid at Work	10/02/2010	09/02/2013
Steph Killick-Calver	First Aid at Work	05/12/2012	04/12/2015
Jenny Lakeman	First Aid at work	05/12/2012	04/12/2015
All T.A's	Emergency First Aid	07/02/2012	06/02/2015
Debbie Rap	First Aid for Teachers	06/12/2011	05/12/2014

## Statement about First Aid and Medicines in school prospectus:

### First Aid and Sickness at School



We always have fully trained First Aiders on our staff. This is a priority to ensure that your child receives quality care if they become ill or have an accident whilst they are at school.

If a child is clearly not well enough to be in school, or if they suffer an accident, we will telephone you so that you may take them home, or to the doctor.

### Medicines

Generally speaking it should not be necessary for your child to take medicines in school. However there may be occasions when they have a course of tablets to complete, after being ill, but they are well enough to be back at school. On these occasions we can administer any medications that need to be administered during the day. These must be prescribed medicines and you will be required to come into school and complete a form stating does and times and giving us full permission. Children should not be given medicines to administer themselves for any reason.

Asthma inhalers are kept in the classrooms - please make sure they are clearly labelled with your child's name. We also ask you to sign a permission form for us to administer Calpol to your child should they feel unwell on a school trip and also to confirm it is safe to put plasters on cuts.



If your child is on long-term medication that must be taken during the school day, please telephone the school and we will arrange a meeting for you to complete and sign the relevant forms.



**Headlice** are always a problem in schools, but children should not need time off for this. We send out letters to the whole class when headlice are seen on any one individual. Please check your child's hair once a week, treating any lice immediately. We will only solve this problem if we all check our children's hair regularly and act when we find lice.

## First Aid Risk Assessment and Check List Form:

Risk assessments have been carried out in accordance with WSCC policy - this is reviewed and updated as necessary

<b>Assessment Factor</b>	<b>Y</b>	<b>N</b>	<b>Impact on First Aid Provision</b>
Does your school have higher risk areas such as science labs or workshops?		<b>N</b>	You will need to ensure that first aid is available close to these rooms.
Are there any specific risks such as hazardous substances, dangerous tools or machinery or animals?	<b>Y</b>		You will need to consider: <ul style="list-style-type: none"> <li>o Provision of additional first aid cover</li> <li>o extra first-aid equipment</li> <li>o precise positioning of equipment</li> </ul>
Is there adequate first aid provision close at hand for sports activities (consider curriculum and out of hours activities), and also for all offsite activities and visits?	<b>Y</b>		You will need to ensure: <ul style="list-style-type: none"> <li>o Adequate numbers of EFAW or EYFAs for these lessons, events or visits.</li> <li>o Travelling first aid kits have been maintained</li> <li>o For outdoor events, there is equipment to keep casualties warm e.g. survival bag or blanket.</li> <li>o Where first aid cover is spread out with a travelling group that there is a reliable and efficient method of communication with first aiders.</li> <li>o Where an off-site visit is to a rural or remote area, where emergency services may take longer to arrive, you may need additional first aiders and with better qualifications, e.g. FAW</li> <li>o Qualified sports or adventurous activity leaders may already hold a First Aid qualification recognised by their sport or activity national governing body. Before deciding to depend upon this provision, you should check that it meets the minimum standard of EFAW and if they will supervise primary age children and that it includes the resuscitation of that age group.</li> </ul>
Does your curriculum contain swimming lessons? (but at a pool with trained lifeguards)	<b>Y</b>		Unless you use facilities with qualified lifeguards, you will need to train supervising staff to perform rescues and resuscitation.
Do you have pupils and visitors who have special health needs?	<b>Y</b>		<ul style="list-style-type: none"> <li>o Individual health care plans should be undertaken with the school nurse and should include any specific emergency procedures.</li> <li>o There must be sufficient staff trained to provide emergency care to pupils with medical needs at all times.</li> </ul>
What is your history of accidents and cases of ill health? What type are they and where did they happen?			You will need to check your records You may need to: <ul style="list-style-type: none"> <li>o locate first aid in certain areas</li> <li>o review the provision</li> </ul>
Are the premises spread out, e.g. are there several buildings on the site or multi-storey buildings?	<b>Y</b>		You will need to consider provision in each building and on several floors.
Is there shift work or out-of hours working or after school	<b>Y</b>		First-aid provision is required at all times while people are at work or in your duty of care.

activities?			
Do you have staff that travel a lot or work alone?		<b>N</b>	You will need to consider: <ul style="list-style-type: none"> <li>o issuing personal first-aid kits and training staff how to use them;</li> <li>o issuing personal communications.</li> </ul>
Do any of your staff work at sites occupied by other employers?		<b>N</b>	You must make sure that adequate arrangements for first aid exist at all sites used by your employees.
Do you have any temporary workers, volunteers or other children on site?	<b>Y</b>		Your first-aid provision must cover them.



## Parental Consent Form 2012 -2013

At The Mill we take every step possible to ensure that we provide a rich and exciting curriculum as well as taking great care of the pupils in our care. This form outlines the areas that we need your consent for. Please circle as appropriate, sign and return to the school.

<b>Visits to the local area:</b>	
As a school we want to give the children a rich learning experience and regularly take children on local visits to places of interest in the local area. For these local trips we would like to have your permission without having to ask you individually for each trip.	
I agree for my child to take part in local trips and visits that have no cost to me and do not require transportation.	YES / NO

<b>Change of clothes</b>	
There are occasions when children have accidents in school and need to have their clothes changed by a member of staff.	
I give permission for my child's clothes to be changed by a member of staff.	YES / NO

<b>Health</b>	
It is important that we know of any long term illnesses or medication that your child is on. Please give details of anything that we should know. Please continue on a separate piece of paper if needed.	
My child has asthma and can use their inhaler when needed in school.	YES / NO
Cuts can be treated by using plasters.	YES / NO

<b>Allergies</b>	
It is important that we know if your child has any allergies. Please list them below:	
The children often make food and do food tasting as part of the curriculum. I am happy for my child to take part in these activities.	YES / NO

<b>ICT and responsible use of</b>	
As part of everyday learning your child will have access to a range of ICT resources, the Internet and email. All use of ICT is restricted by a filter that is managed by WSCC. We believe that being able to use Computers, the World Wide Web and e-mail effectively are essential skills in a modern world. Access to all of these resources is a privilege, not a right. It is important that your child respects this and uses all equipment in an appropriate manner.	
Your child understands that they must use the ICT resources in a responsible manner.	YES / NO
They have permission to use the internet when in school.	YES / NO
They know that if they are using emails that the language they use should be appropriate to school.	YES / NO
Your child knows that they must never disclose personal information such as age, address, or arrange to meet someone either by the internet or on the web.	YES / NO

<b>Photographs</b>	
We often take pictures of pupils as part of a record of the experiences that the children have and use these for a variety of purposes.	
I am happy for pictures of my child to go on displays in and around the school and for promotion in the prospectus, newsletters and website.	YES / NO
My child may be photographed, interviewed or filmed by the press, radio or television if permission is granted to those organisations by the Headteacher/ Deputy Head.	YES / NO

**Photographs and Videos taken by Parents / Carers**

At The Mill we allow parents/carers to take photographs or video events to which they have been invited, such as Sports Day or a School Assembly or Play. It is important that you realise that if you do take photographs or videos of any school event, that you need to ensure that these are used for personal and family use only and will not be made available to anyone else, or put on the internet. If you did share these you would be in breach of the Data Protection Act 1998.

I understand that if at any point whilst my child is attending this school I must inform the school of any changes to the permissions above or a change of contact details in writing.

I understand the uniform policy and will ensure that my child is dressed according to policy and in black school shoes (no trainers with logos or colours).

I understand that the school has a clear behaviour policy and that children are expected to act in a manner that is appropriate for school. I understand that my child is expected to act in accordance with this policy. I support the schools behaviour policies and guidelines for promoting learning and positive behaviour.

Signed ..... Print.....  
(Parent/Carer)

Name of Child .....Date.....

Class ..... Yr .....

Please fill in below only if your phone number / emergency contacts or address have changed for your child in any way:

Parent phone number 1).....Name.....
Parent phone number 2).....Name.....
Emergency Contact:.....Name.....
Home address:

# Request to administer medicines in school:



## FORM 3B

### Parental agreement for school/setting 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 staff can administer medicine.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Name and strength of medicine: \_\_\_\_\_

Expiry date: \_\_\_\_\_

How much to give (i.e. dose to be given): \_\_\_\_\_

When to be given: \_\_\_\_\_

Any other instructions: \_\_\_\_\_

Number of tablets/quantity to be given to school/setting: \_\_\_\_\_

**Note: Medicines must be the original container as dispensed by the pharmacy**

Daytime phone no. of parent or adult contact: \_\_\_\_\_

Name and phone no. of GP

Agreed review date to be initiated by

*[name of member of staff]*: \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

If more than one medicine is to be given a separate form should be completed for each one.



## Accident / Incident / Illness Report Slip

Pupils Name:

Date:

Time:

Class:

Location and details of accident:

Injury / illness					Treatment / Action				Treated initials
Graze/ cut	Bump / bruise	Head injury	asthma	Headache / temperature	TLC	plaster	Ice pack	Parent contacted	
Vomiting / nausea	Stomach pains	Tooth ache/ mouth injury/ loose tooth		Nosebleed					

Additional comments:

### IMPORTANT:

**Please consult your doctor or local hospital if your child suffers from any drowsiness, vomiting, impaired vision or excessive pain after returning home.**



## Accident / Incident / Illness Report Slip

Pupils Name:

Date:

Time:

Class:

Location and details of accident:

Injury / illness					Treatment / Action				Treated initials
Graze/ cut	Bump / bruise	Head injury	asthma	Headache / temperature	TLC	plaster	Ice pack	Parent contacted	
Vomiting / nausea	Stomach pains	Tooth ache/ mouth injury/ loose tooth		Nosebleed					

Additional comments:

### IMPORTANT:

**Please consult your doctor or local hospital if your child suffers from any drowsiness, vomiting, impaired vision or excessive pain after returning home.**



# The Mill Primary School - First Aid record



Pupil full name and class	Date / time	Injury / illness					other	Treatment / Action				Treated initials
		Graze/ cut	Bump / bruise	Head injury	asthma	Headache / temperature		TLC	plaster	Ice pack	Parent contacted	
		Vomiting / nausea	Stomach pains	Tooth ache/ mouth injury/ loose tooth	Nosebleed							
		Graze/ cut	Bump / bruise	Head injury	asthma	Headache / temperature		TLC	plaster	Ice pack	Parent contacted	
		Vomiting / nausea	Stomach pains	Tooth ache/ mouth injury/ loose tooth	Nosebleed							
		Graze/ cut	Bump / bruise	Head injury	asthma	Headache / temperature		TLC	plaster	Ice pack	Parent contacted	
		Vomiting / nausea	Stomach pains	Tooth ache/ mouth injury/ loose tooth	Nosebleed							
		Graze/ cut	Bump / bruise	Head injury	asthma	Headache / temperature		TLC	plaster	Ice pack	Parent contacted	
		Vomiting / nausea	Stomach pains	Tooth ache/ mouth injury/ loose tooth	Nosebleed							
		Graze/ cut	Bump / bruise	Head injury	asthma	Headache / temperature		TLC	plaster	Ice pack	Parent contacted	
		Vomiting / nausea	Stomach pains	Tooth ache/ mouth injury/ loose tooth	Nosebleed							
		Graze/ cut	Bump / bruise	Head injury	asthma	Headache / temperature		TLC	plaster	Ice pack	Parent contacted	
		Vomiting / nausea	Stomach pains	Tooth ache/ mouth injury/ loose tooth	Nosebleed							

