





# 14d. Accidents Reporting, First Aid, Medicines and Emergencies

Executive Principal	Head of Education
Karyn Walton	Dr Laura Hillman
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## **Introduction**

### **Rationale**

Safety of pupils and staff is a priority for BIST and robust measures have been put in place to ensure no children or staff are put at risk.

The Senior Leadership Team (SLT,) Britus and the Board at BIST accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.

The SLT, Board and Owners are committed to the DfE's procedure for reporting accidents and recognise their statutory duty to comply with the 'Reporting of injuries, diseases and dangerous occurrences regulations 1995'.

The provision of First Aid within the school will be in accordance with the DfE's 'Guidance on First Aid for Schools'

### **Statement of First Aid Organisation**

The school's arrangements for carrying out the policy include key principles, which:

- Place a duty on the SLT to approve, implement and review the policy.
- Place individual duties on all employees to report, record and where appropriate investigate all accidents and 'near misses'.
- Record all occasions when first aid is administered to employees, pupils and visitors.
- Establish procedures for managing accidents in school which require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on First Aid for Schools'.

### **Roles and Responsibilities**

It's the duty of all employees under the Health and Safety at Work Act to report all accidents, incidents and dangerous occurrences. This responsibility extends to incidents involving children, students, contractors, visitors and other members of the public as well as to employees.

The overall responsibility for the day to day management of school supervision/routines rests with the SLT, as delegated to them by the Shareholders and the Governing Board. The class teacher/support staff are responsible for classroom safety and supervision and teachers/duty staff on Playground duty are directly responsible for the supervision of pupils at break time including accident/incident reporting procedures:

- To ensure the physical safety and well-being of all staff and pupils.
- To develop a framework of procedures whereby all injuries are dealt with in a competent and safe manner.
- To comply with all legislation relating to safety and welfare at work.

Each classroom teacher regularly instructs his/her class on issues relating to safety, behaviour and anti-bullying in the class/playground. All members of staff are responsible for following these policies to ensure children's safety. There must be at least two adults on playground duty at all times. Duty staff should be actively engaged with children during playtimes.

Parents/guardians are asked to provide at least two emergency contact numbers at the start of each school year. It is the responsibility of the parents to ensure these numbers are updated as necessary. These numbers are available at all times on iSAMs.

### **Effectiveness of the Policy**

The success of this policy is measured against the following criteria:

- Maintaining a relatively accident free school environment.
- Positive feedback from staff, parents and pupils.
- Continual playground observation of behaviour by all staff engaged in supervision duties.
- Monitoring and evaluation at staff meetings.
- Timely and accurate recording of all accidents, incidents, emergencies, First aid and administration of medicines

### **Definitions**

**ACCIDENT** – An incident where a pupil, an employee or other person is injured and/or there is damage to equipment, property or premises.

**DANGEROUS OCCURRENCE** – A serious incident with the potential to cause injury to a person and/or damage to equipment, property and premises.

**VIOLENT INCIDENT** – Where a person on the premises is abused, threatened or assaulted (this can include verbal abuse or threats as well as physical attacks).

This policy mainly refers to the category of 'Accident'.

## **ACCIDENT REPORTING PROCESS**

### **Record Keeping**

The school will maintain accident records. This will include an Accident Book stored in the Front Office of each campus.

The record keeping of any accident involves 5 levels of investigation:

1. Record the episode in the Accident Book.
2. Inform the class teacher and send a message to parents.
3. Complete the accident form/head bump form. Appendix A.
4. Record on iSAMS.
5. Inform HR for all accidents.

All accidents/injuries are recorded in the **Accident book**, which is located in each Front Office with the RA forms (even when just an ice pack has been given.) Parents are informed by email or call, depending on the incident. The accident book lists the pupil's name and class, date and time of accident, nature of injuries, a brief description of the circumstance of the accident and procedures followed by staff. All staff on break must inform the class teachers so they can update iSAMS and email or call the parent as appropriate. A Head Bump form must be completed every time a child has a bump to the head. These can be obtained from the Drive. The original form must be sent home to the parent, this can be scanned and sent by email or put in the pupil's bag and a copy must be attached to the accident book.

**N.B.** *If a pupil discloses they had an accident at home and they become ill or injured in school this **MUST** follow the procedures above. Specify the accident or incident happened out of school.*

In the case of an accident being caused deliberately and/or Head injuries - these must be recorded in the Accident Book in the appropriate Front Office, the Head Bump form (on the Drive) should be completed and sent to the parent and Principal. *(please see the Behaviour policy.)*

Additionally, the online Accident Form must be completed, this is so there is documentation for the Schools Insurers.

Please see *Appendices* for the full accident/incident reporting process.

### **Minor Accident or Injury**

The injured party is initially looked after by the nearest adult. The class teacher/form tutor is informed and the Front Office then informs the parents. If deemed necessary, the child will be taken to a quiet area. No medicines are administered but cuts are cleaned with peroxide or iodine and bandages/plasters applied by the Qualified First Aider (QFA) QFA if deemed appropriate. The use of plastic gloves is advised at all times. Ensure all Covid measures are in place as per risk assessment and local guidelines. The Accident book is completed.

### **More Serious Accidents or Injuries**

In addition to the above, if considered safe to do so, the injured party is taken to a quiet safe area. Parents/guardians/teachers/Executive Principal are immediately informed, QFA will take the injured child to the nearest clinic with the insured school car. (See details below) particularly if there is a suspicion of broken nose, bones/head or eye injuries. If QFA decides that it is not urgent to take the child to the clinic, the child is kept under observation by the QFA until parents/guardians arrive, with the emphasis on making the child as comfortable and as settled as possible.

### **Very Serious Injuries**

In the event of a very serious injury, teachers/Executive Principal/parents/guardians are immediately contacted. If the considered opinion of the QFA and Executive Principal is that immediate professional help is required, a private ambulance is called to take the child to the nearest clinic on 71 856 804 or 198 ( If calling 198 specify that child needs to be taken to private clinic, otherwise they will send public ambulance to take to public hospital) If a pupil needs to go to hospital there will need to be an Bilingual English/Arabic speaker in the ambulance. The insurance document will be produced and if in time will be given to the hospital or parent (see insurance reimbursement section below.)

### **Head injuries**

A Head Bump form must be completed every time a child has a bump to the head. These are available on the Drive and in the Front Office. The original form must be sent home to the parent and a copy must be sent to the Executive Principal and attached to the accident book.

For head injuries please see *Appendices*

### **Activate School Insurance**

The school is covered by a civil insurance covering accidents to staff, pupils and visitors. The accidents will be, partially or totally reimbursed, if the accident is declared with the insurance company within 24 hours. The Executive Principal needs to provide the HR department with the details of the accident and a copy of the accident form.

If the pupil needs urgent hospital treatment, QFA will decide the best course of action on how the pupil will be taken to the clinic. Either by an insured school driver (Head of Security or School Driver) or Ambulance and be accompanied by a member of the teaching team. For serious injuries the Executive Principal or a member of SLT should accompany the pupil as well as a bilingual (English/Arabic) staff member to translate. The Head of Security or Driver (Arabic speakers) ensure all required paperwork has been completed and returned to school as soon as possible after the incident. This must include any payment receipts and diagnosis form a qualified doctor (in a sealed envelope for confidentiality.) If the accident implies future medication or treatment, these can also be submitted for reimbursement claim later on. If the accident will not be declared to the insurance company, then there is no possibility for reimbursement (in this case, if an injury appears days after the accident, the school will decide whether to reimburse the parents).

### **Accident Investigation**

It is a legal requirement for employers to monitor and review their health and safety arrangements, accident investigations form an essential part of this process. All accidents should be investigated at the earliest opportunity to determine what (if any) action is needed to prevent a recurrence. The level of investigation should be proportionate to the severity of the incident, it is the potential consequence and likelihood of the incident recurring that should determine the level of investigation, not simply the injury suffered on this occasion. The relevant school Principal should lead any investigation. Forms should be attached to the accident book and HR informed for any potential insurance claims.

The investigation findings should form the basis of an action plan to prevent the incident from recurring, improving the overall management of risk and identifying areas of your risk assessments that may need to be reviewed. The attached form outlines the type of questions to consider as part of the investigation process. The relevant Principal is responsible for leading this, evaluating and implementing any required adjustments to policy and procedures.

See Appendix C for the questions to consider during an accident investigation.

### **Location and Content of First Aid Boxes**

First aid boxes are located around each school at strategic points, hold an inventory list and the appropriate first aid materials, a key is provided next to the boxes for security reasons. School does not hold any painkillers or other medications, as only those prescribed by a doctor and following policy guidelines will be given to pupils. QFAs update the inventory when any materials are used, the Front Office staff check and replenish boxes weekly on each campus.

The contents of such boxes are checked and replenished regularly by the Head of Security - see *Appendices* for the content requirements. Please note that masks, gloves and

appropriate PPE equipment will be available during and further Covid 19 or similar outbreaks.

## **Training**

Staff training for First Aid will be undertaken every year by external designated First Aiders and all designated First Aiders will be required to attend as required. HR holds a central record of all staff training, including future dates for refreshment of qualification. The Head of HR informs the Executive Principal when the renewal dates are nearing or if there is a need for further staff training (particularly when QFAs leave the school.) Additionally, Head of Security and if possible additional members of staff will undergo Civil Protection training every year.

## **Administration of Medicines**

A list of First Aiders are on the relevant posters placed around key areas of each campus.

### Primary

1. Outside the Admin office on the ground floor.
2. Outside Y5 classroom on Floor 1.
3. In the hall at the exit door closest to the Astroturf.

### Secondary

1. Reception area
2. Dining room
3. first floor- by staff room
4. 2nd floor

If a child requires medication, it must be handed to Front Office staff. The Executive Principal must have the parents' authorisation (signed medication form,) doctor's certification and details about the medication time it should be given and amount clearly labelled.

The Qualified First Aiders (QFA) are the only people allowed to administer medication within the school and do so with a witness. The pupil's teacher is also informed. The QFA and a witness will sign and date an administering medicines form and place it with the medicine in the locked cabinet in the Principal's office as a record for safeguarding. All medication to be locked in the Principal's cabinet.

Please see *Appendices* for the full administering of medication procedure.

## Medical Information

During Admissions parents are required to name any allergies and relevant medical history of their child. *Please refer to the Admissions policy.*

Medical information is given to all classroom staff by the Admissions Lead at the start of the academic year and whenever new pupils join the class.

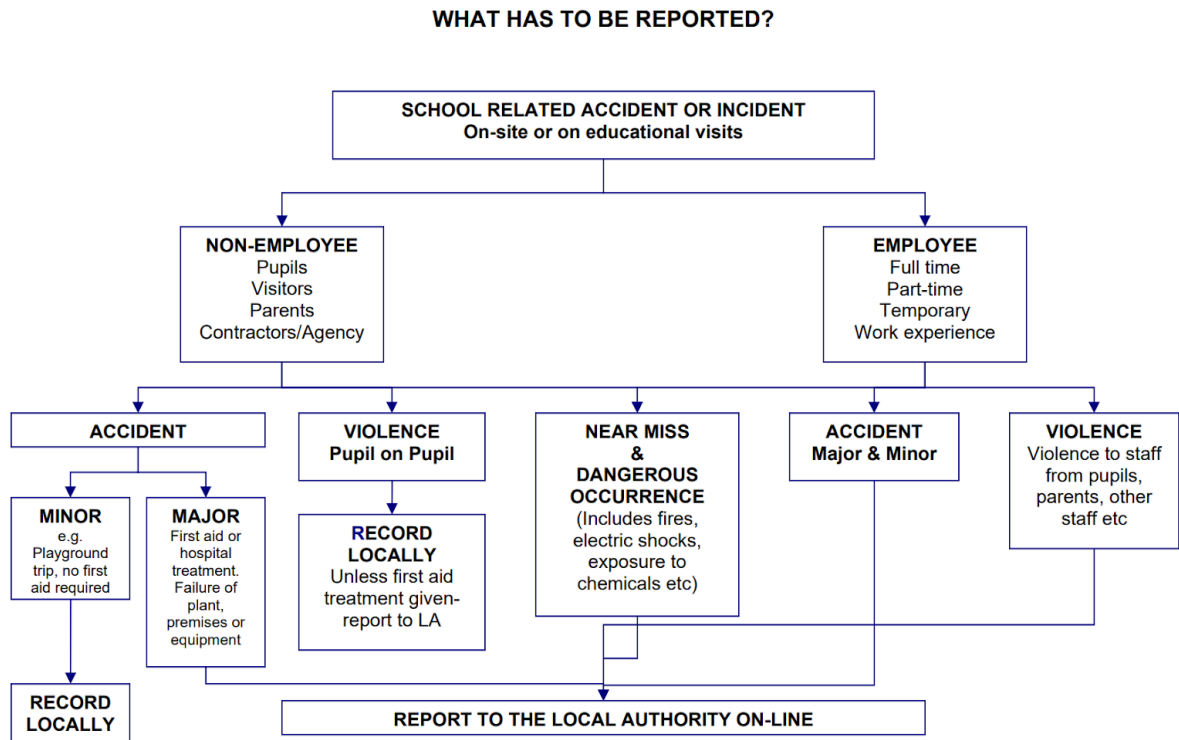
During the academic year when pupils require changes to or new medication the parents must inform the front office. Parents need to complete the medical form with full details of medication and a medical certificate. The medication must be given to the Principal to store appropriately (locked cabinet or fridge) and must be in original boxes with clear dosage instructions, labelled with the pupil's name.

Allergy lists are given to all relevant staff from the Admissions Lead, all food related allergies are given to the catering team and posted in their office on the school premises.

All medical information is stored on iSAMs (Student Information - Notes) and on the Drive.

## APPENDIX 1

### ACCIDENT/INCIDENT REPORTING PROCESS



\* Local authority refers to civil protection in Tunisia. Additionally Britus should be informed of any major incidents and accidents.

All accidents must be reported using the following procedure:

- Record the accident in the accident book in the Front Office. Google DOC
- Complete the accident form. (Located on the Drive.)
- Complete the head bump form for any head bumps. (Located on the Drive.) The original form must be sent home to the parent and a copy must be attached to the accident book.
- Duty staff must inform the class teacher as soon as possible after the event: time and place, who was involved, a description of the accident/incident and action taken. The accident form should be shared as soon as this is written (within 24 hours.)
- In Primary the class teacher must inform the parent via email or phone call in all accidents, until we have staffed the front office, this will then revert to the front office.
- In Secondary the front office must inform the parent via email or phone call for all accidents.

IN THE CASE OF AN INCIDENT I.E. SOMEONE DELIBERATELY CAUSED ANOTHER PERSON TO BECOME INJURED, THEN THE INCIDENT MUST ALSO BE RECORDED IN THE ACCIDENT BOOK IN THE FRONT OFFICE. THE SAME PROCEDURES SHOULD BE FOLLOWED.

## ACCIDENT FORM

### School Accident Report Form

School \_\_\_\_\_ Student    
Employee

A. Name \_\_\_\_\_ Last First  
Middle Initial

B. Grade \_\_\_ Position \_\_\_\_\_ C. Age \_\_\_\_\_ D. Sex - Male  -  
Female

\*\*\*\*\*  
\*\*\*\*\* **ACCIDENT INFORMATION**

A. Time of Accident \_\_\_ a.m. \_\_\_ p.m. Date \_\_\_\_\_ B. Supervised Activity?  Yes  No

C. If yes, person in charge \_\_\_\_\_

**D. Nature of Injury (may be completed after medical examination)**

- |                                   |                                      |                                   |                                 |
|-----------------------------------|--------------------------------------|-----------------------------------|---------------------------------|
| 1. <input type="radio"/> Abrasion | 4. <input type="radio"/> Burn        | 7. <input type="radio"/> Fracture | 10. <input type="radio"/>       |
| 2. <input type="radio"/> Bruise   | 5. <input type="radio"/>             | 8. <input type="radio"/>          | Sprain                          |
| 3. <input type="radio"/> Bump     | Concussion                           | Laceration/Cut                    | 11. <input type="radio"/>       |
|                                   | 6. <input type="radio"/> Dislocation | 9. <input type="radio"/> Puncture | Strain                          |
|                                   |                                      |                                   | 12. <input type="radio"/> Other |

**E. Part of Body Injured**

**I. Head**

1.  Scalp

2.  Back

**II. Trunk**

1.  Chest

2.  Abdomen

**III. Arms**

1.  Shoulder

2.  Upper Arm

**IV. Legs**

1.  Hip

2.  Upper Leg

- 3.  Front
- 4.  Eyes
- 5.  Ear
- 6.  Nose
- 7.  Mouth
- 8.  Tooth
- 9.  Neck

- 3.  Back

- 3.  Elbow
- 4.  Lower  
Arm
- 5.  Hand
- 6.  Fingers

- 3.  Knee
- 4.  Lower  
leg
- 5.  Foot
- 6.  Toes

**F. Kind of Accident (1)**

- 1.  Animal bite or insect bite
- 2.  Collision with student (bump, etc.)
- 3.  Contact with hot or toxic substance
- 4.  Fall or slip
- 5.  Fighting
- 6.  Struck by auto, bike, etc.
- 7.  Struck by object (swing, etc.)
- 8.  Student collided with object
- 9.  Other \_\_\_\_\_

**G. Where Accident Happened (1)**

- 1.  Athletic Field
- 2.  Cafeteria
- 3.  Classroom
- 4.  Gym
- 5.  Hallway
- 6.  Playground
- 7.  Restroom
- 8.  School Bus
- 9.  Stairway
- 10.  To or from school
- 11.  Vocational/Shops/Labs

**CONTRIBUTING CAUSES**

**A. Environmental Factors (1)    B. Human Factors (1)    C. Agents (1)**

- |  |   |  |
|--|---|--|
| <p>1. <input type="radio"/> Crowding</p> <p>2. <input type="radio"/> Doors</p> <p>3. <input type="radio"/> Drinking fountain</p> <p>4. <input type="radio"/> Equipment</p> <p>5. <input type="radio"/> Floors</p> <p>6. <input type="radio"/> Hard surface<br/>equipment</p> <p>7. <input type="radio"/> Lighting</p> <p>8. <input type="radio"/> No handrail</p> <p>9. <input type="radio"/> Weather<br/>Other _____</p> <p>10. <input type="radio"/> Other _____</p> | <p>1. <input type="radio"/> Active game</p> <p>2. <input type="radio"/> Fatigue</p> <p>3. <input type="radio"/> Fighting</p> <p>4. <input type="radio"/> Horseplay</p> <p>5. <input type="radio"/> Lack of training/experience</p> <p>6. <input type="radio"/> Preoccupation</p> <p>7. <input type="radio"/> Running</p> <p>8. <input type="radio"/> Violation of rules</p> <p>9. <input type="radio"/> _____<br/>9. <input type="radio"/> Vehicle</p> <p>10. <input type="radio"/> Other _____</p> | <p>1. <input type="radio"/> Animal or insect</p> <p>2. <input type="radio"/> Electricity</p> <p>3. <input type="radio"/> Fire</p> <p>4. <input type="radio"/> Gases</p> <p>5. <input type="radio"/> Liquids</p> <p>6. <input type="radio"/> Recreation</p> <p>7. <input type="radio"/> Pencil</p> <p>8. <input type="radio"/> School equipment</p> |
|--|---|--|

**ACCIDENT DESCRIPTION**

Describe the accident in your own words. Please give all details so that this accident report may be used to prevent other similar accidents.

\*\*\*\*\*  
\*\*\*\*\*

**POST-ACCIDENT INFORMATION**

A. Was first aid given?  
 Yes  No By Whom:  
\_\_\_\_\_

Description of first aid:  
\_\_\_\_\_

B. Was parent or other responsible person notified?  Yes  No By whom:  
\_\_\_\_\_

If no, explain  
\_\_\_\_\_

C. Advised on tetanus immunization?  Yes  No

D.  Injured, sent home. If so, was he/she accompanied?  Yes  No  
 Injured, sent to physician. Name of physician  
\_\_\_\_\_

Injured, sent to emergency room. Name of hospital  
\_\_\_\_\_

E. Days absent from school or work \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

**ACTION TAKEN**

**A. Instructional**

- 1.  Discussed at staff meeting
- 2.  Discussed in each class as part of regular instruction
- 3.  Discussed with parent
- 4.  Personal instruction given to injured
- 5.  Personal instruction given to person in charge
- 6.  Presented as a subject of assembly program

**B. Policy or Corrective Action**

- 1.  Environmental changes affected
- 2.  Notified school safety committee
- 3.  Safety rules amended to prevent recurrence
- 4.  Safety specialist visit to assist in safety program
- 5.  Suggest closer supervision
- 6.  Other

7.  No action taken

Signed: \_\_\_\_\_ Title:

\_\_\_\_\_

Other Witnesses:

\_\_\_\_\_

## **APPENDIX 2**

### **HEAD INJURIES**

Injuries to the head need to be treated with particular care. High energy head injuries or those with any evidence of following symptoms may indicate serious injury and immediate medical advice should be sought:

- Unconsciousness, or lack of full consciousness (i.e. difficulty keeping eyes open);
- confusion;
- irritability or altered behaviour ('easily distracted', 'not themselves' 'no concentration', 'no interest in things around them') any problems with memory;
- persistent headache;
- blurred or double vision;
- vomiting;
- clear fluid coming from ears or nose;
- loss of balance;
- reading or writing problems;
- loss of power or sensation in any part of body, such as weakness or loss of feeling in an arm or leg;
- general weakness;
- seizure or fit.

Where pupils receive a head injury their parents/carers should be informed, this should be done immediately by telephone if symptoms described above occur. For minor bumps the parent will be informed via an email or phone call and the original head bump sheet will be sent home with the child. The head bump form should then be attached to the Accident Book in the Principal's office.

## HEAD INJURIES FORM

N.B. The red fonts are to help you when completing the form, please remove the fonts before sending to (a) parents and (b) the relevant Principal.

Your child ....., (FULL NAME) today suffered a bump on the head at \_\_\_\_\_ (TIME).

Add information here about the incident and any actions taken. Please include complete information: date, time, who was involved and what happened.

It was treated with (ADD FULL INFORMATION REGARDING ). Please be aware of the symptoms of concussion, which are:

- Headache.
- Confusion.
- Nausea.
- Slurred speech.
- Decreased coordination or balance.
- Weakness.
- Vomiting.

Please seek medical advice if you are concerned about your child.

### APPENDIX 3

#### **Investigation Report to be completed for any serious accident or incident.**

<p><b>STEP 1 – ESTABLISH THE FACTS</b></p>	<ol style="list-style-type: none"> <li>1. When and where did this happen?</li> <li>2. Who was injured/suffered ill health or was otherwise involved with the adverse event?</li> <li>3. How did the adverse event happen? (Note any equipment involved.)</li> <li>4. What activities were being carried out at the time?</li> <li>5. Were there any witnesses?</li> <li>6. What injuries or ill health effects, if any, were caused?</li> </ol>
<p><b>STEP 2 – IDENTIFY THE UNDERLYING CAUSES</b></p>	<ol style="list-style-type: none"> <li>1. Was there anything unusual or different about the conditions?</li> <li>2. Were there adequate safe procedures in place and were they followed?</li> <li>3. If there was an injury, how did it occur and what caused it?</li> <li>4. Was the risk known? If so, why wasn't it controlled? If not, why not?</li> <li>5. Was maintenance and cleaning sufficient? If not, why not?</li> <li>6. Were the people involved competent and suitable?</li> <li>7. Did the layout of the environment influence the adverse event?</li> <li>8. Was the safety equipment sufficient?</li> <li>9. Did other conditions influence the adverse event?</li> <li>10. What were the immediate, underlying and root causes?</li> <li>11. Have similar adverse events happened before? Give details.</li> </ol>
<p><b>STEP 3 – IDENTIFY ACTIONS REQUIRED</b></p>	<ol style="list-style-type: none"> <li>1. What risk measures are required/recommended?</li> <li>2. Do staff need to be retrained? In what and when?</li> <li>3. Does equipment need to be fixed/removed? When?</li> <li>4. Do working procedures need to be reviewed?</li> <li>5. What risk control measures should be implemented in the long and short term?</li> <li>6. What risk assessments and safe working practices need to be reviewed and updated?</li> <li>7. Have the details of the adverse event and investigation findings been recorded and analysed? Are there any trends or common causes which suggest the need for further investigation? What did the adverse event cost?</li> </ol>

**STEP 4 –  
Record**

*Record in the following written record and email it to the Executive Principal.*

<b>STEP 1 – THE FACTS</b>	
<b>STEP 2 – THE UNDERLYING CAUSES</b>	
<b>STEP 3 – ACTIONS REQUIRED</b>	
<b>Name</b>	
<b>Position</b>	
<b>Date</b>	
<b>Signed</b>	

## **APPENDIX 4**

### **First Aid Kit**

First Aid Kits and the inventory lists are checked and replenished weekly by the Security Lead.

All first aid kits contain:

- Leaflet giving advice on first aid.
- Twenty individually wrapped sterile plasters (assorted sizes) appropriate to the work environment.
- Six medium sized individually wrapped sterile unmedicated wound dressings (12x12cm.)
- Two large sterile individually wrapped unmedicated wound dressings (18x18cm.)
- At least 3 pairs of disposable gloves.
- Sealable bags for disposal.
- Blunt ended stainless steel scissors (minimum length 12.7 cm.)\*
- Antiseptic ( Betadine and Peroxide)

Additional first aid supplies  
in Security Office (Primary)/Front office (Secondary):

- Travel first aid kit: containing all of the above with a minimum of 2 of each supplies, CPR rescue mask in Security office
- Arm sling
- Emergency blanket

Disposable masks and gloves should be vinyl, nitrile or powder free, low protein latex and CE marked. All used equipment should be disposed of in a sealed bag in a lidded bin.

## **APPENDIX 5**

### **ADMINISTERING OF MEDICATION PROCEDURE**

#### **TEACHER/TA:**

If medicine is found in a pupil's bag, this must be handed to the Front Office (in Primary to the Principal,) who will contact the parents and ensure the correct procedure, as outlined below, has been followed.

#### **FRONT OFFICE:**

- The medication is brought to the Primary Principal/Secondary Front Office by the parent.
- Parents/Guardians must provide a doctor's certificate accompanying the medication.
- The medication must be clearly labelled with the pupil's full name and class.
- Front Office staff/Primary Principal must complete the Medication Form and obtain the parent/guardian's signature. A scanned completed and signed form received via email is acceptable.
- The doctor's note must be attached to the Medication form. A scanned doctor's note/prescription received via email is acceptable.
- The form (with attached doctor's note/prescription) must be placed in the Medication File in the Principal's locked cabinet along with the medicine. (If the medicine needs to be refrigerated, it must be placed in the Principal's fridge.)
- The Front Office staff/Primary Principal must email the Class Teacher and the appropriate Lead Qualified First Aider (from the list) to inform them of the pupil's name, dose and frequency details. They must also alert the Lead Qualified First Aider via the Primary group.

#### **FIRST AIDER/TEACHER:**

- It is then the responsibility of the Lead Qualified First Aider (LQFA) to collect the medicine and the Medication Form from the Principal's office when the medicine needs to be administered.
- The QFAs are the only persons allowed to administer medication within the school.
- The LQFA must ensure that they have a witness when administering the medication to the child.
- After the medicine has been administered the QFA must complete the 'record of medication administered' section on the medication form and sign it.
- The QFA must return the medication form and the medicine to the locked cupboard in the Principal's office for safeguarding, taking note of the next time the medication must be administered.
- After the final dose, if there is any medicine remaining, the LQFA must pass the form and the medicine to the Front Office who will contact the parent to arrange collection. Front Office staff must ensure that the parent signature is obtained when returning the medicine. The form must then be filed back into the Medication file in the Principal's office.



## **APPENDIX 6**

**Please note: Only QFAs can give treatment for accidents or incidents.**

### **TREATMENT PROCEDURES**

#### **Minor Cuts and Bruises**

- Wearing disposable gloves clean around cuts using gauze pad and antiseptic, cleaning from the centre outwards.
- Check for any small bodies which may be embedded in the wound.
- Place a plaster on the wound if necessary for comfort or hygiene.

#### **Sprains/Bruises**

- Ice pack is applied and, if possible the affected area is elevated.
- Teacher observation is maintained.
- If in doubt parents are contacted by phone.

#### **Nose Bleeds**

- Do NOT tilt the head back. Have the casualty sit up straight and lean slightly forwards.
- Pinch the casualty's nose just below the bridge and apply constant pressure for 5 minutes. If the bleeding hasn't stopped, continue treatment for 5 more minutes.
- An icepack may be applied to the back of the neck.
- Seek medical help and contact parents if the bleed does not stop after 10 minutes of pressure.
- Seek medical help immediately if the bleed follows a blow to the head or face.

#### **Head Injuries**

- All head injuries are potentially serious.
- Treat as appropriate for either bruising or bleeding.
- In addition, observe the child carefully looking out for signs of concussion such as double vision, blurred vision, inability to focus, dizziness, inability to respond appropriately to simple questions, nausea, pallor, clamminess.
- Always contact parents so that they may continue to watch out for signs of concussion.
- If serious contact ambulance.

## **Complete Head Bump form and follow procedures.**

### **Eye Injuries**

- All eye injuries are potentially serious.
- If there is something in the eye the eye may be irrigated with sterile water.
- For bruising/ black eye an icepack may relieve pain and reduce swelling.
- If there is cause for concern both eyes should be covered with a loose sterile dressing and medical help should be sought promptly.
- Contact parents.

### **Stings**

- If the sting is still in the skin (e.g. bee sting) it is important to remove it. remove carefully with medical forceps.
- Apply an ice pack to reduce inflammation and swelling. The small local reaction (itching and/or swelling) will go away over time.
- If you see signs of a general allergic reaction (swelling of the mouth or lips, difficulty breathing) get medical help urgently. Phone 198

### **Faints and Shocks**

- Place the casualty in the recovery position.
- Check vital signs.
- Ensure there is fresh air.
- Reassure casualty.
- Contact parents.

### **Burns/ Scalds**

- Remove child from danger area.
- Cool burnt area with cold running water for at least 10 minutes.
- If possible remove rings etc.
- Do not remove objects stuck to the skin.
- Contact parents/doctor.

### **Severe Bleeding**

- Act instantly
- Send for help
- Apply direct pressure with your hand, a sterile dressing or a lint free cloth.
- Only QFAs trained by the Civil Protection can apply a tourniquet for severe bleeding or haemorrhage.
- Do NOT remove an impaled object.
- Do NOT remove a dressing once it has been put in place.
- Treat for shock
- Contact parents
- If very serious contact ambulance

### **Unconsciousness**

- Send someone to phone ambulance
- Send someone to phone parents
- Check vital signs
- If subject is not breathing commence artificial respiration
- If the subject is breathing but you suspect broken bones in the neck or back do not move them. Otherwise place the child in the recovery position.

### **Cardiac Arrest**

- Send someone to phone ambulance
- Do CPR until ambulance arrives ( 2 rescue breaths / 30 Cardiac massage, check pulse after 3 cycles)

