



First Aid Policy

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We Cann...

Together, we aspire to create a nurturing school community by being aspirational, learner focused, collaborative and progressive.

We develop each learner's communication and independence through their school journey to prepare them for the wider world through creative and personalised learning, actively contributing to society, leading to healthy and fulfilled lives.

Together, 'We Cann...' be

Aspirational **Learner Focused** **Collaborative** **Progressive**

1. Aims

The aims of our first aid policy are to:

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

2. Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some incidents/accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such incidents/accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of incident/accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of learners

3. Roles and responsibilities

3.1 Appointed person(s) and first aiders

The school's appointed person is the Health & Care Assistant. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits termly, removing out of date resources.
- Termly check the defibrillators to check condition and report any defects to the Headteacher
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Sending learners home to recover, where necessary

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Filling in an incident/accident report on the same day as, or as soon as is reasonably practicable after, an incident (on CPOMs)

Our school's appointed person(s) and first aiders are listed in appendix 1. Their names will also be displayed prominently around the school site.

3.2 The local authority and governing board

Plymouth City Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.3 The headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and trained first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role. Ensuring at least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times.
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of learners
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders and appointed person(s) in school are
- Completing incident/accident reports for all incidents they attend using Appendix 1 (staff) and Appendix 2 (learner). **Learner injuries should also be recorded on CPOMs.**
- All head injury's involving a learner will be reported to parents/carers and the Health & Care Assistant. Ensuring Appendix 2 is completed and reported on CPOMs.
- Informing the headteacher or their manager of any specific health conditions or first aid needs
- Where something is reportable to the HSE, ensure Appendix 3 is completed timely and returned to the Headteacher.
- Class teachers to ensure that first aid boxes are checked weekly and replenished if needed.
- Members of staff who think that a pupil is unwell should inform the Health & Care Assistant and a senior member of staff as soon as possible.

4. First aid procedures

4.1 In-school procedures

In the event of an incident/accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a learner is too unwell to remain in school, they will notify the appointed person/s or SLT who will decide if parents/carers will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents/carers.
- If emergency services are called, the Health & Care Assistant/SLT will contact parents immediately
- The first aider or relevant member of staff will complete an incident/accident report the same day or as soon as is reasonably practical after an incident resulting in an injury. Learner injuries will also be recorded on CPOMs and all staff involved alerted.

- If the incident is reportable to the HSE, the first aider/injured person to complete the reportable incident/accident form (Appendix 4)
- Emergency medication – if emergency medication is required the Health & Care Assistant and the Senior Leadership Team will be called immediately. Emergency medication will only be administered by a member of staff who has had full seizure awareness training and administration of medication training within Cann Bridge School. If emergency medication is administered, staff members who administered the emergency medication must ensure that the incident/accident form is completed. If it is administered to a learner, this should also be recorded on CPOMs. If off-site a member of staff will call the main office and request to speak to a member of the Senior Leadership Team or Health & Care Assistant.
- If a member of staff or learner receives a head injury it's crucial to seek medical advice from the Health & Care Assistant, as even seemingly minor injuries can have serious consequences. The Health & Care Assistant will advise best course of action. In their absence, staff/pupils should be taken to be assessed at hospital.
- Bites and puncture wounds – ensure first aiders always wear gloves. Irrigate the wound preferably under a running tap water or improvise if this is not available. This reduces the risk of infection. If the wound has not broken the skin, treat as a minor injury and complete an incident/accident form. If the person injured has a bite, scratch, or a puncture wound that may have introduced someone else's blood or saliva to the area of the broken skin (or any splashes of blood to the eye) **always** seek appropriate medical advice as quickly as possible. Advise the individual to attend A&E or the Cumberland Centre as soon as practically possible, as they may require immunisations or further medical treatment. Always complete an incident/accident form and also a reportable incident/accident form. Apply any dressings to the wound. Always check immunisation status regards to tetanus and hepatitis B. Always seek medical advice if the person injured has never been immunised, there is uncertainty whether they have been immunised or the vaccine was more than 5 years ago.

4.2 Emergency procedures for vulnerable learners

- Any members of staff that are concerned about the way any learner is presenting they should alert the Senior Leadership Team or Health & Care Assistant, if these people are not available a first aider will be called while the main office contact SLT or Health & Care Assistant.
- Some learners who attend school require a high level of supervision due to their medical condition and/or dedicated support for their medical condition. In these circumstances additional staff will be allocated to the class group and members of the class team will receive training for the learner's medical condition, the medical care will be their responsibility under the supervision/guidance of the Health & Care Assistant and the SLT. Please see learners individual medical plan and emergency flow charts or ask the nursing team or SLT for support if needed.
- If a learner requires high emergency medical care on school site the class team will inform SLT and the Health & Care Assistant of this.
- Learners who require medical care throughout the school day such as suctioning or oxygen will have an appropriate care plan or flow chart which will be followed at all times. Staff members will only carry out medical care if they have received the appropriate training whilst employed at Cann Bridge School. SLT or Health & Care Assistant will be on call if staff members require assistance with this.

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

4.3 Warm Water Pool

- A member of staff will be on the side of the pool at all times. One member of staff in the warm water pool session must be first aid trained.
- Staff must adhere to the Water Water Pool Emergency Procedure.

- If a member of staff has any concern of how a learner is presenting they must alert a first aider, SLT or Health & Care Assistant if they feel this is appropriate.
- If a learner experiences a seizure in the warm water pool, the member of staff will support the learners head and airway and alert Health & Care Assistant and SLT immediately.

4.4 Off-site procedures

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

- A mobile phone
- A portable first aid kit including, at minimum:
 - A leaflet giving general advice on first aid
 - 6 individually wrapped sterile adhesive dressings
 - 1 large sterile unmedicated dressing
 - 2 triangular bandages – individually wrapped and preferably sterile
 - 2 safety pins
 - Individually wrapped moist cleansing wipes
 - 2 pairs of disposable gloves
- Information about the specific medical needs of learners have been considered as part of the Standard Operating Procedure (SOP) and Risk Assessment.
- Any learner or staff medication
- If any learners have seizures, their seizure flow charts will be taken when going off-site. If a learner experiences a seizure off-site and emergency medication is required the Trip Lead will inform the SLT or Health & Care Assistant as soon as they are able to do so.

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

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

Risk assessments will be completed by the Trip Lead prior to any educational visit that necessitates taking learners off school premises.

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

There will always be at least 1 first aider on school trips and visits unless in the local area i.e. to ASDA.

5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)

- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large sterile individually wrapped unmedicated wound dressings
- 6 pairs of disposable gloves
- 2 finger dressings
- 2 eye wash solutions
- 1 resuscitation face shield
- 10 antiseptic wipes, foil packed
- 2 foil blankets
- 1 adhesive tape
- 2 burns dressings
- 1 clothing shears

No medication is kept in first aid kits.

First aid kits are stored in:

- The Medical Room
- Science Garden
- Reception (at the desk)
- Warm Water Pool
- Staffroom
- All classrooms
- School minibus
- Education travel kits are kept in the medical room

5.1 Defibrillators

The school has two defibrillators. One is located outside of the medical room and the second is located at the exit doors to the Upper School Playground.

6. Record-keeping and reporting

6.1 First aid and incident/accident record

- An incident/accident record will be completed by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury
- For incidents/accidents involving learners, as much detail as possible should be supplied when reporting an incident/accident, including all of the information included in the incident/accident form at appendix 3. This should also be inputted to CPOMs. Once inputted to CPOMs, the report should be sent home to parent/carers.

- For incidents/accidents involving staff, as much detail as possible should be supplied when reporting an accident, including all of the information included in the incident/accident form at appendix 2. This should then be put into the Headteachers tray.
- Records held in the first aid and incident/accident log will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of
- The Headteacher will report any reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation to the Local Authority.

6.2 Reporting to the HSE

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

The Local Authority will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Local Authority will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the incident/accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach

- Hand-arm vibration syndrome
- Occupational asthma, e.g from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Learners and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the incident/accident to hospital for treatment

*An incident/accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](#)

If something is reportable, staff should complete the reportable incident/accident form (appendix 4) in addition to the incident/accident form (appendix 2 or 3), plus CPOMs in cases of learners. This should be submitted to the Headteacher.

6.3 Notifying parents

The Class Teacher or Health & Care Assistant will inform parents/carers of any incident/accident or injury sustained by a learner, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents/carers will also be informed if emergency services are called. Appendix 3 should also be sent home.

6.4 Reporting to Ofsted and child protection agencies (early years only)

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

The Headteacher or Designated Safeguarding Lead will also notify the local authority safeguarding team of any serious incident/accident or injury to, or the death of, a learner while in the school’s care.

7. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until on our internal CPD record and posters visible around the school.

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

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

8. Monitoring arrangements

This policy will be reviewed by the Headteacher every year.

9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Policy on supporting learners with medical conditions
- Education Visits
- Warm Water Pool



Updated July 2025

First Aiders are:

Appointed Person/s:

Karen West
Mary Lacey-Nichol

**CALL 7906 FOR NURSE
RADIO CHANNEL 1
OR 999/112 in an emergency**

Paediatric First Aid & EFAW

Renewal due 15/03/2026
Abbie Cundy-Borge
Bethany Brick
Ashton Goff

Renewal due 7th June 2026
Lucy Bull

Emergency Paediatric First Aid

Renewal due 06/01/2028
Ginny Vo
Ewa Kotwicka-Margas
Zoe Warlow
Jessica Rafton
Joanne Weston
Katie Creasey
Katie Hobgen
Kealy Jones
Leo Wilding
Oana Munteanu
Shelly Whittall
Sonny Collihole

Paediatric First Aid

Renewal due 03/02/2028
Nikki Westell

Senior Mental Health First Aider/s:

Karen Huner

Emergency First Aid at Work

Renewal due 27/10/2025	Renewal due 06/01/2028
Kealy Jones	Jodie Blower
Cory Warren	Sarah Honeywill
Sarah Combstock	Jade Embry
Lauren Mason	Melissa Wood
Chloe Beable	Annette McFarlane
Jared Ferguson	Victoria Cole
Renewal due 06/12/2025	Sophie Bridgeman
Emma Bell	Mia Mifsud
Jessica Rafton	Katrina Addelsee
Renewal due 15/03/2026	Claire Collinge
Leanne Whiteway	Sian Jones

Renewal due 03/01/2027
Deeanne Banks
Katie Creasey
Kirstie Stephens
Amanda Rodmell
Hannah Houghton
Claire Harris
Fiona Collihole
Vicky Pitt
Jamie Sherlock

Appendix 2: staff incident/accident report form

Staff/Visitor Incident/Accident Report Form			
NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT/ACCIDENT		LOCATION OF INCIDENT/ACCIDENT	
INDICIDENT/ACCIDENT DETAILS			
<p><i>Describe in detail what happened, how it happened and what injuries the person incurred.</i></p>			
ACTION TAKEN			
<p><i>Describe the steps taken in response to the incident/accident, including any first aid treatment, and what happened to the injured person immediately afterwards.</i></p>			
FOLLOW-UP ACTION REQUIRED			
<p><i>Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident/accident happening again.</i></p>			
NAME OF PERSON ATTENDING THE INCIDENT/ACCIDENT			
SIGNATURE		DATE	

Appendix 3: learner incident/accident reports to parents/carers

Learner Incident/Accident Report Form to Parents/Carers Must also be recorded on CPOMS			
NAME OF INJURED CHILD			
DATE AND TIME OF INCIDENT/ACCIDENT			
INCIDENT/ACCIDENT DETAILS			
<i>Describe in detail what happened, how it happened and what injuries the child incurred.</i>			
ACTION TAKEN			
<i>Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.</i>			
ANY FURTHER ADVICE TO PARENTS/CARERS			
<i>If bites or puncture wounds, parent/carers should be advised to seek medical treatment.</i>			
NAME OF PERSON ATTENDING THE INCIDENT/ACCIDENT			
SIGNATURE		DATE	

Head Injury - Advice for Parents/Carers

If your child has suffered a head injury, while we don't want to alarm you unnecessarily, it's important to be aware of the risk of delayed concussion. Here's what you should know:

Most head injuries don't result in serious complications, but it's crucial to seek medical attention promptly if your child:

- Loses consciousness
- Becomes increasingly drowsy
- Experiences worsening headaches
- Reports blurred or double vision
- Vomits repeatedly
- Has a seizure



Reportable Incident/Accident Form

Reminders

- Learners - All incidents should be recorded on CPOMS and a Learner Incident/Accident Report Form to Parents/Carers should have been completed and sent home.
- Staff/visitors - All incidents should be completed on a Staff Incident/Accident Report Form to Parents/Carers should have been completed and sent home.
- Significant incidents, particularly involving injury, must complete this form within 2 days of the incident happening.
- Any updates to the incident/accident after the event must be notified to the Headteacher / Deputy Headteacher as soon as possible.
- Can be completed by staff, learners or visitors. If the injured has gone to hospital or is absent from work, this should be completed by the first aider/appointed person/s as fully as possible.
- Where possible, this form should be completed electronically and emailed to the Headteacher / Deputy Headteacher to be able to complete the investigation.
- The investigation must be completed within 14 days.

About The Incident/Accident	
Organisation	Cann Bridge School
Date of Incident/Accident	
Time of Incident/Accident	
Start of Absence Date (if applicable)	
Return to Work/School Date (if applicable)	
Location of incident/accident	
Locality	Cann Bridge School / Off site (specify the location)
Reported By (name)	
Date Reported	
Reported To	
Date Reported To	
What Happened – Incident/Accident Details	
1) What happened 2) Circumstances of the event 3) Incident outcome 4) Immediate actions taken	

Was the Incident/accident work related? (Y/N)	
Near Miss? (Y/N)	
Lost Time Incident/Accident? (Y/N)	
Was the incident/accident violent or abusive? (Y/N)	
Did the incident/accident involve a young person? (Y/N)	
Activity at the time of the incident/accident	
Have the Parents/Carers been informed	
Does the young person have an existing medical condition	Always yes as have EHCP
Details of injured person	
Forename(s)	
Surname	
Title	
Injury Details	
Was Injury Or Ill Health Sustained? (Y/N)	
Injury Type	
What caused it	
Part(s) Of Body Affected	
Was any treatment given? (Y/N)	
Treatment Given	
Doctor's/First Aider's Comments If you were seen by the first aider or been to A&E, their comments need adding here i.e. from the Incident/Accident Form or any medical discharge notes.	

Details of other involved (including learners or witnesses)

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Admin note: Learners names should be inputted as Initials and Class

Was Any Equipment/Property Involved

Was Any Equipment Involved? (Y/N)	
Details	

Investigation & Conclusions

Detailed Investigation Required? (Y/N)	
Investigation Reference (CPOMS reference number)	
Investigation Date	
Investigation Findings Confirm if EHCP is in place Confirm if LIP / Positive Behaviour Support Plan / Medical Plan / Risk Assessment was followed	
What Was The Root Cause Of The Incident/Accident	
What Were The Reasons For The Causes	
Further Reasons	
Action(s) Taken To Prevent Recurrence	
Recommendations/Preventative Actions	

Appendix 5: Guidance on the response to Bites and Puncture Wounds

Aims

1. To reassure the individual
2. Assess the type of wound
3. To minimise the risk of infection, both to the casualty and to yourself
4. To obtain any further medical aid
5. Document event and complete accident form

Implementation

1. Put on disposable gloves. Irrigate wound preferably under running tap of warm water for 10 minutes (if possible) or improvise if this is not possible. This reduces the risk of infection.
2. Pat dry using clean nursing wipes. Ideally cover with a dressing.
3. Accident form to be completed in all cases, health & care assistant to be informed and to be asked to check the bite as soon as is practically possible.
4. Please inform parents via home/ school book and a phone call, if the bite victim is a pupil. If bite victim is a member of staff provide an advice leaflet on human bites available from the medical room.
5. If the casualty has a bite, scratch, or puncture injury that may have introduced someone else's blood to the area of broken skin (or any splashes of blood to the eye) always seek appropriate medical advice as swiftly as possible. At Cann Bridge School our advice would be to visit A&E at Derriford within one hour of the injury. For a wound that has significant bleeding or has caused swelling or risk of tissue damage, A&E should be the department to visit the same day as the injury. (it is important to deal with the issue on the same day as there is only a small window of opportunity to effectively deal with potentially serious infection risks such as HIV and Hepatitis B). Antibiotics may also be prescribed at the examining doctor's discretion. Staff must still attend even if their Hepatitis B status is currently up to date.
6. The pupil who inflicted the bite must also attend A&E **if blood was shared during the bite**. The biter has a similar risk to the victim and therefore must be advised to seek the same assessment. Parents must be informed via home:school book and a telephone call as they will need to make any necessary arrangements.
7. Caution always check immunisation status regards Tetanus and Hepatitis B

Medical advice to be sought if:

- The casualty has never been immunised
- There is any uncertainty about injection status
- It has been more than five years since the last injection

Nb if the skin is not broken treat as a minor injury unless the bite is severe and there is pain and/or swelling, tingling or ongoing numbness; in this instance it is advisable to see your GP or A&E.

Appendix 6: HIV and AIDS; Management of Blood Spills

The Acquired Immunodeficiency Syndrome (AIDS) is caused by infection with the Human Immunodeficiency Virus (HIV). HIV is mostly spread by sexual contact with an infected person, by sharing an infected needle or by receiving blood from an infected person. The latter is extremely unlikely to occur now in this country as all blood is carefully screened. If a pregnant woman is infected, she may pass the infection to her unborn child.

There is no risk to other children or staff from an HIV infected child attending a school provided standard good hygiene practices are in place.

Management of Cuts/Abrasions and Spills of Blood

There is a very small risk of infection with certain blood-borne viruses (Hepatitis B and C, HIV) to staff and children when bleeding occurs during an accident or sport.

If certain precautions are taken the risk is minimised:

- Wear single use well-fitting disposable latex gloves whenever in contact with blood (washing grazes, dressing wounds, cleaning up blood after an accident) and wear a disposable plastic apron if possible.
- Carefully cleanse the wound under running water or using a fresh sachet of normal saline from a first aid kit. Avoid splashing. Dab carefully dry.
- Children and adults should have all exposed cuts and grazes covered with waterproof plasters.
- Cover any blood spillage on hard surfaces with paper towels, then (if the surface allows) gently apply a 1% hypochlorite solution (e.g. Milton – follow instructions on the bottle), avoiding splashing. Allow to stand for 10 minutes then clean the area with warm water and detergent.
- If the surface would be damaged by hypochlorite (e.g. soft furnishings) wash with detergent and water.
- At sports events, the sponge or cloth used to mop blood from one child must never be returned to a bucket of water or used on another child.
- If someone suffers a bite, scratch or puncture injury that may have introduced someone else's blood or a splash of blood to the eye, area of broken skin or mouth. Rinse well with water and seek medical advice urgently.
- Accident form to be completed.

Appendix 7: Infectious Disease

For advice on illness and infectious diseases please refer to the latest edition of the “**Spotty Book**” which gives information and guidance for schools in Plymouth.

At Cann Bridge School we advocate a proactive, preventative approach to illness, medical issues and infectious diseases.

The Health & Care Assistant will usually have any relevant medical data if parents or the NHS have supplied it which will be stored on Bromcom. Those learners requiring specialised care will have a current signed and dated care plan. Class staff have access to these documents on a confidential basis and must be aware of the details pertaining to each pupil.

- Should a pupil become unwell or have a raised temperature or show signs of infection through vomiting, diarrhoea, a member of staff should stay with that pupil, to ensure safety and monitor condition. Parents should be contacted to arrange collection. The Health & Care Assistant to be informed and advice sought at earliest opportunity.
- If signs and symptoms occur in a pupil with a known medical problem (e.g. epilepsy: the pupil presents with a seizure) then knowledge of that pupil’s care plan is imperative, as individualised instructions are contained within these documents. The Health & Care Assistant or medical support must be called immediately to any perceived medical emergency. If for any reason there is no medical support person on site, an ambulance must be called.
- If a pupil has sustained an injury during an accident careful assessment is required by trained first aiders.
- If injury is serious, life threatening or pupil has problems with airway, breathing, loss of consciousness etc. First Aid to be administered and the Health & Care Assistant alerted, ambulance called, parents to be informed as soon as possible.
- If an injury is suspected, e.g. fractured wrist, and the pupil is calm and stable, it may be pertinent to telephone parent/guardian first to organise transport to Accident and Emergency as such an experience may be traumatic to the pupil without parents with them. Risk assessment needs to be carried out at the time, as each scenario can be different and individual.
- Minor injuries that have been assessed as such and are border line can be treated with First Aid, Risk Assessment and in consultation with parents.
- Accident reporting always completed as soon as possible in accordance with HSE Policy and R.I.D.D.O.R.

Further considerations

- Children unwell with infectious diseases should not in general attend schools, although mild symptoms and colds need not necessarily prevent a child attending.
- If a child demonstrates signs of illness through raised, or severely lowered temperature, vomiting or diarrhoea during care, parents must be contacted and the child taken home if necessary. Parents should be always easily contactable.
- Parents should notify the school if their child has an infectious disease.
- The school should notify parents if a significant risk to other children exists.
- A child with infectious disease should be excluded from school until fully recovered and if it is one of the diseases listed in the table

Head Injury in Children

What is a minor head injury?

- Minor head injury and knocks to the head are common. Following the injury, if the person is conscious (awake), and there is no deep cut or severe head damage, it is unusual for there to be any damage to the brain. This is a minor head injury.

Is it ok for my child to go home?

- Yes. We have performed an examination and have not found evidence of serious brain injury. When you / they get home, it is very unlikely that there will be any further problems.

What can I look for at home?

- Any drowsiness (sleepiness) that goes on for longer than an hour when your child would normally be awake
- Difficulty waking up
- Confusion or strange behaviour (not knowing where they are, getting things muddled up)
- Vomiting
- Weakness in an arm or leg
- Very painful headache that does not go away with painkillers
- Dizziness, loss of balance, or problems walking
- Any problems with the eyesight such as blurring of vision or double vision
- Blood, or fluid, leaking from the nose or ear or new deafness.
- Unusual breathing patterns
- Unconsciousness, or lack of full consciousness (for example, problems keeping eyes open)
- Any fits (collapsing or passing out suddenly).

If any of these symptoms do occur, we suggest you bring you child to your nearest Emergency Department as soon as possible.



Can I use painkillers?

- Yes, paracetamol or ibuprofen can be useful.

Is it ok to let my child sleep?

- Some parents are afraid to let their children go to sleep. Please let them go to sleep if this is what they would normally do
- If you have a concern, wake the child up after an hour or so. They may be grumpy about being woken up, but that is reassuring. You can then let him or her go back off to sleep again. You can do this a few times during the night.

What can I do to help my child get better and stay safe whilst recovering?

- DO NOT leave your child alone for the first 24 hours after leaving hospital. Stay within easy reach of a telephone
- DO NOT allow any contact sport (e.g., rugby or football) for at least 3 weeks
- DO NOT allow your child to return to school until you feel they are back to normal.

Things you should not need to return to the Emergency Department with

- Your child may experience other symptoms over the next few days, which should disappear in the next 2 weeks. These include:
 - Mild headache
 - Feeling sick without vomiting
 - Dizziness
 - Bad temper
 - Difficulty in concentrating or with memory
 - Tiredness or difficulty sleeping
 - Lack of appetite
- If these problems do not go away within 2 weeks, then please see your General Practitioner, there is no need to come back to ED.



**This leaflet is available in large print
and other formats and languages.**

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