



FIRST AID, ILLNESS, ADMINISTRATION of MEDICATION and ACCIDENT POLICY **Whole school and EYFS**

The Head undertakes a formal annual review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year from the date shown below, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.

Signed: Dr Pamela Edmonds

Date reviewed: September 2023

Date of next review: September 2024

This policy outlines Parsons Green Prep School's responsibility to provide adequate and appropriate first aid to children, staff, parents and visitors and the procedures in place to meet that responsibility. This policy informs parents and members of staff at Parsons Green Prep of procedures that will be followed when administering prescribed or non-prescribed medication. They also need to be aware of the procedures in place in the event of an accident.

Aims

- To identify the first aid needs in line with the Management of Health and Safety at Work Regulations
- To ensure that first aid provision is available at all times while children and staff are on school premises, and also off the school premises whilst on school visits.
- We aim to ensure that our policy is in line with the DFE Guidance on First Aid for Schools – A Good Practice Guide.

Objectives

- To appoint the appropriate number of suitably trained people as first aiders to meet the needs of the school.
- To provide relevant training and ensure monitoring of the training needs.
- To provide sufficient and appropriate resources and facilities.
- To make the school's first aid arrangements available for staff and parents on request.
- To keep accident records and to report to the Health and Safety executive (HSE) as required.

FIRST AID

First aid is defined as the immediate attention to prevent minor injuries becoming major ones and the help given to someone who is injured or ill to keep them safe until they can get more advanced medical treatment from a doctor or hospital.

First aiders

All members of staff are trained to Basic First Aid level annually (appendix 1). Most staff are paediatric first aid-trained. As best practice, the school has appointed a designated First Aid Coordinator to protect pupils and staff.

Trained to EYFS Standard (Paediatric First Aid):

Teaching assistants

EYFS Teachers and Teaching Assistants

PE Teachers



Health and Safety Officer

Paediatric first aid qualifications remain valid for 3 years. The proprietor ensures that first aid is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy. The Head will ensure that refresher training is organised to maintain competence and that new persons are trained should first aiders leave. There is always at least one qualified paediatric first aider on the premises when children are on site.

First aid boxes

These are located in:

- the first aid room
- the downstairs disabled loos (new building)
- the upstairs disabled loos (new building)
- Reception bathroom
- the playground (P.E shed)
- the kitchen
- the staff room
- The Hall
- The Art room

Maintenance of first aid boxes

The DfE guidance and British Standard BS 8599-1 published in June 2011 issued recommendations about the content of first aid boxes which the school currently follows. It is the responsibility of the First Aid Coordinator to check the boxes each week. They will ensure that:

- First aid equipment is kept clean and replenished and replaced if necessary.
- Sterile items are kept sealed in their packages until needed and replaced once they have reached their use by date. Use by dates will be checked by the principle first aider each term.

ILLNESS and ADMINISTRATION of MEDICATION

- Parents are usually expected to administer any prescribed medication. If this is not possible or a more frequent dose is required, medication must be stored in the original container and clearly labelled with the child's name, dosage and any instructions. It is kept in a locked cupboard or in the locked fridge (if it needs to be kept cool) in the First aid room. For children in EYFS, prescription medicines should not be administered unless prescribed by a doctor/dentist/nurse/pharmacist.
- Parents provide us with prior consent to administer medication. Any medication administered by staff is recorded on a parent consent form and record of medicine administered to a child. This includes the child's name, time of medication, date, by whom and includes the signature of the person administering the dose and another member of staff as witness. This will also include the parent/carer's signature.
- Only members of staff who have received appropriate training will administer medicine.
- In the case of administration of life-saving medication, such as insulin/adrenalin injections or the use of nebulisers, the position will be clarified by reference to the school's insurance company. All staff receives training in the use of EpiPens through e-training and qualified first aid professional courses. A refresher training is provided at the beginning of each academic year by the First Aid Coordinator and Health and Safety Officer.

Children who become ill at school

- Staff will inform parents immediately or as soon as reasonably practicable if their child becomes unwell at school.



- The child may be looked after in the first aid room by a trained member of staff until the parents or carers of the child are able to collect.
- A suitable dose of pain relief may be administered to children in Key Stage 1 and Key Stage 2 if parental consent has been received.

Communicable diseases

If a member of staff has any concerns about a pupil's health while they are in school they should contact the parents with a view to sending them home (many illnesses are infectious before a diagnosis can be made).

The Health and Safety Officer may seek advice from the Health Protection Agency (HPA) regarding symptoms and exclusion periods. This will be communicated to staff and parents. Certain diseases must be formally notified to the Local Authorities Health Protection Unit. Below is a list of notifiable diseases. The statutory responsibility for notifying the diseases lies with doctors.

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever



Planning for a Human Influenza Pandemic

As stated in the Parsons Green Prep Emergency Plan:

At all stages, good communication is vital to the successful management of any crisis. (ROSPA 2005)

Experts advise that a further flu pandemic is inevitable, but cannot say when it will happen. When it happens, it is expected to spread rapidly to all areas of the UK and have a significant impact. Depending on the severity of the pandemic, 25-50% of the population may become ill at some stage during one or more waves, each lasting 3-4 months.

Scope of the plan

The Government

Children are highly efficient 'spreaders' of respiratory infections, both amongst themselves and to adults in their families. Closing schools and settings for a period might significantly reduce the number of children infected. The Government will not know until nearer the time about the nature of a pandemic virus and children's vulnerability to it. Once known, it is possible that the Government will advise schools and settings to close for a period during a pandemic. Any such advice would affect each region only when the pandemic reaches it, based on central guidance about when to close and reopen.

The School

- ♦ All staff will be expected to come to work, unless they are ill, caring for dependents or authorised to work elsewhere.
- ♦ The Head will make the decision whether to close the setting – either because of Government advice or because of reasons specific to the school (e.g. too many staff off ill)
- ♦ If the school is to be closed, parents will be notified via the contact pyramid system as set out in the Disaster Plan, plus notices will be pinned up outside the school gates and emails sent out to parents if possible. Parents and carers will be informed by the same methods as to when the school will reopen again.
- ♦ The school office will ensure that contact details for all staff and parents are kept up to date at all times.
- ♦ If a child shows signs of infection his/her parents or carer will be asked to collect him /her.
- ♦ Staff showing signs of infection will be sent home.
A sick child will be kept separate from other children (and also to minimise their contact with other staff), in the First Aid room, until he or she can be collected by his or her parent or carer
- ♦ The school will endeavour to stay open if appropriate and will take steps to minimise the spread of infection by the following hygiene measures: encouraging frequent hand-washing; disposing of used tissues in separate, designated bin bags (these should be sealed and put into the sanitary bins located in disabled loos after each session); encouraging the use of anti-bacterial hand gel (which will be supplied to each classroom).
- ♦ The school office will provide any information requested by the Local Authority (e.g. absence rates).

Who will advise on what and how will we be told?

Central Government will advise whether settings in affected areas should stay open or close, on the basis of scientific advice. If the Government were to advise closure, LAs would communicate this to



the settings, and - acting on local health information - would advise when our area is affected and when closure should apply.

The decision on whether to close at that time remains with the head of the school, who will also decide whether to close for other reasons (e.g. lack of staff).

If there is advice to close all settings in the area, the Local Authority would tell settings when this advice will be reviewed. After such a review, the local authority would advise settings whether to remain closed or to reopen and, if they are to reopen, whether any specific conditions should apply.

Management of diarrhoea and vomiting

Pupils are actively encouraged to wash their hands thoroughly as it is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting. Hot water and antibacterial liquid soap are used and hands are dried using disposable paper towels. Hand gel is also used in the classrooms.

In the case of an outbreak of vomiting and diarrhoea the school will immediately contact the Local Authority HPU and local Environmental Health Department (EHD) and follow any specific advice on controlling the outbreak. The school will instruct parents and staff that they should not return to the site for 48 hours from last episode of diarrhoea or vomiting.

Enhanced cleaning of the environment and equipment will be put in place and all toys, school equipment etc should be cleaned with anti-bacterial spray/Milton cleaning fluid.

Arrangements for pupils with particular medical needs

- Parents are required to provide the school with sufficient information about their child's medical condition (e.g. allergies, asthma, epilepsy, diabetes) and treatment or special care needed at school.
- The school will jointly agree with the parent an Individual healthcare plan for their child whilst on school premises.
- For pupils who attend hospital appointments on a regular basis, special arrangements will be put in place to ensure that the pupil has continued access to the curriculum and support from his or her teacher.
- Sharing information is important if staff and parents are to ensure the best care for a pupil.
- Photographs of pupils who require EpiPens will be mounted on red card and displayed in the kitchen, school office, staffroom the hall space and PE shed in the playground.
- EpiPens are accessible at all times from the school office. Whenever a severely allergic child goes out of the school building for sport activities or on educational visits his/her EpiPens will be taken by his/her class teacher.
- Two EpiPens must be provided to the school by parents. They will be responsible to replace them after their expiry date.

ACCIDENTS

Accidents do happen. In most cases, first aid is sufficient, but occasionally, children may require urgent attention from a doctor, dentist or at a hospital. All parents provide us with prior consent to emergency treatment, which means that, if the need should arise, we can act quickly and in the best interests of the child.

Person responsible for summoning an ambulance

In an emergency this will be the responsibility of every member of staff.



Person to inform pupils' parents

This is the responsibility of the school office, class teacher or first aider and will take place on the day of the accident or as soon as reasonably practicable.

Person responsible for recording

This is the responsibility of the member of staff who witnessed the accident.

Appendix 2 provides a summary of procedures to follow when dealing with an injury following an accident. More detail is provided in the following paragraphs.

Accidents involving spillages of body fluids

Designated areas (kitchen, First Aid room, upstairs and downstairs disabled loos) should have the following materials:

Paper towels, disposable gloves, Emergency Spillage Compound, plastic bags, sanitary bin.

All bodily fluid waste disposal will be placed in the secure sanitary bins -located in disabled loos- which will be removed regularly by an external contractor. Non-contaminated waste should be discarded into a bin liner or dustbin and disposed of in the usual manner.

Cleaning and washing

Mops will never be used for cleaning up blood and bodily fluid spillages. Disposable paper towels should be used instead. Separate cloths and mops are used for general cleaning of kitchens, classrooms and toilets, etc.

Accidents involving blood

Accidents involving blood, e.g. cuts and nosebleeds, carry the danger of Hepatitis B, HIV (AIDS), etc. If possible, get the child to put pressure on the nose or cut to stop the bleeding. Ensure that any open wounds you may have are covered with a waterproof plaster before you attempt to help. Disposable gloves (un-powdered latex or vinyl) should be worn when dealing with bleeding/cleaning up bodily fluids.

Normal first aid procedures should be followed which may include firm pressure maintained over the wound for 5 to 10 minutes with a sufficient pad of clean, absorbent material. If a surgical dressing is not immediately available, a folded paper towel or clean handkerchief may be used. When bleeding has stopped, blood should be washed off surrounding skin and hair with copious amounts of soapy water without disturbing the wound.

If direct contact with another person's blood or other body fluids occurs, the area should be washed as soon as possible with soap and water. If contact is made with the lips, mouth, tongue, eyes or broken skin, these should be washed out thoroughly with clean cold tap water. Where running water is unavailable saline can be used to wash out eyes. Hands should be washed using soap, water and dried using paper towels.

If a cut or puncture wound is sustained (e.g. a bite) the wound should be squeezed to encourage bleeding, washed with soap and water and covered with a waterproof dressing. Any incident in which another's blood may have entered a person's bloodstream through a cut or abrasion or by splashing in the mouth or eyes should be reported to their doctor.

If blood has been spilt on any work surface carry out the following procedure:

- 1) Avoid getting blood on yourself, or on other people.
- 2) Put on disposable gloves.



- 3) Use disposable paper towels, tissues, etc to mop up spillage.
- 4) Wipe surface with antibacterial spray or, in the case of large areas of blood spillage, cover with Emergency Spillage Compound.
(Sachets/tubs of compound are kept in disabled loos and in the First Aid room).
- 5) Put all contaminated material into a secure plastic bag and then into the sanitary bin in the disabled loo or in the outdoor 'wheelie' bin.

Accidents involving head injuries

A knock, bump or blow to the head is a common type of injury. However, for most people a head injury is usually quite minor. A minor head injury, bump or knock to the head should not result in any permanent damage, and symptoms are usually mild and short-lasting. As long as someone remains conscious and there is no deep cut or damage to the head (such as broken bone), then there will usually be no damage to the brain. Such a minor injury does not normally require any specific treatment, except rest and close observation. Children are particularly prone to having minor head injuries as they have high energy levels and little sense of danger. However, if a child's symptoms worsen after a knock, or blow, to the head, medical assistance should be sought straight away. This is due to the fact that, in some cases, the symptoms of a more severe injury can take time to develop. It is therefore very important that a child is observed closely following a bump or knock to the head, to check for changes in their symptoms or behaviour.

Staff reporting the accident will put a "I bumped my head" sticker on the child's top to make teachers, other staff members and parents - if they have not been informed earlier - aware and alert to spot any symptoms or behaviour change during the school day.

Signs and symptoms

Staff need to be alert to changes in a child's condition following a minor head injury.

Concussion:

- A period of unconsciousness.
- Dizziness and confusion as he/she regains full consciousness.
- Vomiting.
- Child may not remember the incident or anything that happened immediately before it.

Skull fracture:

- Bleeding from the scalp.
- Blood or blood-stained fluid coming from inside the ear or nose.
- Discoloration (bruising) around the eyelids or the white part of the eye.
- Possible open fracture: this is particularly dangerous.

Complications:

- The pupils of the eyes may be enlarged or of different sizes.
- The pulse rate may be unusually slow.

Actions

- The child's parent/carer will be contacted immediately if a child develops the above symptoms after a head injury, and will be asked to take the child to hospital or a doctor.
- An ambulance will be called for the child if a skull fracture is suspected, complications develop, or the child's condition deteriorates.
- If a child appears fine and well after a minor head injury at school, a Parsons Green Prep Head and Trauma form will be given to the parent/carer at pick-up time to alert them to any possible problems and symptoms that could arise, should the injury be worse than it originally appeared (appendix 3). An accident form will also be completed for the parent/carer to sign.



- If the child is collected by someone other than their parent/carer, i.e. babysitter or is going home with a friend on a playdate, the school will phone the parent/carer to inform them of the accident and alert them to any possible problems and symptoms that could arise.

Guidance on when to call an ambulance:

- difficulty in breathing
- suspected heart attack
- abdominal pain
- unconsciousness
- severe loss of blood
- severe burns or scalds
- back pain after a fall
- choking
- fitting or concussion
- drowning
- severe allergic reaction
- electrical shock

Accidents which require hospital treatment

Members of staff should follow the following steps:

- Assess the injury and start treating the child.
- Call an ambulance if needed and inform parents.
- Call parents to ask if they wish to meet at hospital or take the child to hospital themselves
- Complete the accident book and make a copy to take to A&E.
- Wait for parents at school. Keep the child comfortable.

OR

- Health and Safety Officer or any paediatric first aider to go with child in the ambulance with a copy of the accident book, medical info (allergies) and mobile phone with parents' contact numbers.
- Meet parents at A&E and give them a copy of the accident book and report what happened. Parents to sign accident book.
- Inform the school of child's progress where possible.
- Write an extensive report by the end of the school day.
- Contact parents the next day to see how the child is.
- Inform school of child's progress where possible.

Accident reporting procedures

There is a duty to report accidents, incidents and dangerous occurrences which occur on school premises or which arise from work carried out on behalf of the school. This responsibility extends to incidents involving contractors, visitors and other members of the public as well as to staff.

Definitions to use when reporting:

Accident

An incident where a member of staff, contractor or visitor on to the school premises is injured and/or there is damage to equipment, property or premises.

Near miss

An event that while not causing harm had the potential to cause injury or ill health.

Dangerous

A serious incident with the potential to cause injury to a person and/or damage to equipment, property and premises which must be reported to the Health and Safety Executive.

Violent incident



Where any adult on school premises is abused, threatened or assaulted (this can include verbal abuse or threats as well as physical attacks).

There are three levels of reporting for the school:

a) Reporting locally

As soon as possible after an incident, the details should be reported to the school's nominated person. (e.g. Health and Safety Officer and/or Head).

Minor incidents, i.e. those resulting in no/insignificant injury AND having no potential for more significant injury, i.e. requiring no or only nominal first aid treatment etc, should be recorded in the school's own accident book and kept on site.

All other injuries and violent incidents will be reported to the proprietor (see below). Certain incidents may also be reportable to the Health and Safety Executive (HSE).

b) Reporting to the proprietor

The Head will make the proprietor aware of any incident involving a member of staff, contractor or visitor at least termly in a Health and Safety report. Dangerous occurrences and violent incidents should be reported to the proprietor immediately.

c) Reporting to the Health and Safety Executive (HSE)

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) place duties on employers to report serious incidents to the HSE.

The responsibility for reporting such incidents is delegated to the Head.

From 12 September 2011 statutory reporting to the HSE moved to a predominantly online system at <http://www.hse.gov.uk/riddor/report.htm>.

When to report to the Health and Safety (HSE):

- Fatalities.
- Major injuries (as defined in RIDDOR), including fractures (other than fingers or toes), amputations, dislocation of the shoulder, hip, knee or spine, loss of sight, a burn or penetrating injury to the eye, any injury leading to hypothermia, heat-induced illness or unconsciousness or requiring resuscitation or requiring admittance to hospital for more than 24 hours, unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent, acute illness requiring medical treatment, or causing loss of consciousness, arising from absorption of any substance by inhalation, ingestion or through the skin, acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

Fatal and major injuries should be reported immediately by telephone to the HSE's Incident Contact Centre 0345 3009923. Do not wait until you have carried out a thorough investigation before you report it. Reportable major injuries should be reported to RIDDOR within 5 school days. All referrals to RIDDOR should be notified to the Head who will inform the proprietor immediately.

The following incidents should be notified to the HSE as soon as practicable via their online reporting system at <http://www.hse.gov.uk/riddor/report.htm>.

- Over-seven-day injuries where a member of staff or self-employed person is away from work or unable to perform their normal work duties for more than 7 consecutive days. Such incidents must be reported within 15 days of the accident.
- Where a member of staff has been injured as a result of a notifiable accident or dangerous occurrence which is a cause of their death within one year of the date of the incident, the HSE



will be informed in writing as soon as this is known. Although such cases are likely to be rare, the Head will take reasonable steps to keep informed of the progress of any seriously injured member of staff or former member of staff.

- Some work-related diseases.
- Dangerous occurrences – e.g. explosion or fire causing suspension of normal work for over 24 hours, accidental release of any substance which may damage health, unintended collapse of any building or structure under construction.
- Injuries to members of the public, including pupils where they are taken from the scene of an accident to hospital for treatment and the accident arose in connection with 'work activities'. The essential test here is whether the accident was caused by factors such as the condition, design or maintenance of the premises or equipment (e.g. slippery flooring, poorly maintained play equipment, trailing cable etc.) or as a result of inadequate arrangements for supervision of an activity (e.g. inadequate supervisory levels on a field trip).
- Sporting activities have a residual risk and injuries within PE arising from the 'normal' contact nature of a sport are not automatically reportable under RIDDOR. If, however, the condition of the premises or sports equipment are a factor in the incident, for example slips and fractures because a member of staff had used the wrong polish and left the sports hall floor too slippery for sports or failings in the organisation and management of an event, a RIDDOR report should be made.

Accident records

All accidents, however minor, are recorded in the Accident Books, a copy of which is kept in each classroom and which parents are asked to sign. A separate accident book for the Reception outdoor playground is kept in the Reception classroom. A copy of the signed report is given to parents to keep in serious situations. Parents will be contacted immediately if there is a head injury. They will also be contacted if the English of the person collecting the child at the end of the day is poor. In these cases the school will ensure that the parents are informed about the accident and any treatment provided. Staff may also assist if the parent or carer cannot communicate themselves with medical professionals because of poor English.

The following information needs to be recorded.

- *About the person filling in the report:*

1. name
2. position
3. signature
4. date of report

- *About the person who had the accident:*

1. name
2. class

- *About the accident:*

1. date and time of accident
2. where it happened
3. how did it happen and why. If the accident was not witnessed directly by a member of staff, this will be mentioned on the report as "the child stated that..." If another child has witnessed the accident, at the back of the report, staff to add "witnessed by another child reporting incident"
4. details of injury suffered and treatment given



The Accident Books and any completed HCC/HSE forms will be reviewed each term by the Health and Safety Officer and reported to the Health and Safety Committee to identify any trends or recurring causes of injury.

Accident records will be retained for at least 3 years after the date of the accident, if the person is above 18 years old. If the person who had the accident is under the age of 18 then accident records will be kept until they are 21.

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 will be investigated at the earliest opportunity to determine what (if any) action is needed to prevent a recurrence. The level of investigation will 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.

For example, a scaffold collapse may not have caused an injury but had the potential to cause major or fatal injury. When making the decision, the Head must also consider the potential for learning lessons. For example, if the school has had a number of similar adverse events, it may be worth investigating, even if each single event is not worth investigating in isolation.

The investigation findings will form the basis of an action plan to prevent the incident from recurring, improving your overall management of risk and identifying areas of risk assessments that may need to be reviewed.

MONITORING AND REVIEWING

This policy will be reviewed annually or in-between if there is a serious incident. All training and procedures are reviewed and monitored through the following:

- Weekly meetings between the Health and Safety Officer and the First Aid Coordinator.
- Termly Health and Safety Meetings.
- The Accident Books and any completed HCC/HSE forms will be reviewed each term by the Health and Safety Officer and the First Aid Coordinator will report to the Health and Safety Committee to identify any trends or recurring causes of injury.

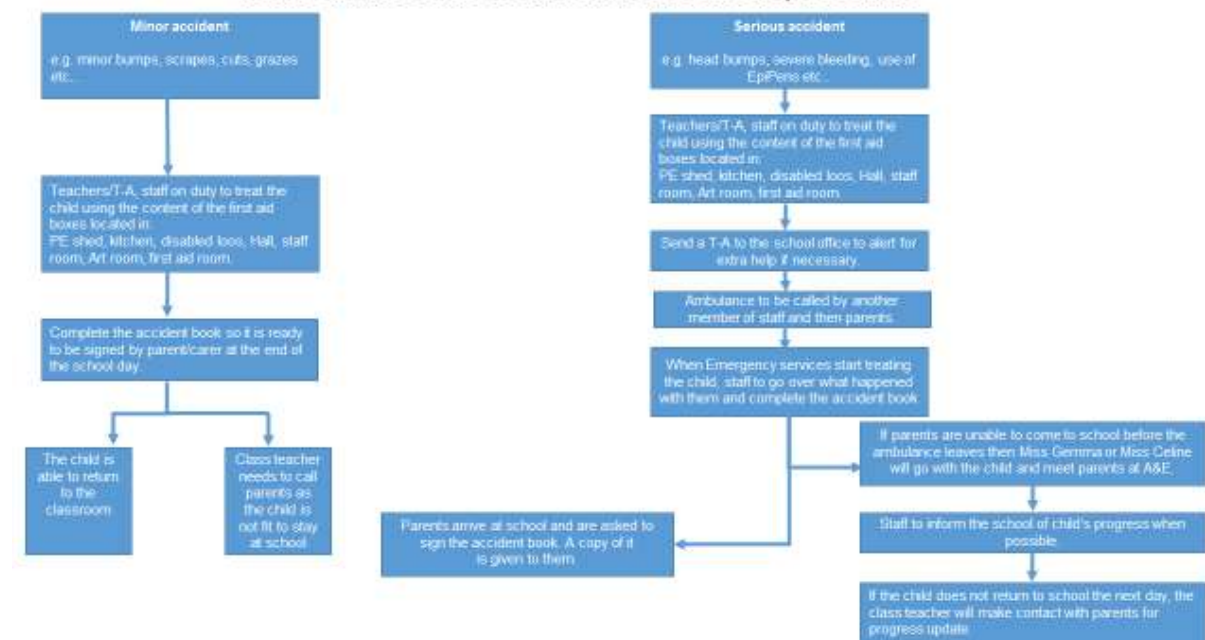
**APPENDIX 1****FIRST AID BASIC TRAINING**

KEY POINTS TO NOTE	PLEASE TICK TO SHOW THAT YOU HAVE READ
ALL staff are trained annually to a basic first aid level. Most staff paediatric trained as well.	
Paediatric first aid staff are: Teachers, EYFS staff, Teaching assistants, PE teachers, H&S officer	
First aid boxes are checked and replenished weekly and are located in: first aid room, disabled loos, Reception bathroom, PE shed, kitchen, Art room, Hall and staff room.	
Photographs of pupils who require EpiPens are mounted on red cards in the staff room, hall, kitchen, PE shed and school office.	
If a child is injured during playtime, they should be treated outside if possible. If the injury is more serious and the child requires to be treated inside then a member of staff should alert the office.	
All accidents treated must be entered in the Accident Record book (one in every room, Reception playground and by the door leading to the playground). Parents/Carer's signature must be obtained at pick-up time. Parents will be called immediately if the accident is severe or significantly visible.	
If a child is collected by someone other than parent/carer (i.e. playdate) the school will call the parents to inform them of the accident and alert them to any possible problems or symptoms that could arise.	
If a child has had a bump on their head or face, as well as filling in an Accident Record a Face and Head Trauma Injury Form should also be completed and given to parents/carers at pick up time. Head bump sticker given to the child.	
If a child is sent home following an accident, please ensure that the parents/carers leave with a signed copy of the Accident Record to show A&E. Teachers will phone parents the next day if the child has not returned to school)	

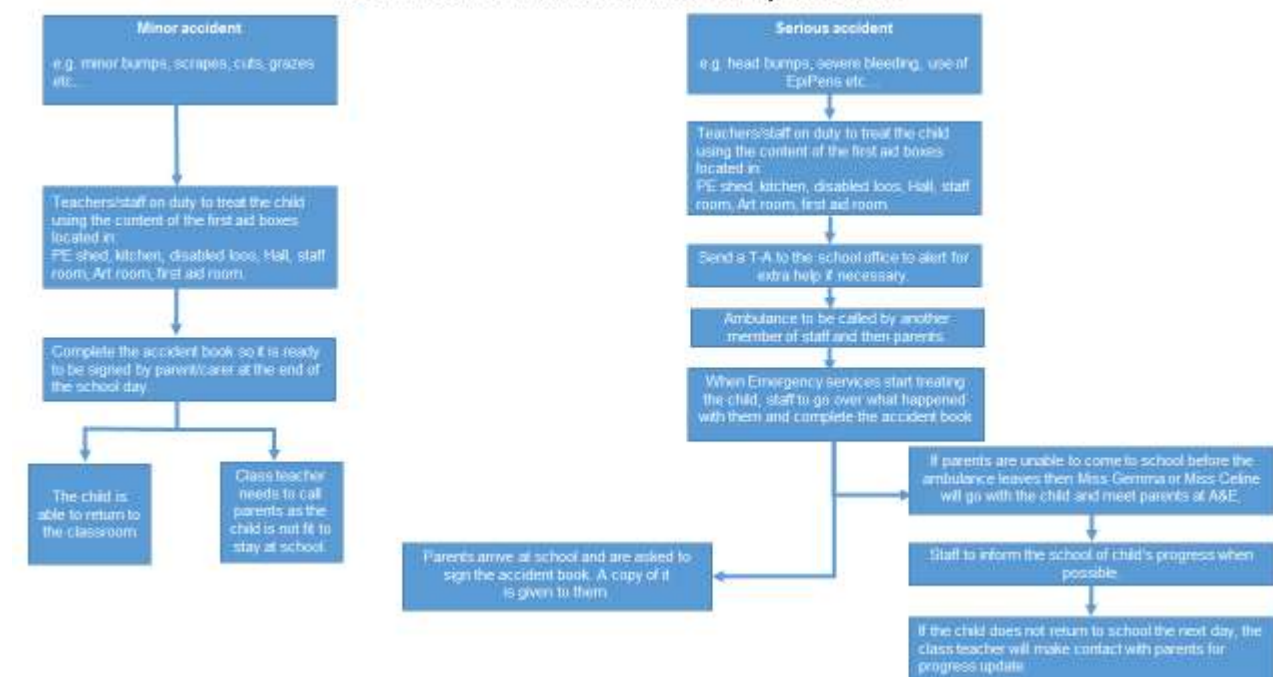


APPENDIX 2

EYFS and KS1 indoor and outdoor Accident procedure



KS2 indoor and outdoor Accident procedure





APPENDIX 3

PARSONS GREEN PREP HEAD AND FACE TRAUMA FORM

Date:

Dear

This is to inform you that your child, suffered a bang on the head or face today at school. Everything appears to be fine, but this information sheet is designed to inform you of some of the possible problems and symptoms that could arise, should the injury be worse than it originally appeared.

Please seek medical advice should your child develop any of the following symptoms:

- increased severe headache
- repeated vomiting
- reduced level of consciousness/difficulty in waking
- confusion