



# Brockhampton Primary Academy

Bringsty ~ WORCESTER ~ WR6 5TD

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[www.brockhamptonprimaryschool.co.uk](http://www.brockhamptonprimaryschool.co.uk)

Headteacher: Mr Matthew Mander

## Procedures for First Aid

### **SERIOUS ACCIDENTS:**

In the event of a serious accident the Qualified First Aider will initiate an emergency procedure:

- Emergency treatment will be carried out by appropriately qualified members of staff;
- The carer/family will be contacted and asked to meet either at the school or the Emergency Department (please ensure the school has your correct contact details).
- An ambulance will be called.
- The patient will be accompanied either by an appropriate member of staff or carer/family member.

For accidents which do not **require immediate attendance at hospital appropriate First Aid will be** carried out by the qualified members of staff and the carer/family will be contacted.

Treatments will be carried out using the following equipment:

- Steri-wipes
- Plasters
- Non-adherent dressings and tape
- Savlon dry
- Burn gel

Where a fracture is suspected an assessment will be made and the patient referred to hospital accordingly.

Asthma will be treated by using the patient's inhaler and spacer to a standard protocol. For toileting accidents, your child will be changed by staff. Children will be encouraged to clean themselves where possible.

For minor accidents and injuries the patient will be treated by the appropriate member of staff using the equipment detailed above and the carer/family notified as and when appropriate.

Minor head injuries will usually be notified to the carer/family by telephone.

Salbutamol inhalers will be kept in a safe, but easily accessible place, available for immediate use by the child. A spacer will be available for emergency treatment, used in conjunction with the patient's salbutamol. It is parent's/carer's responsibility to provide the school with working inhalers.

It is very important that we are aware of any conditions that your child may be or medications that your child may need. Please list any medications etc that may apply.

Inhaler \_\_\_\_\_

Medications \_\_\_\_\_

Food Allergies \_\_\_\_\_

Animal Allergies \_\_\_\_\_

Hayfever \_\_\_\_\_

Medical conditions \_\_\_\_\_

Any other important issues \_\_\_\_\_

\_\_\_\_\_

**I have completed the information requested to the best of my knowledge. I have read the above and agree to abide by the stated terms and conditions.**

**Print Parent's Name** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Child's name** \_\_\_\_\_