

First Aid Policy
Smith's Wood Academy
Part of Fairfax Multi-Academy Trust

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1. Introduction

- 1.1. This statement is written following the guidelines given in the document 'Guidance on First Aid for Schools' published by the DfE.
- 1.2. Smith's Wood Academy has a responsibility to provide adequate and appropriate first aid to students, staff, parents/carers and visitors as set out in this policy whilst pupils, staff and visitors are on our school site or within our care.

2. Aims

- 2.1. To identify the first aid needs of the academy in line with the Management of Health and Safety at Work Regulations 1981.
- 2.2. To ensure that the provision is available at all times while people are on academy premises, and off academy premises whilst on academy visits.

3. Objectives

- 3.1. To appoint an appropriate number of suitably trained people as appointed persons and first aiders to meet the needs of the academy.
- 3.2. To provide relevant training and ensure monitoring of training needs.
- 3.3. To provide sufficient and appropriate resources and facilities.
- 3.4. To inform staff and parents of the academy's first aid arrangements.
- 3.5. To keep accident records and to report to the HSE, as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

4. Duties and Responsibilities

4.1. Smith's Wood Academy appoints the associates that are responsible for the health and safety of their employees and anyone else on the premises. This includes the Head of Academy and teachers, non-teaching staff, students and visitors (including contractors).

4.2. The Premises Manager must ensure that a risk assessment of the academy is undertaken. The Premises Manager should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

4.3 The Medical Officer will ensure that the appointment, training and resources for first aid arrangements are appropriate and in place.

4.4. The Head of Academy should ensure that the policy and information on the academy's arrangements for first aid are communicated to all staff and parents/carers. New staff are to be informed and given a copy of all relevant procedures/policies as part of their induction programme by the medical advisor.

4.5. All staff are expected to do all they can to secure the welfare of the students, this must include completing relevant safeguarding forms, school nurse referrals and CAMHS referrals.

The Medical Officer will:

4.5.1. Take charge when someone is seriously injured or if there is more than one patient and log this on Handsam.

4.5.2. Look after the first aid equipment (restocking of kits, cleaning equipment and organisation of the medical room)

4.5.3. Ensure that an ambulance or other professional medical help is summoned when appropriate and that all relevant contact is made to parents/carers. If the Medical Officer cannot do this straight away due to the serious nature of an incident then Excellence Leader/DEL and/or office staff will be asked to make this call by the Medical Officer. All calls to be logged on Sims Communications.

4.6. All staff able to give first aid must have completed an approved first aid training course by the HSE, and must take responsibility to update their training every three years. A list of current trained first aiders is kept as a hard copy in the designated folder in the medical room. Folder labelled 'FIRST AID CERTIFICATES'

4.7 The Medical Officer will manage the incoming first aid requests, triage them and allocate them to the appropriate first aiders.

First aiders will:

4.6.1. Be requested via the email address FirstAid@smithswood.fmat.co.uk

Emails must contain;

- STUDENTS NAME,
- LOCATION
- DESCRIPTION OF INJURY.

They will provide immediate help to casualties, if required, during lesson time or any other time during academy hours. Any students complaining of injuries should remain in the class room and a first aider will come to them. **STUDENTS SHOULD NOT BE SENT TO THE MEDICAL ROOM OR SENT TO LOOK FOR A FIRST AIDER THEMSELVES.**

4.6.2. All incidents are to be recorded on HANDSAM by the attending first aider. If information is required from other parties the file must be kept open until it is ready to be completed. * Files 'completed' can only be opened on the request of the Head of the Academy directly to Handsam.

4.6.3. The requirement for constant supervision for hurt or injured pupils will be provided on a case by case basis. Parents must be contacted if an ambulance is called.

4.6.4. Where the injury requires, or if there is any doubt over the health and welfare of a student, parents/carers (as stated on student record on the SIMs system) should be contacted as soon as possible so that the student can be collected and taken home. Staff are required to ensure that all contacts for students are exhausted when attempting to send the pupil home and documented when logging a First Aid incident. Staff are required to make an advisory phone call home when they are treating a child who has suffered a head injury, self-harmed, suffering from a mental health crisis or are required to monitor their child when they return home.

It will also be advisable that if no contact can be made with anyone, the Medical Officer is contacted to make a decision regarding whether urgent medical attention is necessary in the absence of parents/carers being alerted of the incident.

4.6.5. If the situation is life threatening or if there is cause for concern any member of staff can telephone 999 and request an ambulance. Should a child be taken to hospital before a parent/carer arrives at the academy a member of staff will accompany the child to hospital and parents will be directed to go straight there.

4.6.6. For their own protection and the protection of the patient, staff that administer first aid must follow Infection Prevention and Control Guidelines. These can be found on the notice board in the medical room.

4.6.7. First aiders are not paramedics or doctors. Their training does not equip them to diagnose illnesses or other medical conditions. First aider's qualifications do not allow them

to treat pupils presenting as unwell. All cases of illness or suspected illness must be referred to the pupils' pastoral team, who will then refer to: The individual's parent/carer. In relation to attendance please liaise concerns with Jackie Mace (DSL).

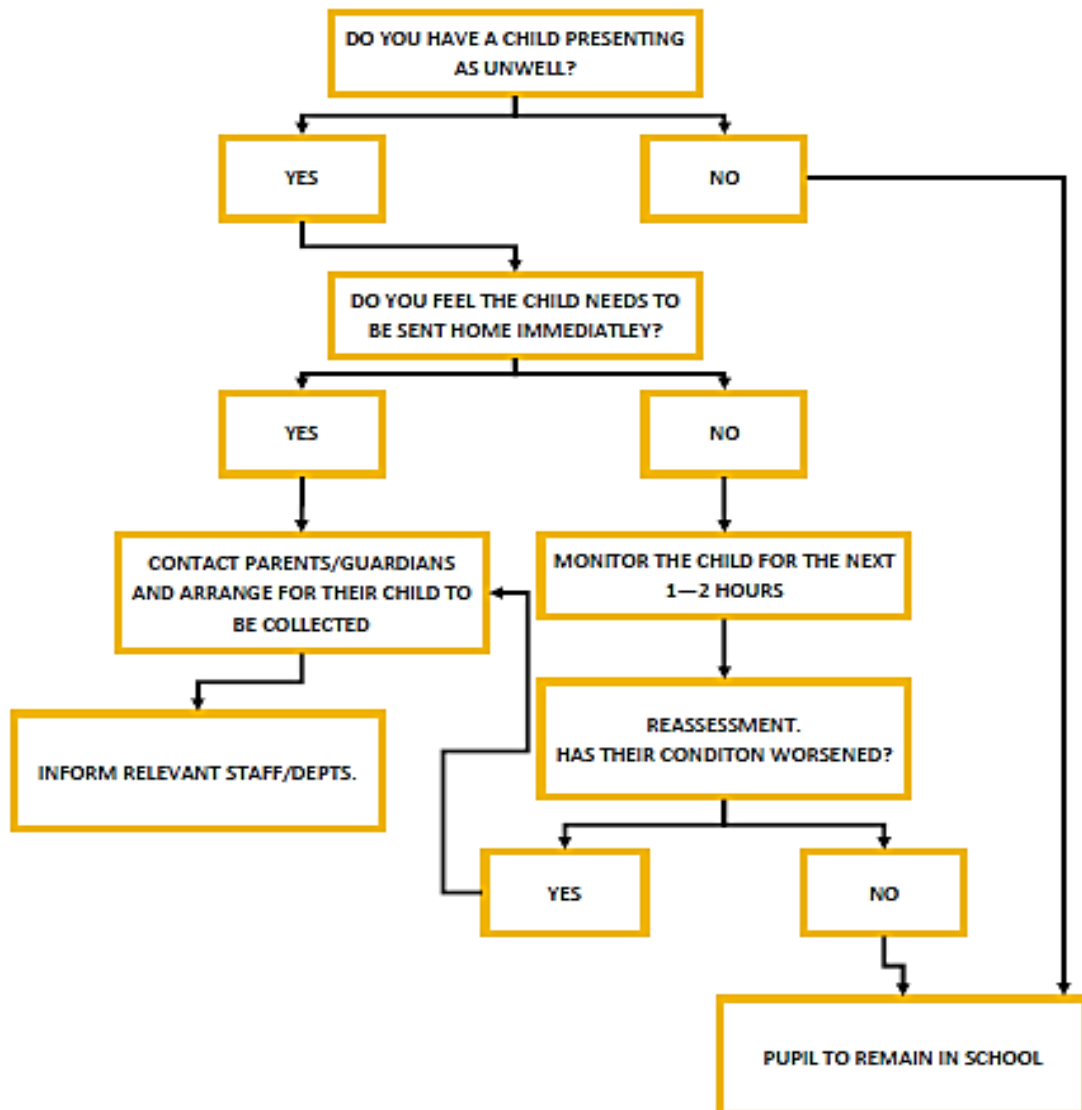
4.7 Hard copies of student's Health Care Plans are kept in the First Aid Room – First aiders should access these to provide copies to paramedics should the occasion arise. Copies must be given to staff who are taking pupils on trips so that they are aware of the pupils care plan. Light blue folder labelled 'CARE PLANS'

4.8

First Aiders

LEVEL 3	LEVEL 2
Morgan Wright	Rachel Juggins
Gaynor Elliot	Kerry Beasley
O'neil O'connor	Michelle Linder
	Rebecca Saunders
	Harj Sekhon
	Jean Austin
	Shereen Keen

Unwell Child Procedure for Pastoral staff

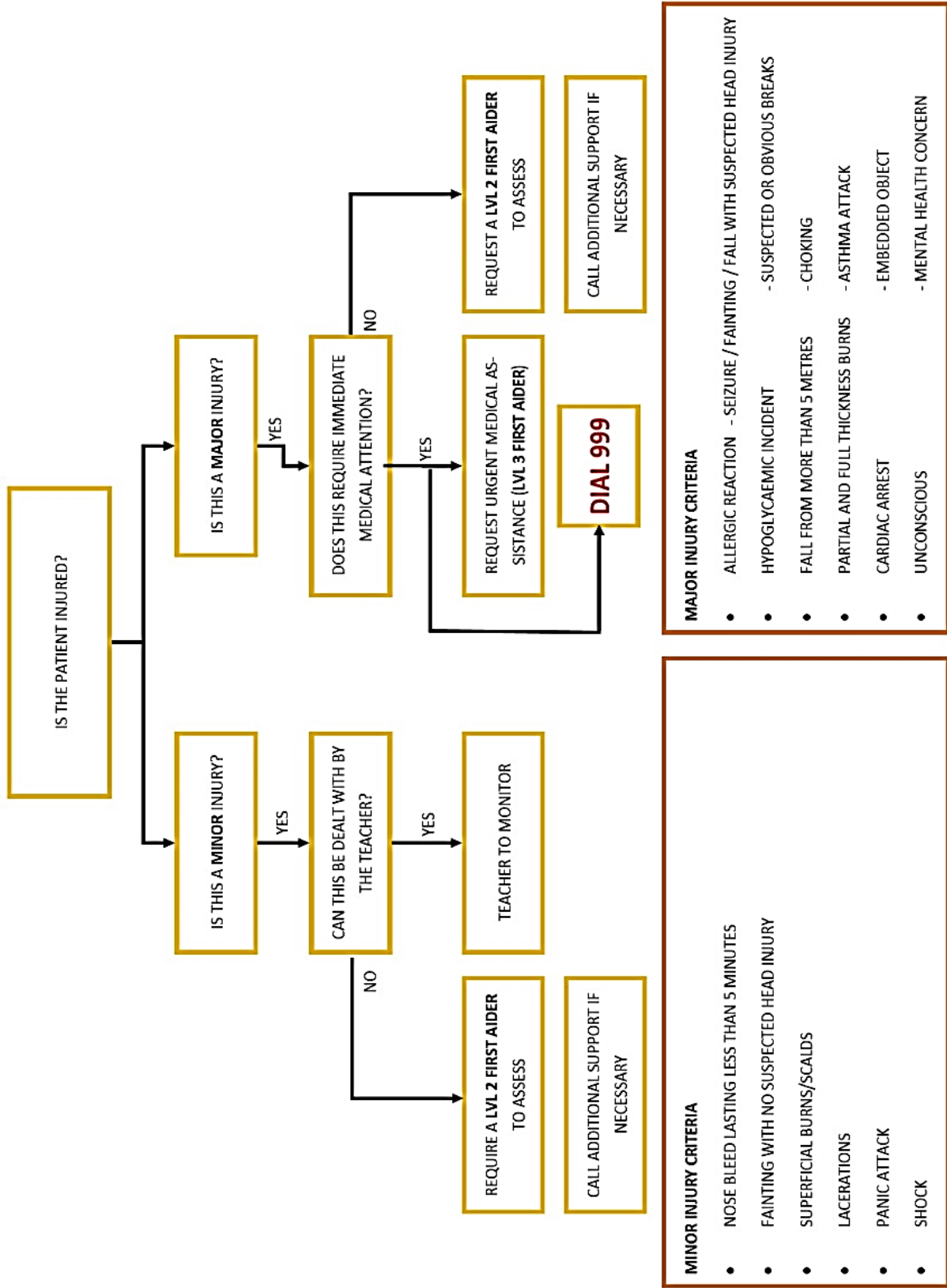


Please only contact first aid if a child is feeling unwell and you are concerned. In the first instance the pupils Year Team should be contact and should monitor the situation.

If the child has any injuries or is suffering from a serious medical condition then follow the First Aid response Chart.

If at any time you are seriously concerned about a child please contact a First Aider Level 2 or 3 immediately.

FIRST AID INCIDENT RESPONSE CHART



MAJOR INJURY CRITERIA

- ALLERGIC REACTION - SEIZURE / FAINTING / FALL WITH SUSPECTED HEAD INJURY
- HYPOGLYCAEMIC INCIDENT - SUSPECTED OR OBVIOUS BREAKS
- FALL FROM MORE THAN 5 METRES - CHOKING
- PARTIAL AND FULL THICKNESS BURNS - ASTHMA ATTACK
- CARDIAC ARREST - EMBEDDED OBJECT
- UNCONSCIOUS - MENTAL HEALTH CONCERN

MINOR INJURY CRITERIA

- NOSE BLEED LASTING LESS THAN 5 MINUTES
- FAINTING WITH NO SUSPECTED HEAD INJURY
- SUPERFICIAL BURNS/SCALDS
- LACERATIONS
- PANIC ATTACK
- SHOCK

5. Reporting

- 5.1. The Head of Academy or most senior teacher on site will be informed of any serious injury occurring during the school day, including trips and visits.
- 5.2. All First Aid incidents are to be recorded on HANDSAM for both staff and pupils.
- 5.3. Parents are to be informed of any minor head injury or minor physical injury with the MINOR INJURY FORM. A phone call home must also be made and incident logged. Example of form found at rear of policy. Actual forms located in the medical room, general office first aid folder and upstairs admin.

6. Record Keeping

6.1. The attending first aider is responsible for immediately reporting the incident on HANDSAM. The log should include;

- The date and time
- The name (and class) of the injured or ill person.
- Details of their injury/illness and what first aid was given.
- What happened to the person immediately after.
- Called parent/carer – action taken – back to class/sent home.
- Name and signature of the first aider or person dealing with the incident.

** The log should be left open and all documents scanned and uploaded on to Handsam. Do NOT 'complete' the log until all documents from all parties are uploaded to Handsam. For example this may include pupil statements or staff statements.*

If an investigation is needed by a Health & Safety representative then please click 'investigation' on Handsam and contact Kaye Downing directly to inform her of the incident. This must be done as soon as safely possible.

6.2. Accident and first aid treatment records can be used to help the Premises Manager to identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes.

6.3. Under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR) some accidents must be reported to the HSE. The Smith's Wood Academy Associate, who holds the responsibility for health and safety, will be informed of all accidents reported to the HSE and can be approached for guidance when reporting.

7. RIDDOR reporting

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995 (RIDDOR), some accidents must be reported to the HSE. When completing Handsam for an incident you must consider is this incident a RIDDOR incident. To do this please use the flow chart in the medical room to help make this assessment.

7.1. The following accidents must be reported to HSE;
Academy employee injured in connection with a work related activity, or a self-employed person while working on the premises:

- Accidents resulting in death or major injury (including as a result of physical violence).
- Accidents which prevent the injured person from doing their normal work for more than seven days (including acts of physical violence).

Students or visitors injured by a failure in the way an activity was organised, the way equipment/substances were used or the condition of the premises;

- The person involved is killed or is taken from the site of the accident to hospital for treatment (NOT ASSESSMENT)

If you do decide the incident needs reporting to RIDDOR please can you contact Mrs Craig and Mr Wright immediately before the form is sent off.

7.2 All accident reporting records should be kept for a minimum of 3 years.

Further advice can be obtained from <http://www.hse.gov.uk/riddor/>

8. First Aid boxes

8.1. First Aid Boxes are located in key places around the school. Details of their location are available in the First Aid Folder in the medical room, on a poster in general office and below;

- Medical Room (Also contains Allergy and Asthma kit)
- General Office
- Reception (Also contains Allergy and Asthma kit)
- SEN Hub
- PE Dept.
- YEAR 8/9 Hub
- Safeguarding office (Also contains Asthma)

8.2. First Aid Boxes should contain:

- 1 Instant Ice Pack (Optional)
- 2 Eye Pads
- 2 Conforming Bandages (Medium and Large)
- 2 Crepe Bandages (Small and Large)
- 2 Dressings (Medium and Large)
- 1 Face Shield
- 1 Tape
- 1 Safety Pin Pack
- 1 Scissors
- 2 Triangular Bandages
- 2 Finger Dressings
- Sterile Wipes (Minimum 8)
- Plasters (Assorted pack)
- Stero-Pods (Minimum 5)
- Self-Adhesive Dressing (4 Large and 4 Medium)
- 1 Pair of Nitrile Gloves
- 1 Clinical Waste Bag
- 1 Accident Report Form

8.3 Equivalent or additional items are acceptable.

8.4. First aiders or any member of staff should report use of any equipment, which will need restocking in a first aid box, to the medical room, post use.

8.5. Academy minibuses

8.5.1. Transport regulations require that all minibuses and public service vehicles used either as an express carriage or contract carriage have on board a first aid container with the following items:

- 10 antiseptic wipes (foil packaged).
- 1 conforming disposable bandage (not less than 7.5 cm wide).
- 2 triangular bandages.
- 1 packet of 24 assorted adhesive dressings.
- 3 large sterile un-medicated ambulance dressings (not less than 15 x 20 cm).
- 2 sterile eye dressings.
- 12 assorted safety pins.
- 1 pair of rust-less blunt ended scissors.

Before any minibus leaves school site it is the responsibility of the mini bus driver alongside the trip organiser to make sure the above first aid container meets requirements and is available at all times on the mini bus.

8.5.2. No medication/tablets are to be kept in the first aid boxes.

9. Accommodation

- 9.1. Smith's Wood Academy has a Medical Room, with running water, a fridge, medical cabinet and a seating area. It is the responsibility of the Medical Officer to maintain this room in a clean, tidy, safe and orderly way.

10. Hygiene/Infection Control

10.1. All staff should take precautions to avoid infection and follow basic hygiene procedures.

10.2. Staff should have access to single use disposable aprons, gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

10.3. Hygiene in treatment

10.3.1. Every effort must be made to avoid contamination of wounds, and only sterile dressings should be used. Only sterile water should be used to clean open wounds. Where there is no water, sterile cleaning swabs such as an alcohol free wipe may be used.

10.3.2. Soiled clothing is normally wrapped in a bag and is collected by a parent/carer when collecting their child (this can be effectively decontaminated by washing in a domestic washing machine using the hot programme).

10.4. Disposal of soiled dressings/Sharps

10.4.1. Soiled dressings, wipes or swabs of any kind and any contaminated disposables should not be allowed to contaminate furniture or fittings. All items should be handled with care and dropped directly into a clinical waste bin located in the first aid room. Unit waste should be regularly collected by a licensed contractor, to prevent bins from becoming overfilled.

10.4.2. Sharps are disposed of in sharps bin and collected regularly on a rota (BDF).

11. Trips and Visits

11.1 The trip leader is responsible for providing a list of students, who are attending the trip, to the medical advisor, the attendance officer and reception staff. The medical advisor will then organise pupils individual care plans and medication which are required. The trip leader will then collect this from the medical room on the morning of the trip and return it to the medical room at the end of the trip.

11.2 The member of staff leading the trip is responsible for making sure prescribed medicines are carried by both the teacher and a spare by the pupils that require them.

Do check dates on any medicines to make sure they are in date. This information should also be considered when devising specific care plans for pupils.

11.2 A first aid kit should always be carried on a trip/visit additional to the one located on the mini bus.

11.3 Where ever possible one of the accompanying members of staff should be first aid trained.

12. Concussion Guidelines –

12.1 Please see Handsam guidance which should be displayed in both the medical room and general office.

12.2 What to look out for –

Signs of a concussion usually appear within a few minutes or hours of a head injury. Occasionally they may not be obvious for a few days, so it is important to look out for any problems in the days following a head injury. **Symptoms include:**

- A headache that does not go away or is not relieved with painkillers;
- Dizziness;
- Feeling sick or vomiting;
- Feeling stunned, dazed or confused;
- Memory loss – an inability to remember what happened before or after the injury;
- Clumsiness or trouble with balance;
- Unusual behaviour – irritated easily or demonstrating sudden mood swings;
- Changes in vision – such as blurred vision, double vision or "seeing stars";
- A short loss of consciousness or struggling to stay awake; and
- Scalp wounds

To assess the severity of the head injury, check for:

- Evidence of a seizure or fit;
- A reduced level of response;
- A loss of responsiveness;
- A leakage of blood or watery fluid from the ear or nose; and
- Unequal pupil sizes.

12.3 Assessment & Treatment

First Aid Response

- Sit the person down and give them something cold to hold against the injury. You can use a cold compress, or a bag of ice or frozen peas wrapped in a cloth;
- Treat any scalp wounds like a bleed, by applying direct pressure to the wound;
- Check their level of responsiveness;
- Make a note of their reactions, especially any changes to their level of response, to pass on to the ambulance, in case you need to call one;
- Do not leave the person alone; and
- Follow school policy for contacting parents or carers. They must be contacted as soon as possible. Please also inform the pupils Excellence Leader of the incident.

[St John's Ambulance](#) use an AVPU Scale to check a person's level of responsiveness:

A – Alert: Are they alert? Are their eyes open and do they respond to questions?

V – Voice: Do they respond to voice?

P – Pain: If they are not alert and they are not responding to your voice - do they respond to pain? Try squeezing their shoulder - do they move or open their eyes?

U – Unresponsive: Place in the recovery position and dial 999.

If they are alert and responsive then their head injury is probably minor, but you should wait with them until they recover. If they are not alert or responsive, then their head injury could be severe, dial 999 immediately.

You must contact parents or carers and correctly report the incident to them even if it decided to keep the child in school.

Long Term Management –

On returning to school from being diagnosed with concussion it is the Excellence Leaders job to manage their curriculum whilst in school. Please read the guidance below:

If the person is diagnosed with concussion in hospital, they will be able to go home when any serious brain injury has been ruled out and are starting to feel better. Most people feel back to normal within a few days or weeks of going home. But some people, especially children, can take longer to recover. It is important that the person does not return to school until fully recovered and the [NHS Choices](#) advice is to avoid sports or strenuous exercise for at least a week and avoid contact sports for at least three weeks.

The Excellence Leader will liaise with parents on a child's return to school after diagnosed concussion. They will put in place a short term provision to accommodate the pupil's needs whilst recovering from concussion. They will also keep the Medical Officer informed of arrangements.

In some people, concussion symptoms can last a few months or more. This is known as "post-concussion syndrome". Possible symptoms include:

- Headaches;
- Dizziness;
- Problems with memory or concentration;
- Unsteadiness; and
- Depression, anxiety and changes in behaviour.

If you feel a child is unwell for a longer period of time and showing the symptoms above, it is the responsibility of the Medical Officer alongside the Excellence Leader to share these concerns with the pupil's parents.

12.4 Phoning for an Ambulance

- If the person is unconscious
- Difficulty staying awake
- Difficulty speaking, writing, walking
- Numbness/weakness in parts of their body
- Vision disturbances
- Clear fluid from ears / nose
- Bleeding from ears or bruising behind ears
- Bruising around one or both eyes following trauma sustained to the head
- Seizure
- Condition is deteriorating

ADDENDUM COVID-19

The 3 symptoms to look out for are:

- high temperature (anything above 37.8°C)
- new or continuous cough
- loss or change to your sense of smell or taste

<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

ANY SUSPECTED OR CONFIRMED CASE WHEN ADVISED BY TEST AND TRACE, PARENT/CARER, STAFF OR PUPIL SHOULD BE IMMEDIATELY REPORTED TO THE LOCAL HEALTH PROTECTION TEAM (DETAILS ON ACTION CARD, ATTACHED) AND SLT INFORMED IMMEDIATELY.

PPE

All trained first aiders will be given a face visor which they will keep, maintain and be responsible for. These will be kept with them in their normal work station area NOT the medical room. Spare PPE can be located in general office and the medical room.

The medical room has a stock of single use aprons face masks, wipes and gloves. These are to be used by first aiders at all times when in the medical room and corona pod with a child. A new mask, gloves and apron will be used for each patient.

Body Temperature must be taken using the contactless thermometer located in the medical room with every patient.

Staff must complete a FIRST AID CORONAVIRUS SCREENING TOOL form when attending a patient presenting as unwell. These can be found in the medical office and upstairs admin. Also attached.

If you have a symptomatic child/staff:

If a child presents any of the above symptoms they will need to be placed in the 'quarantine' room which has been set up in the admin corridor (room 1).

Process to send home a child with suspected symptoms:

- SLT on duty and KCG to be informed you are sending a child home.
- The first aider will contact home to instruct them to collect their child. The first aider will recommend that the parents also go online to book a test or phone 119 and get tested at a local centre if they meet the criteria <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#history>
- First aider to log this on Handsam as normal and also to email the EL to inform them.

Information to bubbles of suspected Case:

KCG will write to any potential bubbles (staff/pupils) regarding any suspected or positive cases of Covid -19 within their bubble.

Staff will be advised to get tested. <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#history>

Reporting staff absence

- Daily, Office Manager to take and return calls from staff who have called the staff absence line as per school policy.
- Key questions asked – have you symptoms, has anyone in your household had symptoms or been isolating /shielding etc...
- Encourage staff to get tested. Government advice reiterated. Self-isolate/shield as required.

<https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/>

Excellence Leaders

- Excellence Leader to call home 5 & 7 days after pupil presented symptoms at school to check on health & wellbeing (Log on sims coms).
- EL to communicate to parents Government guidance prior to pupil returning to school. EL to communicate with Attendance officer at all times.
- Pupil must be symptom free before they return back to school.
- Pupil's temperature and health screening discussion to take place, arranged by EL and PBR on the day of their return to school. This is to check how they have isolated and their general health at the time of return. This is informal.
- Medical officer to take their temperature on the morning they arrive back to school before they are allowed back into their bubble. PBR to arrange this to happen.

FIRST AID CORONAVIRUS SCREENING TOOL

Ask the questions to the patient and tick the relevant boxes. Record findings in spaces provided.

Patient Name: _____ Date: _____

Question 1

Is the patient presenting with a:

- New or continuous cough Onset _____ day(s) ago
- Loss of taste/smell
- Temperature (above 37.8) Temp _____ °C

(If any one or more of the above is present the patient must be isolated in room 1 and sent home)

(FOLLOW ACTION CARD AND ALERT SLT AND/OR PUBLIC HEALTH ENGLAND)

Question 2

Has the patient recently had a Coronavirus test?

- Yes
- No

Question 2A

What was the outcome of that test?

- Positive for Coronavirus
- Negative for Coronavirus

Question 3

Have any of the patient's family / household tested POSITIVE for Coronavirus?

- Yes
-

FIRST AID CORONAVIRUS SCREENING TOOL

- No

(If yes they must be isolated in room 1 and sent home until proven otherwise)

Question 4

Does the patient have any underlying health conditions?

- Yes _____
- No

If you suspect Coronavirus –

- Take the patient to the COVID POD (room 1) and phone parents for collection.
- Inform parents they need to book a free test online
- If the test comes back NEGATIVE they can return to school
- Record details of incident on HANDSAM

If you DON'T suspect Coronavirus –

- Return patient to their class
- If they are injured or suffering with a severe illness, record on HANDSAM



COVID-19 early outbreak management

Primary, secondary and special schools, and alternative provision for schools

Who should use this information?

Leadership and management of primary, secondary and special schools, and alternative provision for schools. This information provides key steps to quickly identify and contain any potential COVID-19 outbreak. If you are concerned about other possible health issues then you should follow your existing processes.

For England only.

What you should do to manage a possible outbreak

Step 1

Identify

When you are informed of a possible or confirmed case of COVID-19 by NHS Test & Trace, staff or a parent or carer of a pupil within the last 14 days, go to **step 2**.

Step 2

Report

Immediately contact your local Public Health England Health Protection Team (PHE HPT) for help and advice. Refer to www.gov.uk/health-protection-team for contact details.

Every one of us plays a vital role in stopping the spread of COVID-19. Early engagement with your local PHE HPT is key to minimise any possible wider outbreak in your community. See **page 2** for information you may be asked to provide. Do not worry if you are unable to answer all the questions, your local PHE HPT will help guide you through the process.

If the advice from the local PHE HPT is to partially or fully close the building, resulting in the setting not being fully open to all pupils/students, then you should notify the Department for Education via the Education Setting Status form. Refer to '[School attendance: guidance for schools](#)' or search the title on GOV.UK for details.

Step 3

Respond

Your local PHE HPT will work with you to assess the risks and advise you of what actions to take.

Depending on the outcome, your local PHE HPT and Local Authority may establish an Outbreak Control Team to help support you to manage the situation.

See **page 2** for types of action that could be put in place.



Check now and write the number of your local PHE HPT here:

MINOR INJURIES REPORT FORM

SECTION 1 PERSONAL INFORMATION		
DATE OF INCIDENT		LOCATION OF INCIDENT
TIME OF INCIDENT		
SURNAME:		FORENAME:
YEAR GROUP:		TUTOR GROUP:
SECTION 2 ADDITIONAL DATA		
ALLERGIES	MEDICATION	
NATURE OF INCIDENT CUT/LACERATION <input type="checkbox"/> BURN <input type="checkbox"/> SPRAIN/STRAIN <input type="checkbox"/> CHOKING <input type="checkbox"/> HEAD INJURY <input type="checkbox"/> FALL <input type="checkbox"/> FOREIGN OBJECT <input type="checkbox"/>		
BRIEFLY EXPLAIN WHAT HAPPENED		
TREATMENT WOUND CLEANED & DRESSED <input type="checkbox"/> HEAD INJURY ADVICE <input type="checkbox"/> ADVISED TO SEE GP <input type="checkbox"/> OTHER <input type="checkbox"/>		
SECTION 3 SIGNED		
PRINT NAME	ROLE/LEVEL	
PRINT NAME	ROLE/LEVEL	