



First Aid Policy

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| Related Documents/ Policies: | Management of Contractors Policy Health and Safety Policy Asbestos Management Policy Safeguarding Policy Academy Level First Aid Policies (shown also as appendices to this Policy) | | | |
| This Policy applies to: | All Trust stakeholders | | | |
| Authors: | Stewart Ash – Chief Financial Officer Joe Donnelly – Trust Head of Estates | | | |
| Changes made/Reason for Review: | Annual review of the Policy. | | | |
| Approval required by (please tick): | A&R Review | F&R | Trust Approval | Pay & Rem |
| Approved by/Date: | Committee | | 29 November 2023 | |
| Ratified by/Date: | Trust Board | | 5 December 2023 | |
| Date of Next Review: | The Policy is to be reviewed the sooner of December 2024 or where there have been material changes to the relevant courses of business. | | | |
| Sustainability Impact Assessment: | This Policy considers the understanding of our duty to care of our local and wider environment and of using education as a catalyst for sustainable development. Consideration of financial sustainability; our Trust's ability to operate as a going concern; and, the micro and macro-economic impacts of sustainability initiatives, are made. | | | |
| Equality Impact Assessment | This Policy has been reviewed against equal opportunities legislation with regard to age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity and has no identified adverse impact (direct or indirect) on minority groups. | | | |

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1. Introduction and Objectives

This is the First Aid Policy of The Pinnacle Learning Trust, referred to throughout this Policy as 'our Trust'.

Our Trust currently comprises Oldham Sixth Form College, The Hathershaw College, Broadfield Primary School, Werneth Primary School and the Central Services Teams. This Policy covers all academies forming part of our Trust and any academies joining before the next iteration of this Policy.

Each academy within our Trust has its own specific policy section (shown as appendices within this overarching Trust Policy statement).

The **principal objective** of this Policy is to protect our students, staff, all involved in governance within our Trust, and our assets.

More specifically, the Policy is in place to:

- ensure the health, safety and wellbeing of all staff, students and visitors;
- ensure that staff, governors and trustees are aware of their responsibilities with regards to health and safety;
- provide a framework for responding to an accident or incident and the recording and reporting of associated outcomes.

2. First Aid and Risk Management

Our Trust holds a strategic risk register on which all principal risks are identified, categorised and logged. There are currently 15 identified strategic risks and all of the risks on academy level risk registers are mapped to one or more of the strategic risks.

Three of the identified strategic risks are:

- *'the risk of failing to comply with any legislation or regulation'*;
- *'the risk of inadequate security of our facilities'*;
- *'the risk of inadequate safeguarding'*.

The existence, review and adherence to the First Aid Policy helps significantly with the mitigation of these strategic risks, and as such is a key control of our Trust with regards to risk management.

3. Duty Holder and Responsible Officers

The Health and Safety at Work Act 1974 places a duty upon organisations to, so far as is reasonably practicable, ensure the health, safety and welfare of its staff, students, visitors and contractors. **Under the Health and Safety At Work Act 1974, the duty holder is defined to be 'all those who own, occupy, manage or have responsibility for the maintenance and repair of premises'**. For academies, the duty holder is the Multi Academy Trust itself; however, to give this more meaning and context, the academies' duty holders are the relevant Academy Principals. The Trust's Executive Principal/Chief Executive Officer (CEO) line manages the duty holders, and along with the Trust Board, is accountable for Health and Safety.

The Chief Financial Officer is responsible for overseeing Health and Safety, and with solid and strong support from the Trust's Head of Estates, manages Health and Safety on a day to day basis at Trust level.

Management of academy specific Health and Safety is the responsibility of the Academy Principal, the Academy Senior Leadership Teams and the Academy Site Managers / Designated Caretakers.

First Aid is an integral part of overall Health and Safety management throughout our Trust.

4. Guidance and Legislation

This Policy has been created with the intention of adhering to the following pieces guidance and legislation.

Guidance

- Statutory Framework for the Early Years Foundation Stage.
- First Aid in schools.
- Health and Safety in schools.
- Actions for schools during the coronavirus outbreak.

Legislation

- **The Health and Safety at Work Act 1974** – this is the **primary piece of legislation regarding health and safety**. It sets out the duties which: employers have towards staff, wider stakeholders and members of the public; staff have to themselves and to others; and, contractors have to themselves and to others.
- **The Health and Safety (First Aid) Regulations 1981** - this states 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 1999** - this requires employers to assess all of the risks to the Health and Safety of their employees, and also requires 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** - stating that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept. See Section 5 for more details on RIDDOR.
- **Social Security (Claims and Payments) Regulations 1979** - this sets out rules on the retention of accident records
- **The Control of Asbestos Regulations 2012** – this articulates in detail, the requirements for ensuring asbestos containing materials are in a good condition and not likely to be damaged or disturbed; the requirements for monitoring and managing these materials; the requirements for assessing the relative risks; the requirements for training and wider staff awareness; and, what needs to be done regarding asbestos containing materials when there are capital or maintenance works in progress.

5. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

RIDDOR is the legislation that requires employers, and other people in charge of work premises, to report and keep records of:

- work-related accidents which cause deaths;

- work-related accidents which cause certain serious injuries (reportable injuries);
- diagnosed cases of certain industrial diseases; and,
- certain 'dangerous occurrences' (incidents with the potential to cause harm). There are certain incidents which

Our Trust **must** submit reports to the HSE if they fall under the RIDDOR definitions and descriptions of 'reportable incidents' (below).

We utilise the Every software, which is our Trust's Health and Safety accident and incident reporting software, to generate, attest and submit RIDDOR reports to the HSE.

Types of RIDDOR-reportable incidents

Death

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified Injuries to Workers

The list of 'specified injuries' in RIDDOR 2013 is as follows:

- 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 body; and/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; and/or, requires resuscitation or admittance to hospital for more than 24 hours.

Over Seven Day Medical Incapacitation of a Worker

Accidents must be reported, where they result in an employee being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

Over Three Day Medical Incapacitation of a Worker

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days.

Non-Fatal Accidents to Members of the Public (or non-Workers)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' (as described earlier in this Section).

Occupational Diseases

Employers must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include:

- carpal tunnel syndrome (CTS);
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Dangerous Occurrences

Dangerous occurrences are certain, specified, **near-miss** events, where a near-miss is defined by the HSE to be: *any event that doesn't lead to harm, but does have the potential to cause illness or injury*

Not all such events require reporting. Schedule 2 of Regulation 7 of the RIDDOR explains in great detail, the types of events which must be reported.

<https://www.legislation.gov.uk/uksi/2013/1471/schedule/2/made>

6. Next Review

The overarching Policy is to be reviewed the sooner of December 2024 or where there have been material changes to the relevant courses of business.

Academy level First Aid policies are shown in full in the appendices, stating separately the policy renewal date for each.

APPENDIX 1 – OLDHAM SIXTH FORM COLLEGE – FIRST AID POLICY



**Oldham Sixth Form College
First Aid Policy**

Contents

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1. Aims

The aims of our first aid policy are to:

- Ensure the health, safety and wellbeing of all staff, students 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 has been created in the context of the following guidance and legislation from the Department for Education;

- [First aid in schools](#)
- [Health and safety in schools](#)
- [Actions for schools during the coronavirus outbreak](#),

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 accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records

3. Roles and responsibilities

3.1. Appointed person(s) and first aiders

The College must complete and review a first aid risk assessment to help to identify and control risks related to first aid. The person with responsibility for completing and updating this risk assessment is the **Trust Head of Estates**. The risk assessment should be reviewed annually.

The College's Lead First Aiders are;

Joe Donnelly - Overall responsibility

Andrew Thorpe - Term time lead first aider

Gary Tune - Non-term time lead first aider

They are responsible for:

- Taking charge when someone becomes seriously ill or injured
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits

- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Ensure the first aid rota is regularly reviewed and updated
- Oversee first aid treatment more generally and support other first aiders wherever required
- Ensure that an **Every** incident is logged for every first aid or accident
- Complete **PLT Accident, Incident and Violence at Work (AIVI) Investigation form** when an incident that requires it takes place
- Complete RIDDOR reports in the absence of the Trust Head of Estates (following consultation with the Associate Principal)

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
- Sending pupils home to recover, where necessary
- Completing an **Every** incident report on the same day, or as soon as is reasonably practicable, after an incident
- Keeping their contact details up to date
- Where required, work with the Trust Head of Estates to complete **PLT Accident, Incident and Violence at Work Investigation(AIVI) form**

3.2 The Local Governing Body (LGB) and Trust Board

The Trust Board has ultimate responsibility for health and safety matters in the College, but delegates operational matters and day-to-day tasks to the Executive Principal, Associate Principal and staff members. The First Aid policy and associated reporting are monitored by both the LGB (who approve the policy) and the Audit and Risk Committee which receives regular Trust Health and Safety reports and reports into the Trust Board.

3.3 The Executive Principal

The Executive Principal (EP) has overall responsibility for implementing Health, Safety and Wellbeing practices across the Trust. The Executive Principal must ensure the Trust is compliant with legislation and that the Trust Board receives regular reports on health and safety matters, in order that the Trust Board members can review these.

In the context of this policy, the Executive Principal must:

- Ensure any external agencies are informed of RIDDOR reportable incidents
- Ensure that senior leaders are aware of the accident reporting procedure

3.4 Associate Principal

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

- Ensuring that an appropriate number of trained persons are present in the College at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- 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 pupils
- Reporting specified incidents RIDDOR to the HSE when necessary (see section 6)

3.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Ensuring they know how to contact a first aider
- Completing an Every incident log for all incidents they attend to where a first aider is not called for example; a near miss
- Informing the appointed person or their manager of any specific health conditions or first aid needs

4 First aid procedure

4.1 On-site procedures

In the event of any first aid incident;

- The closest member of staff present will assess the seriousness of the injury or illness and seek the assistance of a qualified first aider from the first aid rota, 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 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 pupil is too unwell to remain in College, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, a member of the admin team will contact parents immediately (*If a student receives treatment by the emergency services, a lead first aider must be notified*)
- The first aider or member of staff will complete an Every log on the same day or as soon as is reasonably practicable after an incident
- If the first aider believes that the patient may be at risk, they need to inform the designated safeguarding lead as soon as possible
- Where a student has sustained a head injury, a parent or guardian must be contacted and informed and a *Cedar* log created
- If a student is deemed to be too unwell to remain in College, a parent or guardian should be contacted and arrangements must be made to ensure that they can safely return home. This must also be logged on *Cedar*.
- Work with the Trust Head of Estates to ensure that a **PLT Accident, Incident and Violence at Work Investigation (AIVI) form** is completed

4.2 Off-site procedures

Prior to taking pupils off the premises, staff will ensure they always have the following:

- A College mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils

- Parents' contact details
- Risk assessments will be completed by the relevant member of staff prior to any educational visit that necessitates taking pupils off school premises. This risk assessment must take into consideration first aid provision, whether that be provided by the College or the visit location.

Procedure following an incident off-site;

- In the event that a student or member of staff becomes seriously ill or injured, a member of staff must inform the Associate Principal or Executive Principal
- An *Every* incident log must be created as soon as reasonably practicable following an incident
- Work with the Trust Head of Estates to ensure that a **PLT Accident, Incident and Violence at Work Investigation (AIVI) form** is completed
- Reassess the Risk trips risk assessment to ensure that it is suitable for similar future trips

4.3 Risk assessment

Each academy must complete and annually review a first aid risk assessment to help to identify and control risks related to first aid.

5 First aid equipment

A typical first aid kit in the College will include the following;

- A leaflet or book with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No personal medication is to be stored in first aid kits and MUST be kept in a locked cupboard or container.

First aid kits are stored in:

- First aid rooms
 - Main Building
 - Adj Room 30
 - Sport Centre
 - Adj Room 408
 - Duncan Lawton Building
 - Room 217
 - Regional Science Centre Oldham
 - Adj 322 (second floor)
- Minibuses
- Specified teaching and learning spaces

5.1 Medication

No medication is to be stored in first aid kits and should be kept in a locked cupboard or container and only administered by the person who it is prescribed to or a person who has been trained to administer the medication. **Please refer to the OSFC Medication Policy for further information**

6 Record-keeping and reporting

6.1 First aid and accident record book

- An *Every* incident log must be completed by the relevant person the same day or as soon as possible after a first aid incident
- As much detail as possible should be supplied when reporting an accident
- All accidents will be investigated by the appointed person(s)
- Records will be held by the Trust Head of Estates according to the following requirements:
 - Personal injury (aged 18+) – 4 years from the incident date (except for occupational disease where the record should be retained permanently or until any claim has been disposed of).
 - Personal injury (under 18s) – 4 years from the event or from attaining the age of majority (18 years), whichever is later
 - For students with SEND or safeguarding issues, records should be held for 7 years or until they reach the age of 25; whichever comes first.

6.2 Reporting to the HSE

The Trust Head of Estates will keep a record of any 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 Trust Head of Estates or appointed person will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
 - Any scalding 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to Trust 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

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

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

6.3 Notifying parents

The admin team will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

6.4 Reporting to child protection agencies

The Associate Principal will notify Oldham Borough Council of any serious accident or injury to, or the death of, a student while in the college's care.

7 Training

- Certain roles require that the postholder is first aid qualified and part of the first aid rota, which will necessitate regular refresher training
- All support staff are encouraged to become first aid trained and volunteer to be on the first aid rota.
- All first aiders that are on the rota must have completed an approved first aid at work 3-day training course, and must hold a valid certificate of competence to show this. The College will keep a register of all trained first aiders, what training they have received and when refresher training is required
- Staff should renew their training before it becomes invalid.
- Qualified first-aiders may not be necessary for all off-site activities and visits. However, a basic level of first aid support should be available at all times. This will require that one or more of the staff leading the activity:
 - Has a working knowledge of simple first aid and is competent to use the first aid materials carried with the group;
 - Knows how to access, and is able to access, qualified first aid support.

8 Monitoring arrangements

This policy will be reviewed by the Trust Head of Estates every three years unless a significant change to procedure occurs.

At every review, the policy will be approved by the Senior Leadership Team and ratified by the Local Governing Body (LGB).

9 Supporting Documentation

Additional information that supports this document can be found in these Trust/College policies and procedures;

- Pinnacle Learning Trust Procedure for Reporting Accidents, Incidents and Violence at Work
- Pinnacle Learning Trust Business Continuity Plan
- Oldham Sixth Form College Administering Medication Policy

APPENDIX 2 – THE HATHERSHAW COLLEGE – FIRST AID POLICY

Hathershaw College - First Aid Policy

Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, students 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

Legislation and guidance

This policy is based on advice from the Department for Education on [first aid in schools](#) and [health and safety 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 accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of students

Roles and responsibilities

Appointed person(s) and first aiders

Each academy must complete and review a first aid risk assessment to help to identify and control risks related to first aid. The person with responsibility for completing and updating this risk assessment is Ashley Travis, Vice Principal / Designated Safeguarding Lead.

The school's Lead First Aider is (Jacky Ellis – Hospitality Manager).

They are responsible for:

- Supporting colleagues and/or 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
- Ensuring that an ambulance or other professional medical help is summoned, when appropriate

First aiders are trained and qualified to carry out the role 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
- Sending students home, with Senior Leadership agreement, in order to recover (where necessary)
- Filling in a **minor injury notification slip** as soon as is reasonably practicable, after an incident (see the template in appendix 2). This slip **MUST** be passed on to the student to then give to parents/carers (parents/carers will have previously been notified of the incident and will be told to expect the notification slip with their child).
- For incidents that could reasonably have been avoided, a **Pinnacle Learning Trust Accident, Incident and Violence at Work Investigation (AIVI) form** will need to be completed on the same day, or as soon as is reasonably practicable, after an incident. This will be completed by

the first aider involved in the incident, with oversight of a Senior Leader. Incidents may include if someone trips over something and the trip hazard could have been removed earlier or if someone slips on a wet surface and the floor could have been dried or a wet floor sign could have/should have been displayed. (see the template in appendix 3)

- Keeping their contact details up to date

Our school's first aiders are listed in appendix 1. Their names are displayed on the College VLE and in the First Aid office.

Governance responsibilities

The Trust Board has ultimate responsibility for health and safety matters across the Trust, and the Local Governing Body (LGB) has responsibility for monitoring and oversight of these at individual academy level. The LGB delegates operational matters and day-to-day tasks to the Principal and staff members.

The Executive Principal

The Executive Principal (EP) has overall responsibility for implementing Health, Safety and Wellbeing practices across the Trust. The EP must ensure the Trust is compliant with legislation and that the Trust Board receives regular reports on health and safety matters, in order that the Trust Board members can review these.

In the context of this policy, the Executive Principal must:

- Ensure any external agencies are informed of RIDDOR reportable incidents.
- Ensure that senior leaders are aware of the accident reporting procedure.

Academy Principal

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

- Ensuring that an appropriate number of trained persons 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 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 students
- Reporting specified incidents to the HSE when necessary (see section on **Reporting to the HSE**)

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Ensuring they know how to contact a first aider
- Ensuring they pass on accurate information regarding the first aid incident to the first aider, so that the first aider can then complete the **minor injury notification slip** (see appendix 2) **and log this on Every.**
- Where required, working with Senior Leaders to complete a **PLT Accident, Incident and Violence at Work Investigation (AIVI) form** on the same day, or as soon as is reasonably practicable, after an incident (see appendix 3)
- Informing the appointed person or their manager of any specific health conditions or first aid needs

First aid procedure

On-site procedures

In the event of an accident resulting in a minor injury and/or illness:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, 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 scene until help arrives.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position.
- For a minor injury (where it is judged that a child is well enough), the First Aider will administer First Aid and record the injury and treatment. A minor injury notification slip will be completed and a log of the incident will be made on Every. Every is to be used for all first aid incidents that could not have reasonably been avoided. E.g. where a child twists their ankle in PE or falls over and injures themselves whilst playing at break time; whilst it could be argued that increased supervision might have avoided these, it could be argued that they may have occurred anyway.
- Where a child sustains a minor injury (eg. A cut/graze), parents/carers will be informed using a minor injury notification slip (See Appendix 2).
- ***Please note that when the accident/incident/injury involves either an 'Allergy/anaphylaxis', 'Choking incident', 'Diabetic episode/emergency', 'Fainting', 'Seizure', 'Signs of shock' and 'Sprain, strain, suspected fracture' this will be recorded on the Minor Injury notification slip (Appendix 2) AND the Pinnacle Learning Trust Accident, Incident and Violence at Work Investigation (AIVI) form on the same day, or as soon as is reasonably practicable, after the incident (see appendix 3) as they would be considered to be a significant incident.**
- If there are any uncertainties about whether an accident should be recorded on Every or through the AIVI protocols, Ryan Osbaldeston, Site Manager/Trust Deputy Estates Manager, will help to determine this. If unavailable, Ashley Travis, Vice Principal/Designated Safeguarding Lead (DSL) or Mark Giles, Principal, will decide this.
- Where a child sustains a head injury, parents/carers **MUST** be informed by phone (using the script in appendix 5.) **AND** by receiving the minor injury notification slip when the child returns home. If the child remains in school, the child's class teacher(s) **MUST** be informed that the child has sustained a head injury and to be extra vigilant. This procedure aims to ensure that the child is monitored for any signs of concussion and/or any other illness associated with head injuries. All head injuries should also be logged on Every.
- If the first aider judges that a student is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents/carer.
- **If the first aider believes that the patient may be at risk, they need to inform the designated safeguarding lead as soon as possible.**

In the event of an accident resulting in a MAJOR and/or suspected MAJOR injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, who will provide the required first aid treatment.
- The first aider, will then assess the injury and decide if further assistance is needed from a colleague or the emergency services. Additional staff who are First Aid at Work (FAAW) trained may be summoned to provide assistance, guidance and advice about what action should be taken.
- The first aider and/or FAAW will also decide whether the injured person should be moved or placed in a recovery position.
- **A member of SLT will be informed as soon as possible.**

- The First Aider will remain on scene until help arrives. *In the event that the First Aider needs to have contact with Ambulance services so that the Ambulance service/999 responder can give further advice and/or guidance.
 - **If emergency services are called, a member of the pastoral team will contact parents/carers immediately**
- If a call is made for an ambulance whether this is for an adult or students, this must be recorded in the ambulance log. The ambulance log is available as a hard copy book with the school receptionist. Even if an ambulance is requested and then cancelled, a record of this must be retained. Although the ambulance log is kept at reception, **the person phoning for it must complete the entry.**
- If the first aider judges that an injury is too serious for a child to remain in school, parents/carers will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents/carer.
- Where the First Aider recommends that the child is taken to hospital to have their condition assessed, an AIVI form (see Appendix 3), will be completed by the member(s) of staff who administered First Aid, any witnesses to the incident and details of the Principal/member of SLT investigation into the incident and First Aid administered.
 - **This form MUST be completed on the same day or as soon as is reasonably practicable after an incident resulting in an injury**
 - Details of the accident/incident must also be logged on the Every system, including attaching an electronic version of the form, in order that this can be assessed by the Trust Head of Estates/H&S (or Deputy in his absence)
 - The incident will then be reviewed by Trust Head of Estates/Deputy Head of Estates and reported to the HSE if the incident is RIDDOR reportable (see Record Keeping and Reporting section below)
- **If the first aider believes that the patient may be at risk, they need to inform the designated safeguarding lead as soon as possible**

Off-site procedures

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

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of students
- Parents' contact details

Risk assessments MUST be completed by the Visit/Trip Leader (usually the class teacher) prior to any educational visit that necessitates taking students off school premises. The Evolve system should be used as appropriate.

First aid equipment

A typical first aid kit in all Pinnacle Learning Trust academies will include the following;

- A leaflet or book with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is to be stored in first aid kits.

At Hathershaw College, First Aid kits are stored in:

- The First Aid office in Student Reception

- Sports Centre Reception
- Technology office

Medication in School

No medication is to be stored in first aid kits and should be kept in a locked cupboard or container and only administered by the person who it is prescribed to or a person who has been trained to administer the medication.

Please see the *Supporting Students with Medical Conditions Policy* for further details.

Record-keeping and reporting

Minor injury notification slips, Every Incident logs and completion of Trust AIVI forms

Minor incidents that require a Minor Injury notification slip and Every log but NOT an AIVI form include;

- *Sickness/illness- the student or staff member has remained in school or has been collected by a parent*
- *Sports, playground accidents or injuries caused by another person- the condition of the premises or equipment has not played any part in the incident - eg. two students run into one another in the playground.*
- *Pre-existing injuries or medical conditions that we have performed first aid on- i.e. redressing a cut*

Completion of an Every log AND Accident, Incident or Violence Investigation (AIVI) form is required when;

- *Sickness/illness- the student or member of staff has been taken to hospital in an ambulance.*
- *Sporting/playground - the condition of the premises or equipment has played a part in the incident. E.g. a student tripped over a piece of loose paving and cut their leg. This could also include whenever an incident has been caused by a lack of supervision.*
- *Other- any incident that has resulted in major injuries or RIDDOR reportable injuries.*
- *Violence- Any acts of violence that result in injuries.*
- *Any significant head injury.*

As much detail as possible should be supplied when reporting an accident

All accidents will be investigated by the appointed person(s). At The Hathershaw College, this is Ryan Osbaldeston (Site Manager/Trust Deputy Estates Manager) or Mark Giles (School Principal)

Records held on the Every system will be retained by the school and/or Pinnacle Learning Trust for a minimum of 3 years.

Reporting to the HSE

The Trust Head of Estates/H&S will keep a record of any 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 Trust Head of Estates/H&S will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
- Any scalding 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to Trust 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

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

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)
<http://www.hse.gov.uk/riddor/report.htm>

Reporting to Ofsted and child protection agencies

The Principal will notify the Executive Principal and Ofsted of any serious accident, illness or injury to, or death of, a student 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 Principal will also notify the Oldham Borough Council Health and Safety Team of any serious accident or injury to, or the death of, a student while in the school's care.

Training

All school staff who are willing to administer First Aid are able to undertake First Aid training, in line with the needs of the school.

All first aiders must have completed an approved Paediatric first aid (PFA) or first aid at work (FAW) 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. Staff are encouraged and supported to renew their training before it becomes invalid.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which should be updated at least every 3 years.

Monitoring arrangements

This policy will be reviewed by the Trust Head of Estates/H&S every year unless a significant change occurs.

At every review, the policy will be approved by the Chief Financial Officer and/or Trust Board if applicable.

The next review will be December 2024.

Appendix 1 - list of current first aiders

Staff Qualified in First Aid

| | |
|---|---------------------------|
| Jaqueline Ellis (Lead First Aider) | 07976 831 885 |
| Ryan Osbaldeston (Site Manager – Lead First Aider in the absence of Jacqueline Ellis) | 07807 673 083 |
| Andrea Oliver (Y7 Year Manager) | 07929 040 622 |
| Sharon Blundell (Y8 Year Manager) | 07966 502 531 |
| Anjum Raza / Lynne McAiney* (Y9 Year Manager) | 07776 306 901 |
| Janet Webb (Y11 Year Manager) | 07875 302 415 |
| Lynne McAiney* (RCC Manager) | 07776 306 901 / Ext. 8544 |

Other Staff Qualified in First Aid

- Gareth Barber
- Pam Budsworth
- Carol Davey
- Martina Hutton
- John Phelan
- Ashley Stewardson
- Dave Turner
- Patrick Harwood
- Christine Burnett
- Ashley Travis
- Pauline Matthews
- Haffsah Nazir
- Ben Nightingale
- Sarah Robinson
- James Morton
- Paul Davies
- Olenna Mokliak
- Martina Trivedi
- Paul Lomas

Appendix 2 - Minor injury notification slip for parents/carers

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|--|---|-------------------------------|-----------------------------------|-----------------------------------|---|----------------------------------|---|--|---|---|---|-----------------------------------|-----------------------------------|-----------------------------------|--|--------------------------------------|---|---|--|-------------------------------------|--|---|--|--|---|--|
| Organisation: | | Site/place: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of person treated: | | Date: | Time: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of incident (injury/illness): | | | Is there an injury to the head? YES / NO <input type="checkbox"/> Bump <input type="checkbox"/> Cut <input type="checkbox"/> Nosebleed <input checked="" type="checkbox"/> Bruise <input type="checkbox"/> Gräze <input type="checkbox"/> Signs of concussion | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tick all that apply: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Allergy/anaphylaxis</td> <td><input type="checkbox"/> Choking incident</td> <td><input type="checkbox"/> Rash</td> <td><input type="checkbox"/> Swelling</td> </tr> <tr> <td><input type="checkbox"/> Abrasion</td> <td><input type="checkbox"/> Diabetic episode/emergency</td> <td><input type="checkbox"/> Seizure</td> <td><input type="checkbox"/> Toothache/loose or missing tooth</td> </tr> <tr> <td><input type="checkbox"/> Asthma/airway sensitivity</td> <td><input type="checkbox"/> Dizziness/light headedness</td> <td><input type="checkbox"/> Signs of shock</td> <td><input type="checkbox"/> Vomiting/diarrhoea</td> </tr> <tr> <td><input type="checkbox"/> Bleeding</td> <td><input type="checkbox"/> Fainting</td> <td><input type="checkbox"/> Splinter</td> <td><input type="checkbox"/> Wet/soiled underwear/clothing</td> </tr> <tr> <td><input type="checkbox"/> Bump/bruise</td> <td><input type="checkbox"/> Fever/high temperature</td> <td><input type="checkbox"/> Sprain/strain/suspected fracture</td> <td rowspan="2"><input type="checkbox"/> Other (please state):</td> </tr> <tr> <td><input type="checkbox"/> Burn/scald</td> <td><input checked="" type="checkbox"/> Headache</td> <td><input type="checkbox"/> Stomach pain/upset</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Poisoning/bite/sting</td> <td><input type="checkbox"/> Suspected condition (e.g. chicken pox, meningitis)</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> Allergy/anaphylaxis | <input type="checkbox"/> Choking incident | <input type="checkbox"/> Rash | <input type="checkbox"/> Swelling | <input type="checkbox"/> Abrasion | <input type="checkbox"/> Diabetic episode/emergency | <input type="checkbox"/> Seizure | <input type="checkbox"/> Toothache/loose or missing tooth | <input type="checkbox"/> Asthma/airway sensitivity | <input type="checkbox"/> Dizziness/light headedness | <input type="checkbox"/> Signs of shock | <input type="checkbox"/> Vomiting/diarrhoea | <input type="checkbox"/> Bleeding | <input type="checkbox"/> Fainting | <input type="checkbox"/> Splinter | <input type="checkbox"/> Wet/soiled underwear/clothing | <input type="checkbox"/> Bump/bruise | <input type="checkbox"/> Fever/high temperature | <input type="checkbox"/> Sprain/strain/suspected fracture | <input type="checkbox"/> Other (please state): | <input type="checkbox"/> Burn/scald | <input checked="" type="checkbox"/> Headache | <input type="checkbox"/> Stomach pain/upset | | <input checked="" type="checkbox"/> Poisoning/bite/sting | <input type="checkbox"/> Suspected condition (e.g. chicken pox, meningitis) | |
| <input type="checkbox"/> Allergy/anaphylaxis | <input type="checkbox"/> Choking incident | <input type="checkbox"/> Rash | <input type="checkbox"/> Swelling | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Diabetic episode/emergency | <input type="checkbox"/> Seizure | <input type="checkbox"/> Toothache/loose or missing tooth | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Asthma/airway sensitivity | <input type="checkbox"/> Dizziness/light headedness | <input type="checkbox"/> Signs of shock | <input type="checkbox"/> Vomiting/diarrhoea | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Fainting | <input type="checkbox"/> Splinter | <input type="checkbox"/> Wet/soiled underwear/clothing | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Bump/bruise | <input type="checkbox"/> Fever/high temperature | <input type="checkbox"/> Sprain/strain/suspected fracture | <input type="checkbox"/> Other (please state): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Burn/scald | <input checked="" type="checkbox"/> Headache | <input type="checkbox"/> Stomach pain/upset | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> Poisoning/bite/sting | <input type="checkbox"/> Suspected condition (e.g. chicken pox, meningitis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical/emergency services contacted? | YES / NO | Details: | Further advice/treatment recommended? YES / NO Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What happened afterwards? e.g. parent/carer called, resumed normal activities: | | First aider's name: | First aider's signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Appendix 3 - PLT Accident, Incident and Violence at Work Investigation (AIVI) form



Accident, Incident and Violence at Work investigation (AIVI)

| | |
|---|---|
| Address of academy: | |
| Name of person completing form/investigating: | |
| Contact number: | |
| Email address: | |
| Person involved in incident information | |
| Name: | |
| Person Type: | <ul style="list-style-type: none"> ● Staff ● Student/Student ● Member of public ● Contractor ● Other - Please specify: |
| Student ID number: (if applicable) | |
| Email address: | |
| Accident details | |
| Accident report number (on Every once logged): | |
| Location of accident: | |
| Date of accident: | |
| Time of accident: | |
| Date reported: | |
| Who completed the HSE accident form (if applicable): | |

| | |
|--|---|
| Details of injury: | |
| Cause of Accident: <ul style="list-style-type: none"> • Slip, trip or fall on the same level • Sporting/playground accident • Caused by another person • Fall from height • Struck by moving object • Handling, lifting and carrying • Other (Please specify): | <i>Please give details:</i> |
| Statement from person who suffered accident: | |
| First aid required?: | <ul style="list-style-type: none"> • Yes • No |
| Details of treatment: | |
| Details of Witnesses: | |
| Witness 1 details and statement: Name: Address: Telephone Number: | Statement (attach separate document if appropriate): |
| Signed by (Witness 1): | |
| Witness 2 details and statement: Name: Address: Telephone Number: | Statement (attach separate document if appropriate): |
| Signed by (Witness 2): | |

| | |
|--|---|
| Did the person require hospital treatment?: | <ul style="list-style-type: none"> • Yes • No |
| What treatment did the person receive: | |
| Date returned to work/school/college: | |

| Incidents of Violence or Anti-Social Behaviour | |
|--|---|
| Location of incident: | |
| Date of incident: | |
| Time of incident: | |
| Date reported: | |
| Details of incident: | |
| Signed by (person completing above section): | |
| Statement from victim: | |
| Signed by (victim): | |
| Type of incident: <ul style="list-style-type: none"> • <i>Physical injury</i> • <i>Threatening behaviour</i> • <i>Verbal abuse</i> • <i>Hate incident</i> • <i>Other</i> | <i>Details of incident:</i> |
| Details of Witnesses: | |
| Witness 1 details and statement: Name: Address: Telephone Number: | Statement (attach separate document if appropriate): |
| Signed by (Witness 1): | |

| | |
|--|---|
| Witness 2 details and statement: Name: Address: Telephone Number: | Statement (attach separate document if appropriate): |
| Signed by (Witness 2): | |
| Did the victim require first aid treatment? | <ul style="list-style-type: none"> • Yes • No <p><i>If yes, give details;</i></p> |
| Have the Police attended the site? | <ul style="list-style-type: none"> • Yes • No <p><i>If yes, give details;</i></p> |
| Details of alleged offender: <i>If available</i> | Name: School or College information (<i>if a member of own academy</i>) <i>Address/contact details (if available):</i> |

| |
|---|
| Investigators actions |
| Did the injured go to hospital directly from the site? <ul style="list-style-type: none"> • Yes • No If Yes, did the injured person return back to work, on the same day? |
| Did the injured person continue to work? <ul style="list-style-type: none"> • Yes • No If no, what is the expected date of return? |
| Was a Risk Assessment in place for the activity being carried out? If no, ensure a Risk Assessment is complete for this activity for future use. If yes, ensure Risk Assessment is reviewed. |
| Were photographs taken at the time of the incident? <ul style="list-style-type: none"> • Yes • No <p><i>If yes, please attach to the returned document.</i></p> |
| Was CCTV available at the time of the incident? <ul style="list-style-type: none"> • Yes • No |

| | |
|--|--|
| Has the Trust Head of Estates or Deputy Trust Head of Estates attended the site? <ul style="list-style-type: none"> • Yes • No | |
| Statement from investigator: <i>Give information on the location and how it has been inspected. Give information from any evidence that has been collected. Witness statements, images, CCTV etc.</i> <i>Give information as to what remedial action has been completed. How and when was this work completed?</i> <i>Give information as to whether or there is, an identified change of process that could help minimise the risk of this happening again?</i> | Example (PLEASE DELETE) <i>The incident took place on the main stairwell in the school at 9:30 and was immediately inspected by the Site Team once they had been notified by the first aider. It was found that the floor was wet and could have contributed to this incident. No wet floor sign had been present.</i> <i>There were multiple witnesses that gave statements to suggest that the victim had slipped and fallen onto their back from a coffee spillage whilst coming down the stairs. No images or CCTV of the incident were available.</i> <i>A wet floor sign was immediately placed to warn of further danger and a housekeeper was called to ensure that the stairs were safe.</i> <i>Staff have now been asked to ensure they have a wet floor sign out if they cause or see a spillage and inform the housekeeper, site team or admin office of the potential danger.</i> <i>Incidents of this nature could be minimised with the purchase of lidded mugs.</i> <i>Incidents of a similar nature could be avoided if there were a staff kitchen on the 1st floor of the building.</i> |
| Signed by (investigator): | |
| RIDDOR Reportable? | <ul style="list-style-type: none"> • Yes • No |
| Details of any remedial actions required: | |
| Date of investigation report: | |

Appendix 4- list of injuries, diseases and dangerous occurrences that should be reported under the Report of Injuries, Diseases and Dangerous Occurrences Regulation 2013

1. Death
2. Major injuries

- 2.1. Bone fractures (Exempt fingers, thumbs and toes)
 - 2.2. Amputation of arm, hand, finger, thumb, leg, foot or toe
 - 2.3. Any injury causing permanent blinding or reduction in sight to one or both eyes
 - 2.4. Any crush injury to the head or torso causing damage to the brain or internal organs
 - 2.5. Any burn injury covering more than 10% of the body or causing damage to the eyes, respiratory system or vital organs
 - 2.6. Any scalping requiring hospital treatment
 - 2.7. Loss of consciousness caused by a head injury or asphyxia
 - 2.8. Any injury from work in an enclosed space leading to hypothermia or heat-induced illness, or requiring resuscitation or admittance to hospital for more than 24 hours
3. **Over 7 day injuries** i.e. Injuries that require the person to have more than 7 days away from college or work.
4. **Injuries to members of the public**
5. **Reportable diseases**
- 5.1. Carpal tunnel syndrome
 - 5.2. Occupational cramp to hands and forearms
 - 5.3. Occupational dermatitis
 - 5.4. Hand arm vibration syndrome
 - 5.5. Occupational asthma
 - 5.6. Occupational tendonitis
 - 5.7. Occupational cancers
 - 5.8. Any diseases related to occupational biological agents
6. **Reportable dangerous occurrences**
- 6.1. Collapse or overturning of lifting equipment
 - 6.2. Contact with overhead line
 - 6.3. Electrical incidents causing fire, explosion or the stoppage of plant for over 24 hours
 - 6.4. Unintentional explosion
 - 6.5. The release of dangerous biological agents
 - 6.6. The malfunction of radiation generators and radiography equipment
 - 6.7. Malfunction of breathing apparatus causing risk to personal health
 - 6.8. The collapse of scaffolding

Appendix 5 - Script used to inform parents/carers of their child sustaining a head injury

Your child <INSERT CHILD'S NAME> in Class bumped their head today at <INSERT TIME OF INCIDENT>

Over the next few days, please look out for the following signs and symptoms of a head injury:

- Headaches
- Nausea (feeling sick)

- Vomiting
- Increased drowsiness (feeling sleepy)
- Dizziness
- Visual problems
- Speech problems
- Weaknesses in arms/legs
- Bleeding or fluid from the ear or nose
- Seizures or confusion

If you notice any of the above, please seek medical advice immediately. The NHS helpline number is 111.

APPENDIX 3 – WERNETH PRIMARY SCHOOL – FIRST AID POLICY

Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils 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

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](#), 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 accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

Roles and responsibilities

Appointed person(s) and first aiders

Each academy must complete and review a first aid risk assessment to help to identify and control risks related to first aid. The person with responsibility for completing and updating this risk assessment is Jonathan Bell (Principal)

The school's Lead First Aiders are Allan Woodruff (Site Manager) and Shazia Shah (Administrative Officer in the Office Team).

They are responsible for:

- Supporting colleagues and/or 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 (Allan and Shazia will be supported in this by Paul Greenwood, who will monitor and place orders to replenish the contents of the First Aid kits in school)
- Ensuring that an ambulance or other professional medical help is summoned, when appropriate

First aiders are trained and qualified to carry out the role 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
- Sending pupils home to recover, where necessary
- Filling in a **minor injury notification slip** as soon as is reasonably practicable, after an incident (see the template in appendix 2). This slip **MUST** be passed on to the child's teacher so that the information can be shared with parents/carer.
- Working with Senior Leaders to complete a **Pinnacle Learning Trust Accident, Incident and Violence at Work Investigation (AIVI) form** on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 3)
- Keeping their contact details up to date

Our school's first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

Governance responsibilities

The Trust Board has ultimate responsibility for health and safety matters across the Trust, and the Local Governing Body (LGB) has responsibility for monitoring and oversight of these at individual academy level. The LGB delegates operational matters and day-to-day tasks to the Principal and staff members.

The Executive Principal

The Executive Principal (EP) has overall responsibility for implementing Health, Safety and Wellbeing practices across the Trust. The EP must ensure the Trust is compliant with legislation and that the Trust Board receives regular reports on health and safety matters, in order that the Trust Board members can review these.

In the context of this policy, the Executive Principal must:

- Ensure any external agencies are informed of RIDDOR reportable incidents.
- Ensure that senior leaders are aware of the accident reporting procedure.

Academy Principal

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

- Ensuring that an appropriate number of trained persons 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 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 pupils
- Reporting specified incidents to the HSE when necessary (see section on **Reporting to the HSE**)

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Ensuring they know how to contact a first aider
- Completing **minor injury notification slip** (see appendix 2) for all incidents they attend to where a first aider is not called
- If first aid is administered, the first aider should complete the **minor injury notification slip and log this on Every.**
- Where required, working with Senior Leaders to complete a **PLT Accident, Incident and Violence at Work Investigation (AIVI) form** on the same day, or as soon as is reasonably practicable, after an incident (see appendix 3)
- Informing the appointed person or their manager of any specific health conditions or first aid needs

First aid procedure

On-site procedures

In the event of an accident resulting in a minor injury and/or illness:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, 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 scene until help arrives.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position.

- For a minor injury (where it is judged that a child is well enough), the First Aider will administer First Aid and record the injury and treatment (using the forms in the appendices as appropriate, and logging the incident on Every).
- Where a child sustains a minor injury (Eg. A cut/graze), parents/carers will be informed using a minor injury notification slip (See Appendix 2).
- ***Please note that when the accident/incident/injury involves either an 'Allergy/anaphylaxis', 'Choking incident', 'Diabetic episode/emergency', 'Fainting', 'Seizure', 'Signs of shock' and 'Sprain, strain, suspected fracture' this will be recorded on the Minor Injury form (Appendix 2) AND the Pinnacle Learning Trust Accident, Incident and Violence at Work Investigation (AIVI) form on the same day, or as soon as is reasonably practicable, after the incident (see appendix 3) form because they would be considered to be a major incident.**
- Where a child sustains a head injury, parents/carers MUST be informed by phone AND by the minor injury notification slip. The child's class teacher and/or the person who is teaching the class (Eg. External sports coaches, PPA teachers) MUST also be informed that the child has sustained a head injury. This procedure aims to ensure that the child is monitored for any signs of concussion and/or any other illness associated with head injuries. ALL staff making phone calls regarding a head injury MUST use the script, as seen in Appendix 4). All head injuries should also be logged on Every.
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents/carers.
- **If the first aider believes that the patient may be at risk, they need to inform the designated safeguarding lead as soon as possible.**

In the event of an accident resulting in a major and/or suspected major injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, 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. Staff who are First Aid trained may be summoned to provide assistance, guidance and advice about what action should be taken.
- The first aider and/or FAWW will also decide whether the injured person should be moved or placed in a recovery position.
- **A member of SLT will be informed as soon as possible.**
- The First Aider will remain on scene until help arrives. *In the event that the First Aider needs to have contact with Ambulance services, a mobile phone will be provided by other members of staff so that the Ambulance service/999 responder can give further advice and/or guidance.
 - **If emergency services are called, a member of the Office team will contact parents/carers immediately**
- If the first aider judges that an injury is too serious for a child to remain in school, 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.
- Where the First Aider recommends that the child is taken to hospital to have their condition assessed, **an AIVI form see Appendix 3** will be completed by the member(s) of staff who administered First Aid, any witnesses to the incident and details of the Principal/member of SLT investigation into the incident and First Aid administered.
 - **This form MUST be completed on the same day or as soon as is reasonably practicable after an incident resulting in an injury**
 - Details of the accident/incident must also be logged on the *Every* system, including attaching an electronic version of the form, in order that this can be assessed by the Trust Head of Estates/H&S (or Deputy in his absence)
 - The incident will then be reviewed by Trust Head of Estates/Deputy Head of Estates and reported to the HSE if the incident is RIDDOR reportable (see Record Keeping and Reporting section below)
- **If the first aider believes that the patient may be at risk, they need to inform the designated safeguarding lead as soon as possible**

Off-site procedures

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

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments MUST be completed by the Visit/Trip Leader (usually the class teacher) prior to any educational visit that necessitates taking pupils off school premises. The Evolve system should be used as appropriate.

First aid equipment

A typical first aid kit in all Pinnacle Learning Trust academies will include the following;

- A leaflet or book with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is to be stored in first aid kits and should be kept in a locked cupboard or container.

At Werneth Primary School, First Aid kits are stored in:

- In EYFS class room first aid boxes
- In Key Stage 1 cupboard in the main KS1 area
- In Key Stage 2 cupboard behind the piano near 6B
- Surplus stock is stored in the staff room

Medication in School

No medication is to be stored in first aid kits and should be kept in a locked cupboard or container and only administered by the person who it is prescribed to or a person who has been trained to administer the medication.

Please see the *Supporting Pupils with Medical Conditions Policy* for further details.

Record-keeping and reporting

Minor injury notification slips, Every Incident logs and completion of Trust AIVI forms

Minor incidents that require a notification slip and Every log but not an AIVI form include;

- *Sickness/illness- the pupil or staff member has remained in school or has been collected by a parent*
- *Sports, playground accidents or injuries caused by another person- the condition of the premises or equipment has not played any part in the incident - eg. two pupils run into one another in the playground.*
- *Pre-existing injuries or medical conditions that we have performed first aid on- i.e. redressing a cut*

Completion of an *Every log* and Accident, Incident or Violence Investigation (AIVI) form is required when;

- *Sickness/illness- the pupil or member of staff has been taken to hospital in an ambulance.*
- *Sporting/playground - the condition of the premises or equipment has played a part in the incident. E.g. a pupil tripped over a piece of loose paving and cut their leg. This could also include whenever an incident has been caused by a lack of supervision.*
- *Other- any incident that has resulted in major injuries or RIDDOR reportable injuries.*
- *Violence- Any acts of violence that result in injuries.*
- *Any significant head injury.*

The Pinnacle Learning Trust – First Aid Policy

As much detail as possible should be supplied when reporting an accident
All accidents will be investigated by the appointed person(s). At Werneth Primary School, this is Tracey Hollamby (Officer Manager) or Jonathan Bell (School Principal)

Records held on the Every system will be retained by the school and/or Pinnacle Learning Trust for a minimum of 3 years.

Reporting to the HSE

The Trust Head of Estates/H&S will keep a record of any 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 Trust Head of Estates/H&S will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
- Any scalding 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to Trust 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

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

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

Reporting to Ofsted and child protection agencies

The Principal will notify the Executive Principal and Ofsted of any serious accident, illness or injury to, or death of, a pupil 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 Principal will also notify the Oldham Borough Council Health and Safety Team of any serious accident or injury to, or the death of, a pupil while in the school's care.

Training

All school staff who are willing to administer First Aid are able to undertake First Aid training, in line with the needs of the school.

All first aiders must have completed an approved Paediatric first aid (PFA) or first aid at work (FAW) 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. Staff are encouraged and supported to renew their training before it becomes invalid.

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 and is updated at least every 3 years.

Monitoring arrangements

This policy will be reviewed by the Trust Head of Estates/H&S every year unless a significant change occurs.

At every review, the policy will be approved by the Chief Financial Officer and/or Trust Board if applicable

Appendix 1 - list of current first aiders (Correct as January 2022)

| Name | Course taken |
|---------------------|-----------------------------|
| Sara Lang | Paediatric First Aid |
| Assia Parveen | Paediatric First Aid |
| Humaira Ali | Paediatric First Aid |
| Rafi Khanom | Paediatric First Aid |
| Fauzia Iqbal | Paediatric First Aid |
| Diane Wolstenholme | Paediatric First Aid |
| Katy Gregory | Paediatric First Aid |
| Danielle Singleton | Paediatric First Aid |
| Katie Moores | Paediatric First Aid |
| Nazma Choudhury | Paediatric First Aid |
| Asma Ejaz | Paediatric First Aid |
| Samreen Akhtar | Paediatric First Aid |
| Vicki Lucas | Paediatric First Aid |
| Hannah Wolstenholme | Paediatric First Aid |
| Nazmeen Kousar | Paediatric First Aid |
| Arshad Mackmood | Paediatric First Aid |
| Paul Greenwood | Emergency First Aid at Work |
| Claire Entwistle | Emergency First Aid at Work |
| Shabana Nawaz | Emergency First Aid at Work |
| Sayada Begum | Emergency First Aid at Work |
| Nasim Yousaf | Emergency First Aid at Work |
| Rekha Chauhan | Emergency First Aid at Work |
| Tasneem Saghir | Emergency First Aid at Work |
| Forida Begum | Emergency First Aid at Work |
| Nargis Begum | Emergency First Aid at Work |
| Khudeja Begum | Emergency First Aid at Work |
| Allan Woodruff | First Aid at Work |
| Shazia Shah | First Aid at Work |

Appendix 2 - Minor accident/injury record and parent/carer notification slip

| | | | |
|---|----------|---|---|
| Organisation: | | Site/place: | |
| Name of person treated: | | Date: | Time: |
| Description of incident (injury/illness): | | Is there an injury to the head? YES / NO <input type="checkbox"/> Bump <input type="checkbox"/> Cut <input type="checkbox"/> Nosebleed <input type="checkbox"/> Bruise <input type="checkbox"/> Graze <input type="checkbox"/> Signs of concussion | |
| Tick all that apply: <input type="checkbox"/> Allergy/anaphylaxis <input type="checkbox"/> Abrasion <input type="checkbox"/> Asthma/airway sensitivity <input type="checkbox"/> Bleeding <input type="checkbox"/> Bump/bruise <input type="checkbox"/> Burn/scald | | <input type="checkbox"/> Choking incident <input type="checkbox"/> Diabetic episode/emergency <input type="checkbox"/> Dizziness/light headedness <input type="checkbox"/> Fainting <input type="checkbox"/> Fever/high temperature <input checked="" type="checkbox"/> Headache <input checked="" type="checkbox"/> Poisoning/bite/sting | <input type="checkbox"/> Rash <input type="checkbox"/> Seizure <input type="checkbox"/> Signs of shock <input type="checkbox"/> Splinter <input type="checkbox"/> Sprain/strain/suspected fracture <input checked="" type="checkbox"/> Stomach pain/upset <input type="checkbox"/> Suspected condition (e.g. chicken pox, meningitis) |
| Treatment details: | | <input type="checkbox"/> Swelling <input type="checkbox"/> Toothache/loose or missing tooth <input type="checkbox"/> Vomiting/diarrhoea <input type="checkbox"/> Wet/soiled underwear/clothing <input type="checkbox"/> Other (please state): | |
| Medical/emergency services contacted? | YES / NO | Details: | Further advice/treatment recommended? YES / NO |
| What happened afterwards? e.g. parent/carer called, resumed normal activities: | | First aider's name: | First aider's signature: |

FIRST AID RECORD BOOK FA/DL100/NCR/V2 © First Aid Forms 2014. All rights reserved. www.firstaidforms.co.uk TO REORDER E: info@firstaidforms.co.uk

***Please note that when the accident/incident/injury involves either an ‘Allergy/anaphylaxis’, ‘Choking incident’, ‘Diabetic episode/emergency’, ‘Fainting’, ‘Seizure’, ‘Signs of shock’ and ‘Sprain, strain, suspected fracture’ this will be recorded on the Minor Injury form (Appendix 2) AND the Pinnacle Learning Trust Accident, Incident and Violence at Work Investigation (AIVI) form on the same day, or as soon as is reasonably practicable, after the incident (see the template in appendix 3) form because they would be considered to be a major incident.**



Accident, Incident and Violence at Work investigation (AIVI)

| | |
|---|---|
| Address of academy: | |
| Name of person completing form/investigating: | |
| Contact number: | |
| Email address: | |
| Person involved in incident information | |
| Name: | |
| Person Type: | <ul style="list-style-type: none"> Staff Pupil/Student Member of public Contractor Other - Please specify: |
| Student ID number: (if applicable) | |
| Email address: | |
| Accident details | |
| Accident report number (on Every once logged): | |
| Location of accident: | |
| Date of accident: | |
| Time of accident: | |

| | |
|---|---|
| Date reported: | |
| Who completed the HSE accident form (if applicable): | |
| Details of injury: | |
| Cause of Accident: <ul style="list-style-type: none"> ● <i>Slip, trip or fall on the same level</i> ● <i>Sporting/playground accident</i> ● <i>Caused by another person</i> ● <i>Fall from height</i> ● <i>Struck by moving object</i> ● <i>Handling, lifting and carrying</i> ● <i>Other (Please specify):</i> | <i>Please give details:</i> |
| Statement from person who suffered accident: | |
| First aid required?: | <ul style="list-style-type: none"> ● Yes ● No |

| | |
|--|---|
| Details of treatment: | |
| Details of Witnesses: | |
| Witness 1 details and statement: Name: Address: Telephone Number: | Statement (attach separate document if appropriate): |
| Signed by (Witness 1): | |
| Witness 2 details and statement: Name: Address: Telephone Number: | Statement (attach separate document if appropriate): |
| Signed by (Witness 2): | |
| Did the person require hospital treatment?: | <ul style="list-style-type: none"> • Yes • No |
| What treatment did the person receive: | |

| | |
|--|--|
| Date returned to work/school/college: | |
|--|--|

| Incidents of Violence or Anti-Social Behaviour | |
|--|---|
| Location of incident: | |
| Date of incident: | |
| Time of incident: | |
| Date reported: | |
| Details of incident: | |
| Signed by (person completing above section): | |
| Statement from victim: | |
| Signed by (victim): | |
| Type of incident: <ul style="list-style-type: none"> ● <i>Physical injury</i> ● <i>Threatening behaviour</i> ● <i>Verbal abuse</i> ● <i>Hate incident</i> ● <i>Other</i> | <i>Details of incident:</i> |
| Details of Witnesses: | |
| Witness 1 details and statement: Name: Address: Telephone Number: | Statement (attach separate document if appropriate): |

| | |
|--|---|
| Signed by (Witness 1): | |
| Witness 2 details and statement: Name: Address: Telephone Number: | Statement (attach separate document if appropriate): |
| Signed by (Witness 2): | |
| Did the victim require first aid treatment? | <ul style="list-style-type: none"> • Yes • No <p><i>If yes, give details;</i></p> |
| Have the Police attended the site? | <ul style="list-style-type: none"> • Yes • No <p><i>If yes, give details;</i></p> |
| Details of alleged offender: <i>If available</i> | Name: School or College information (if a member of own academy) Address/contact details (if available): |

Investigators actions

Did the injured go to hospital directly from the site?

- Yes
- No

If Yes, did the injured person return back to work, on the same day?

Did the injured person continue to work?

- Yes
- No

| | |
|--|--|
| If no, what is the expected date of return? | |
| Was a Risk Assessment in place for the activity being carried out? If no, ensure a Risk Assessment is complete for this activity for future use. If yes, ensure Risk Assessment is reviewed. | |
| Were photographs taken at the time of the incident? <ul style="list-style-type: none"> • Yes • No <i>If yes, please attach to the returned document.</i> | |
| Was CCTV available at the time of the incident? <ul style="list-style-type: none"> • Yes • No | |
| Has the Trust Head of Estates or Deputy Trust Head of Estates attended the site? <ul style="list-style-type: none"> • Yes • No | |
| <p>Statement from investigator:</p> <p><i>Give information on the location and how it has been inspected.</i></p> <p><i>Give information from any evidence that has been collected. Witness statements, images, CCTV etc.</i></p> <p><i>Give information as to what remedial action has been completed. How and when was this work completed?</i></p> <p><i>Give information as to whether or there is an identified change of process that could help minimise the risk of this happening again?</i></p> | <p>Example (PLEASE DELETE)</p> <p><i>The incident took place on the main stairwell in the school at 9:30 and was immediately inspected by the Site Team once they had been notified by the first aider. It was found that the floor was wet and could have contributed to this incident. No wet floor sign had been present.</i></p> <p><i>There were multiple witnesses that gave statements to suggest that the victim had slipped and fallen onto their back from a coffee spillage whilst coming down the stairs. No images or CCTV of the incident were available.</i></p> <p><i>A wet floor sign was immediately placed to warn of further danger and a housekeeper was called to ensure that the stairs were safe.</i></p> <p><i>Staff have now been asked to ensure they have a wet floor sign out if they cause or see a spillage and inform the housekeeper, site team or admin office of the potential danger.</i></p> <p><i>Incidents of this nature could be minimised with the purchase of lidded mugs.</i></p> <p><i>Incidents of a similar nature could be avoided if there were a staff kitchen on the 1st floor of the building.</i></p> |
| Signed by (investigator): | |

| | |
|--|---|
| RIDDOR Reportable? | <ul style="list-style-type: none"> • Yes • No |
| Details of any remedial actions required: | |
| Date of investigation report: | |

Appendix 4- list of injuries, diseases and dangerous occurrences that should be reported under the Report of Injuries, Diseases and Dangerous Occurrences Regulation 2013

- 1. Death**
- 2. Major injuries**
 - 2.1. Bone fractures (Exempt fingers, thumbs and toes)
 - 2.2. Amputation of arm, hand, finger, thumb, leg, foot or toe
 - 2.3. Any injury causing permanent blinding or reduction in sight to one or both eyes
 - 2.4. Any crush injury to the head or torso causing damage to the brain or internal organs
 - 2.5. Any burn injury covering more than 10% of the body or causing damage to the eyes, respiratory system or vital organs
 - 2.6. Any scalping requiring hospital treatment
 - 2.7. Loss of consciousness caused by a head injury or asphyxia
 - 2.8. Any injury from work in an enclosed space leading to hypothermia or heat-induced illness, or requiring resuscitation or admittance to hospital for more than 24 hours
- 3. Over 7 day injuries** i.e. Injuries that require the person to have more than 7 days away from college or work.
- 4. Injuries to members of the public**
- 5. Reportable diseases**
 - 5.1. Carpal tunnel syndrome
 - 5.2. Occupational cramp to hands and forearms
 - 5.3. Occupational dermatitis
 - 5.4. Hand arm vibration syndrome
 - 5.5. Occupational asthma
 - 5.6. Occupational tendonitis
 - 5.7. Occupational cancers
 - 5.8. Any diseases related to occupational biological agents
- 6. Reportable dangerous occurrences**
 - 6.1. Collapse or overturning of lifting equipment
 - 6.2. Contact with overhead line
 - 6.3. Electrical incidents causing fire, explosion or the stoppage of plant for over 24 hours

- 6.4. Unintentional explosion
- 6.5. The release of dangerous biological agents
- 6.6. The malfunction of radiation generators and radiography equipment
- 6.7. Malfunction of breathing apparatus causing risk to personal health
- 6.8. The collapse of scaffolding

Appendix 5- Script used to inform parents/carers of their child sustaining a head injury

Your child <INSERT CHILD'S NAME> in Class bumped their head today at <INSERT TIME OF INCIDENT>

Over the next few days, please look out for the following signs and symptoms of a head injury:

- Headaches
- Nausea (feeling sick)
- Vomiting
- Increased drowsiness (feeling sleepy)
- Dizziness
- Visual problems
- Speech problems
- Weaknesses in arms/legs
- Bleeding or fluid from the ear or nose
- Seizures or confusion

If you notice any of the above, please seek medical advice immediately. The NHS helpline number is 111.

Broadfield Primary School First Aid Policy

Broadfield Primary School Values and Visions

Whilst at Broadfield we will work hard to demonstrate the values of:

Belief
Respect
Our community
Aspiration
Diversity
Friendship
Inclusion
Equality
Learning
Determination

In line with our mission statement: **'Together we can achieve'**

Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils 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

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](#), 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 accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

Roles and responsibilities

Appointed person(s) and first aiders

Each academy must complete and review a first aid risk assessment to help to identify and control risks related to first aid. The person with responsibility for completing and updating this risk assessment is Elizabeth Moran (Principal)

The school's Lead First Aiders' are Diane Brown (Business Manager), Caroline Doherty (Receptionist) and Retno Fawley (Administrator)

They are responsible for:

- Supporting Colleagues and/or 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 – the day to day responsibility for this lies with the school receptionist
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role 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
- Sending pupils home to recover, where necessary
- Filling in an 'accident/incident/illness report slip' on the same day, or as soon as is reasonably practicable, after an incident
- Working with Senior Leaders to complete a **Pinnacle Learning Trust Accident, Incident and Violence at Work Investigation (AIVI) form** on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 3)
- Keeping their contact details up to date

Our school's First Aiders are listed in Appendix 1; their names are also displayed prominently around the school.

All Nursery and Acorns staff will undertake Paediatric First Aid Training within 3 months of joining the Nursery Team (in accordance with current guidelines and to be included in ratios).

Governance responsibilities

The Trust Board has ultimate responsibility for health and safety matters across the Trust, and the Local Governing Body (LGB) has responsibility for monitoring and oversight of these at individual academy level. The LGB delegates operational matters and day-to-day tasks to the Principal and staff members.

The Executive Principal

The Executive Principal (EP) has overall responsibility for implementing Health, Safety and Wellbeing practices across the Trust. The EP must ensure the Trust is compliant with legislation and that the Trust Board receives regular reports on health and safety matters, in order that the Trust Board members can review these.

In the context of this policy, the Executive Principal must:

- Ensure any external agencies are informed of RIDDOR reportable incidents.

- Ensure that senior leaders are aware of the accident reporting procedure.

Academy Principal

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

- Ensuring that an appropriate number of trained persons 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 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 pupils
- Reporting specified incidents to the HSE when necessary (see section on **Reporting to the HSE**)

Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Ensuring they know how to contact a first aider
- Completing the 'accident/incident/illness' report slip (see appendix 2) for all incidents they attend to where a first aider is not called
- If first aid is administered, the first aider should complete the **'accident/incident/illness report slip' and log the incident on Every.**
- Where required, working with Senior Leaders to complete a **PLT Accident, Incident and Violence at Work Investigation (AIVI) form** on the same day, or as soon as is reasonably practicable, after an incident (see appendix 3)
- Informing the appointed person or their manager of any specific health conditions or first aid needs that they may have

On-site procedures

In the event of an 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.
- Where a child sustains a minor injury (Eg. A cut/graze), parents/carers will be informed using the 'accident/incident/illness report slip' (See Appendix 2).
- For a minor injury (where it is judged that a child is well enough), the First Aider will administer First Aid and record the injury and treatment (using the forms in the appendices as appropriate, and logging the incident on Every).
- 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 administer any emergency medicine as required in accordance with the child's Medical Healthcare Plan.
- 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 pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
- If emergency services are called, the office staff will contact parents immediately.
- The first aider will complete an accident report form on the same day or as soon as is reasonably practicable after an incident resulting in an injury.

***Please note that when the accident/incident/injury involves either an 'Allergy/anaphylaxis', 'Choking incident', 'Diabetic episode/emergency', 'Fainting', 'Seizure', 'Signs of shock' and 'Sprain, strain, suspected fracture' this will be recorded on the 'accident/incident/illness report slip' (Appendix 2) AND the Pinnacle Learning Trust Accident, Incident and Violence at Work Investigation (AIVI) form on the same day, or as soon as is reasonably practicable, after the incident (see appendix 3) because they would be considered to be a major incident.**

- Where a child sustains a head injury, parents/carers MUST be informed by phone AND by the 'accident/incident/illness report slip'. The child's class teacher and/or the person who is teaching the class (Eg. External sports coaches, PPA teachers) **MUST** also be informed that the child has sustained a head injury. This procedure aims to ensure that the child is monitored for any signs of concussion and/or any other illness associated with head injuries. ALL staff making phone calls regarding a head injury MUST use the script, as seen in Appendix 4). All head injuries should also be logged on Every.
- **If the first aider believes that the patient may be at risk, they need to inform the designated safeguarding lead as soon as possible.**

In the event of an accident resulting in a major and/or suspected major injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, who will provide the required first aid treatment.
- The first aider will assess the injury and decide if further assistance is needed from a colleague or the emergency services. Staff who are First Aid trained may be summoned to provide assistance, guidance and advice about what action should be taken.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position.
- **A member of SLT will be informed as soon as possible.**
- The first aider will remain on scene until help arrives. *In the event that the First Aider needs to have contact with Ambulance services, a mobile phone will be provided by other members of staff so that the Ambulance service/999 responder can give further advice and/or guidance.
- **If emergency services are called, a member of the Office team will contact parents/carers immediately**
- If the first aider judges that an injury is too serious for a child to remain in school, parents/carers will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents/carer.
- Where the first aider recommends that the child is taken to hospital to have their condition assessed, **an AIVI form see Appendix 3** will be completed by the member(s) of staff who administered first aid, any witnesses to the incident and details of the Principal/member of SLT investigation into the incident and first aid administered.

- **This form MUST be completed on the same day or as soon as is reasonably practicable after an incident resulting in an injury.**
- Details of the accident/incident must also be logged on the *Every* system, including attaching an electronic version of the form, in order that this can be assessed by the Trust Head of Estates/H&S (or Deputy in his absence).
- The incident will then be reviewed by Trust Head of Estates/Deputy Head of Estates and reported to the HSE if the incident is RIDDOR reportable (see Record Keeping and Reporting section below)
- **If the first aider believes that the patient may be at risk, they need to inform the designated safeguarding lead as soon as possible**

Off-site procedures

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

- A school mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Parents' contact details

Risk assessments MUST be completed by the Visit/Trip Leader (usually the class teacher) prior to any educational visit that necessitates taking pupils off school premises. The Evolve system should be used as appropriate.

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

First aid equipment

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

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits – medication will be securely stored in accordance with a child's Medical Healthcare Plan.

First aid kits are stored in:

- The office
- Each class
- Portable first aid kit is available from the office

Medication in School

No medication is to be stored in first aid kits and should be kept in a locked cupboard or container and only administered by the person who it is prescribed to or a person who has been trained to administer the medication.

Record-keeping and reporting

Minor incidents that require a notification slip and Every log but not an AIVI form include;

- *Sickness/illness- the pupil or staff member has remained in school or has been collected by a parent*
- *Sports, playground accidents or injuries caused by another person- the condition of the premises or equipment has not played any part in the incident - eg. two pupils run into one another in the playground.*
- *Pre-existing injuries or medical conditions that we have performed first aid on- i.e. redressing a cut*

Completion of an *Every* log and Accident, Incident or Violence Investigation (AIVI) form is required when;

- *Sickness/illness- the pupil or member of staff has been taken to hospital in an ambulance.*
- *Sporting/playground - the condition of the premises or equipment has played a part in the incident. E.g. a pupil tripped over a piece of loose paving and cut their leg. This could also include whenever an incident has been caused by a lack of supervision.*
- *Other- any incident that has resulted in major injuries or RIDDOR reportable injuries.*
- *Violence- Any acts of violence that result in injuries.*
- *Any significant head injury.*

As much detail as possible should be supplied when reporting an accident

All accidents will be investigated by the appointed person(s). At Broadfield Primary School, this is Diane Brown (Business Manager) or Elizabeth Moran (School Principal)

Records held on the *Every* system will be retained by the school and/or Pinnacle Learning Trust for a minimum of 3 years.

Reporting to the HSE

The Trust Head of Estates/H&S will keep a record of any 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 Trust Head of Estates/H&S will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences 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)
- Any scalding 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to Trust 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

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

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

Reporting to Ofsted and child protection agencies

The Principal will notify the Executive Principal and Ofsted of any serious accident, illness or injury to, or death of, a pupil 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 Principal will also notify the Oldham Borough Council Health and Safety Team of any serious accident or injury to, or the death of, a pupil while in the school's care.

Training

All first aiders must have completed an approved Paediatric first aid (PFA) or first aid at work (FAW) 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.

Staff are encouraged and supported to renew their training before it becomes invalid.

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 and is updated at least every 3 years.

Monitoring arrangements

This policy will be reviewed by the Trust Head of Estates/H&S every year unless a significant change occurs. At every review, the policy will be approved by the Chief Financial Officer and/or Trust Board if applicable.

The next review date is November 2024

Appendix 1 - Broadfield primary First Aiders

| Name | Type of course |
|---------------------------|--|
| Mohammed Ahad | Emergency first aid at work (1 day) |
| Tiyas Fawley | Emergency first aid at work (1 day) |
| Kiran Shezhadi | Emergency Paediatric First Aid |
| Diane Brown | First Aid at Work (3 Days) |
| Elaine Jolley | First Aid at Work (refresher) |
| Farrett Khatoun | First Aid at Work (refresher) |
| Luke Lawson Healey | First Aid at Work (refresher) |
| Francesca Blayds | First Aid at Work (refresher) |

| | |
|----------------------------|-----------------------------|
| Sarah Hales | Paediatric First Aid |
| Colin Cameron | Paediatric First Aid |
| Jenna Murray | Paediatric First Aid |
| Faye Nolan | Paediatric First Aid |
| Julie Garrett | Paediatric First Aid |
| Donna McKiernan | Paediatric First Aid |
| Safria Bibi | Paediatric First Aid |
| Kelsie Milner | Paediatric First Aid |
| Penelope Rotton | Paediatric First Aid |
| Charlotte Titterton | Paediatric First Aid |
| Wioletta Wolinowska | Paediatric First Aid |
| Michelle Thompson | Paediatric First Aid |
| Caroline Doherty | Paediatric First Aid |
| Neliswa Madodo | Paediatric First Aid |

Appendix 2 - Broadfield Accident/Incident/Illness Report Slip

| | | | | | |
|---|--|--|--|---|--|
| ACCIDENT/INCIDENT/ ILLNESS REPORT SLIP | | Pupil's Name | | Date | |
| | | | | Time | |
| | | | | Class | |
| Location and details of accident / incident / illness | | | | | |
| Head Injury | | Sprains/Twists | | Parent/Carer Contacted | IMPORTANT Please consult your doctor or local hospital if your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home. |
| Asthma | | Nosebleed | | Unable to contact Parent | |
| Bump/Bruise | | Stomach Pains/Upset Tummy | | Well enough to remain in school after First Aid | |
| Cut/Graze | | Mouth Injury/Tooth Ache/ Loose or Missing Tooth | | Collected from school | |
| Headache/High Temperature | | Vomiting/Nausea | | Authorised Signature | |
| Details of Treatment and Additional Comments | | | | | |
| To re-order Tel. 0800 500 3087 Fax: 01487 823898 E:sales@Ltsupplies.co.uk www.Ltsupplies.co.uk © Limetree | | | | | |

Appendix 3 - PLT Accident, Incident and Violence at Work Investigation (AIVI) form

The Pinnacle Learning Trust – First Aid Policy



Accident, Incident and Violence at Work investigation (AIVI)

| | |
|---|---|
| Address of academy: | |
| Name of person completing form/investigating: | |
| Contact number: | |
| Email address: | |
| Person involved in incident information | |
| Name: | |
| Person Type: | <ul style="list-style-type: none"> ● Staff ● Pupil/Student ● Member of public ● Contractor ● Other - Please specify: |
| Student ID number: (if applicable) | |
| Email address: | |
| Accident details | |
| Accident report number (on Every once logged): | |
| Location of accident: | |
| Date of accident: | |
| Time of accident: | |

| | |
|---|---|
| Date reported: | |
| Who completed the HSE accident form (if applicable): | |
| Details of injury: | |
| Cause of Accident: <ul style="list-style-type: none"> ● <i>Slip, trip or fall on the same level</i> ● <i>Sporting/playground accident</i> ● <i>Caused by another person</i> ● <i>Fall from height</i> ● <i>Struck by moving object</i> ● <i>Handling, lifting and carrying</i> ● <i>Other (Please specify):</i> | <i>Please give details:</i> |
| Statement from person who suffered accident: | |
| First aid required?: | <ul style="list-style-type: none"> ● Yes ● No |

| | |
|--|---|
| Details of treatment: | |
| Details of Witnesses: | |
| Witness 1 details and statement: Name: Address: Telephone Number: | Statement (attach separate document if appropriate): |
| Signed by (Witness 1): | |
| Witness 2 details and statement: Name: Address: Telephone Number: | Statement (attach separate document if appropriate): |
| Signed by (Witness 2): | |
| Did the person require hospital treatment?: | <ul style="list-style-type: none"> • Yes • No |
| What treatment did the person receive: | |

| | |
|--|--|
| | |
| Date returned to work/school/college: | |

| Incidents of Violence or Anti-Social Behaviour | |
|--|-----------------------------|
| Location of incident: | |
| Date of incident: | |
| Time of incident: | |
| Date reported: | |
| Details of incident: | |
| Signed by (person completing above section): | |
| Statement from victim: | |
| Signed by (victim): | |
| Type of incident: <ul style="list-style-type: none"> ● <i>Physical injury</i> ● <i>Threatening behaviour</i> ● <i>Verbal abuse</i> ● <i>Hate incident</i> ● <i>Other</i> | <i>Details of incident:</i> |
| Details of Witnesses: | |

| | |
|--|---|
| Witness 1 details and statement: Name: Address: Telephone Number: | Statement (attach separate document if appropriate): |
| Signed by (Witness 1): | |
| Witness 2 details and statement: Name: Address: Telephone Number: | Statement (attach separate document if appropriate): |
| Signed by (Witness 2): | |
| Did the victim require first aid treatment? | <ul style="list-style-type: none"> • Yes • No <p><i>If yes, give details;</i></p> |
| Have the Police attended the site? | <ul style="list-style-type: none"> • Yes • No <p><i>If yes, give details;</i></p> |
| Details of alleged offender: <i>If available</i> | Name: School or College information <i>(if a member of own academy)</i> <i>Address/contact details (if available):</i> |

Investigators actions

Did the injured go to hospital directly from the site?

- Yes
- No

If Yes, did the injured person return back to work, on the same day?

Did the injured person continue to work?

- Yes
- No

If no, what is the expected date of return?

Was a Risk Assessment in place for the activity being carried out?

If no, ensure a Risk Assessment is complete for this activity for future use.

If yes, ensure Risk Assessment is reviewed.

Were photographs taken at the time of the incident?

- Yes
- No

If yes, please attach to the returned document.

Was CCTV available at the time of the incident?

- Yes
- No

Has the Trust Head of Estates or Deputy Trust Head of Estates attended the site?

- Yes
- No

Statement from investigator:

Example (PLEASE DELETE)

Give information on the location and how it has been inspected.

Give information from any evidence that has been collected. Witness statements, images, CCTV etc.

Give information as to what remedial action has been completed. How and when was this work completed?

Give information as to whether or there is, an identified change of process that could help minimise the risk of this

The incident took place on the main stairwell in the school at 9:30 and was immediately inspected by the Site Team once they had been notified by the first aider. It was found that the floor was wet and could have contributed to this incident. No wet floor sign had been present.

There were multiple witnesses that gave statements to suggest that the victim had slipped and fallen onto their back from a coffee spillage whilst coming down the stairs. No images or CCTV of the incident were available.

A wet floor sign was immediately placed to warn of further danger and a housekeeper was called to ensure that the stairs were safe.

Staff have now been asked to ensure they have a wet floor

| | |
|---|--|
| <p><i>happening again?</i></p> | <p><i>sign out if they cause or see a spillage and inform the housekeeper, site team or admin office of the potential danger.</i></p> <p><i>Incidents of this nature could be minimised with the purchase of lidded mugs.</i></p> <p><i>Incidents of a similar nature could be avoided if there were a staff kitchen on the 1st floor of the building.</i></p> |
| <p>Signed by (investigator):</p> | |
| <p>RIDDOR Reportable?</p> | <ul style="list-style-type: none"> ● Yes ● No |
| <p>Details of any remedial actions required:</p> | |
| <p>Date of investigation report:</p> | |

Appendix 4 - List of injuries, diseases and dangerous occurrences that should be reported under the Report of Injuries, Diseases and Dangerous Occurrences Regulation 2013

- 1. Death**
- 2. Major injuries**
 - 2.1. Bone fractures (Exempt fingers, thumbs and toes)
 - 2.2. Amputation of arm, hand, finger, thumb, leg, foot or toe
 - 2.3. Any injury causing permanent blinding or reduction in sight to one or both eyes
 - 2.4. Any crush injury to the head or torso causing damage to the brain or internal organs
 - 2.5. Any burn injury covering more than 10% of the body or causing damage to the eyes, respiratory system or vital organs
 - 2.6. Any scalping requiring hospital treatment
 - 2.7. Loss of consciousness caused by a head injury or asphyxia
 - 2.8. Any injury from work in an enclosed space leading to hypothermia or heat-induced illness, or requiring resuscitation or admittance to hospital for more than 24 hours
- 3. Over 7 day injuries** i.e. Injuries that require the person to have more than 7 days away from college or work.
- 4. Injuries to members of the public**
- 5. Reportable diseases**
 - 5.1. Carpal tunnel syndrome
 - 5.2. Occupational cramp to hands and forearms
 - 5.3. Occupational dermatitis
 - 5.4. Hand arm vibration syndrome
 - 5.5. Occupational asthma
 - 5.6. Occupational tendonitis
 - 5.7. Occupational cancers
 - 5.8. Any diseases related to occupational biological agents
- 6. Reportable dangerous occurrences**
 - 6.1. Collapse or overturning of lifting equipment
 - 6.2. Contact with overhead line
 - 6.3. Electrical incidents causing fire, explosion or the stoppage of plant for over 24 hours
 - 6.4. Unintentional explosion
 - 6.5. The release of dangerous biological agents
 - 6.6. The malfunction of radiation generators and radiography equipment
 - 6.7. Malfunction of breathing apparatus causing risk to personal health
 - 6.8. The collapse of scaffolding

Appendix 5- Script used to inform parents/carers of their child sustaining a head injury

I am ringing to let you know that your child <INSERT CHILD'S NAME> in Class bumped their head today at <INSERT TIME OF INCIDENT>

They are /are not well enough to remain in school.

Over the next few days, please look out for the following signs and symptoms of a head injury:

- Headaches
- Nausea (feeling sick)
- Vomiting
- Increased drowsiness (feeling sleepy)
- Dizziness
- Visual problems
- Speech problems
- Weaknesses in arms/legs
- Bleeding or fluid from the ear or nose
- Seizures or confusion

If you notice any of the above, please seek medical advice immediately. The NHS helpline number is 111.