


First Aid Policy

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Signed: (Head)	

This policy will be reviewed in full by the Head of School on an annual basis, or more frequently if there are changes in policy and will be referred to the Advisory Board for review as part of their policy review schedule.

Overview

Policy statement

This International Community School Health and Safety Policy Arrangement describes the measures required for the management of first aid within the International Community School (ICS) in accordance with the provisions of the Health and Safety (First Aid) Regulations 1981 (as amended).

Purpose

The aim of first aid is to reduce the effects of injury or illness suffered at work, whether caused by the work itself or not. First aid provision must be 'adequate and appropriate in the circumstances'. This means that sufficient first aid equipment, facilities and personnel should be available to:

- (a) give immediate assistance to casualties with both common injuries or illness and those likely to arise from specific hazards at work;
- (b) summon an ambulance or other professional help.

Applicability

All ICS staff, students, parents, volunteers and visitors.

Statutory guidance

Employers have a duty to safeguard the health and safety of their employees under Section 2 of the Health and Safety at Work etc. Act 1974 (HASWA) and assess the risks arising out of their work activities and working environment

under Regulation 3 of the Management of Health and Safety at Work Regulations 1999.

The Health and Safety (First Aid) Regulations 1981 (as amended) regulation 3 requires the employer to assess the first aid needs of the organisation and ensure that such equipment and facilities are adequate and appropriate in the circumstances for enabling first aid to be rendered to employees, students and other persons if they are injured or become ill at work.

Also, there is a statutory duty for employers, self-employed people and those in control of premises to report certain accidents and incidents at work under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (as amended) (RIDDOR). There is no requirement under RIDDOR to report incidents of disease or deaths of members of the public, patients, care home residents or service users from COVID-19.

The introduction of the Health and Safety Offences Act 2008 now provides the Court system with greater flexibility and powers to issue greater fines and longer prison terms for a wider range of breaches under HASWA and regulations under 'The Act'.

Access

This policy is available on the ICS website and is available on request from the school offices. We also inform parents and guardians about this policy when their children join ICS, through our newsletters and our website.

The policy is provided to all staff (including temporary staff and volunteers) at induction alongside our ICS Professional Code of Conduct as a part of the staff welcome and handbook.

Failure to comply

Failure to comply with the legislation and Approved Codes of Practice detailed in the Statutory guidance above renders ICS liable to criminal prosecution and unlimited fines in certain circumstances.

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Policy

1 Appointed first aid roles

1.1 First Aid at Work (FAW)

On completion of training, successful candidates should be able to:

- (a) provide emergency first aid at work
- (b) administer first aid to a casualty with
 - (i) injuries to bones, muscles and joints, including suspected spinal injuries
 - (ii) chest injuries
 - (iii) burns and scalds
 - (iv) eye injuries
 - (v) sudden poisoning
 - (vi) anaphylactic shock
- (c) recognise the presence of major illness and provide appropriate first aid e.g. Utilisation of an Epipen.

1.2 Paediatric First Aid (PFA)

On successful completion of this course, ICS staff members will receive a **paediatric first aid certificate** which is valid for **three years**. In line with the statutory framework for the Early Years Foundation Stage, ICS provides a paediatric first aid person at all times during the school day. Staff ratios and PFA qualifications required are guided by the [EYFS Framework 2017](#).

1.3 The HSE strongly recommends that first aiders undertake annual refresher training during any three-year FAW certification period. Although not mandatory, this will help qualified first aiders maintain their basic skills and keep up to date with any changes to first aid procedures.

1.4 The refresher training should enable candidates to demonstrate their competence to:

- (a) assess the situation in an emergency;
- (b) administer first aid to a casualty who is unconscious (including seizure);

- (c) administer cardiopulmonary resuscitation;
- (d) administer first aid to a casualty who is wounded and bleeding;
- (e) administer first aid to a casualty who is suffering from shock.

1.5 **Appointed Person**

The role of the appointed person includes looking after the first aid equipment and facilities and calling the emergency services when required. They can also provide emergency cover where a first aider is absent due to unforeseen circumstances.

- 1.6 ICS first aiders must have a valid certificate of competence in either first aid at work (FAW), or Paediatric First Aid. FAW training enables a first aider to give emergency first aid to someone who is injured or becomes ill while at work and also equips the first aider to apply first aid to a range of specific injuries and illness.

- 1.7 Some workers carry their own medication that has been prescribed by their doctor (e.g. an inhaler for asthma). If an individual needs to take their own prescribed medication, the first aider's role is generally limited to helping them do so and contacting the emergency services, as appropriate.

2 Responsibilities

- 2.1 The Health and Safety Representative is responsible for:

- a) Completing a First Aid Needs Assessment ([Appendix B](#)) for each ICS site as a minimum standard that must be applied.
- b) Advising School Principals at each site of the number of qualified first aiders required.
- c) Advising the School Principals of additional training requirements for specific teaching needs (e.g. Early Years, Sports etc.)
- d) Periodically review first aid needs against accident records and circumstances.

- 2.2 The School Principals are responsible for:

- a) Bringing this ICS Health and Safety Policy Arrangement to the attention of all staff.
- b) Ensuring there are sufficient resources available to meet the requirements of the First Aid Needs Assessment.
- c) Ensuring they refer to the First Aid Needs Assessment when deciding on the selection and appointment of qualified First Aiders.
- d) When selecting someone to take up the role of a first-aider, a number of factors need to be taken into account, including an individual's:
- e) reliability, disposition and communication skills;
 - aptitude and ability to absorb new knowledge and learn new skills;
 - ability to cope with stressful and physically demanding emergency procedures;

- normal duties. These should be such that they may be left to go immediately and rapidly to an emergency.
 - f) Monitoring the needs of their site to ensure that all first aid needs are being suitably met.
 - g) Ensure that appropriate refresher training takes place annually and that qualifications are renewed prior to their expiry (valid for three years).
 - h) Maintain an up-to-date list of all qualified FAWs in their school and ensure sufficient time and resources are available to conduct annual refresher training and three yearly renewals.
- 2.3 The Qualified First Aiders are responsible for:
- a) Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards
 - b) When necessary, ensure that an ambulance or other professional medical help is called
 - c) Ensuring they act in accordance with and within the scope of their competency training at all times.
 - d) Ensuring the first aid kits in their work areas are complete and stocks are within expiry dates, reporting any deficiencies to the First Aid Coordinator for their school site.
 - e) Ensure first aid kits in their areas are clean and undamaged, reporting any deficiencies to the First Aid Coordinator for their school site.
 - f) That all accidents are reported and recorded in accordance with statutory and School Policy requirements.
 - g) That all accident records are maintained safe and secure in accordance with Data Protection Act 1998 and School Policy requirements.
- 2.4 The First Aid Lead is responsible for:
- a) Ensuring they act in accordance with and within the scope of their competency training at all times.
 - b) Liaising with the first aiders (FAW, Paediatric) on their school site
 - c) Liaising with the First Aid Coordinators at other ICS sites.
 - d) Liaising with the Health and Safety Representative and School Principal on all matters concerning first aid provision on their site.
 - e) Leading on best practice with regard to first aid arrangements within their site.
 - f) Ensuring the first aid kits on their site are adequately stocked with appropriate first aid supplies and equipment as agreed for the activities and risks involved.
 - g) Ensuring adequate stocks of first aid supplies are maintained for the restocking of first aid kits on their sites.
 - h) Addressing concerns raised by First Aiders (FAW, Paediatric) and deficiencies in first aid equipment and stocks within their site
 - i) Ensuring that a current list of qualified first aiders including paediatric first aiders is displayed on the Safeguarding/Health and Safety boards in the school. A list of current first aiders is found in Appendix F. The

location of first aid kits is displayed on the Safeguarding/Health and Safety Boards.

3 First Aid Needs Assessment

- 3.1 In assessing ICS first aid needs, consideration must be given to:
- a) the nature of the work and activity
 - b) workplace activity hazards and risks, including specific hazards requiring special arrangements (e.g. science, use of tools for design and technology classes, sports activities etc.)
 - c) the size of your workforce and student numbers
 - d) staff work patterns (e.g. working late/weekends and alone in the building)
 - e) holiday and other absences of those who will be first-aiders and appointed persons
 - f) the school's history of accidents
 - g) the needs of travelling, remote and lone workers
 - h) the distribution of staff within the school and across the ICS sites
 - i) the remoteness of any of your sites from emergency medical services (outdoor education visits)
 - j) whether the school operates on shared or multi-occupancy sites
 - k) first-aid provision for non-employees (e.g. members of the public, parents etc.).

[Appendix A](#) provides a quick reference guide to this process.

- 3.2 There are no hard and fast rules on exact numbers, but consideration must be given to account for all the relevant circumstances of each school site and the activities undertaken.

4 First aid equipment

- 4.1 There is no mandatory list of items to be included in a first aid container. The decision on what to provide will be influenced by the findings of the first aid needs assessment and using guidance from British Standard BS 8599
- As a guide, where work activities involve low hazards, a minimum stock of first-aid items might be:
- a) a leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work);
 - b) 20 individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
 - c) two sterile eye pads;
 - d) two individually wrapped triangular bandages, preferably sterile;
 - e) six safety pins;
 - f) two large sterile individually wrapped un-medicated wound dressings;
 - g) six medium-sized sterile individually wrapped un-medicated wound dressings;
 - h) at least three pairs of disposable gloves (see [HSE's skin care guidance](#)).

- 4.2 Subject to risk assessment needs, additional items may be added for different activities, for example, bottles of eye wash should be added to first aid kit requirements for science laboratories, design & technology classrooms and art rooms and for outdoor sports activities.
- 4.3 There is now a British Standard (BS 8599-1:2011) for the specification for the contents of workplace first aid kits. When purchasing a new first aid kit, this standard should be applied.
- 4.4 Hygienic procedures for dealing with spillage of bodily fluids:
Equipment for bodily fluids is kept on site at all times. Any bodily fluids must be disposed of in the appropriate yellow medical receptacle located at each site.

5 Records

- 5.1 Following any incident it is essential that an accurate record is completed by the First Aider or other person dealing with the incident and kept in accordance with the Data Protection Act 1998 and current School Policy. This enables management to identify accident trends and possible areas for improvement in the control of health and safety risks. It can be used for reference in future first aid needs assessments. These records may also be helpful for insurance and investigative purposes. The record book is not the same as the statutory accident book, although the two might be combined. This report must be made within 72 hours of the incident and all serious incidents reported directly to the Health and Safety Representative and School Principal by the quickest means.
- 5.2 Information to be recorded for accidents include:
 - a) date, time and place of the incident;
 - b) name and job of the injured or ill person;
 - c) details of the injury/illness and what first aid was given;
 - d) what happened to the person immediately afterwards (for example, went back to work, went home, went to hospital);
 - e) name and signature of the first-aider or person dealing with the incident.
- 5.3 Records must be maintained for the minimum statutory period according to the type of record, what information it contains and the age of the party or parties involved (see also Health and Safety Policy Arrangement for Statutory Registers, Licences and Records):
 - a) Adult accidents – three years from date of last entry
 - b) Student accidents – three years from the student's 18th birthday.

6 Reporting of injuries, diseases and dangerous occurrences (RIDDOR)

- 6.1 Certain serious incidents must be reported to the Health and Safety Executive (HSE) under the requirements of RIDDOR within defined timescales. For example, a death resulting from an accident arising out of or in connection with work, must be reported by phone, e-mail or similar 'instant' means immediately and followed by written report within ten days and serious incidents must be reported within 15 days.
- 6.2 RIDDOR is the law that requires employers, and other people who are in control of work premises, to report and keep records of:
- work-related deaths;
 - serious injuries;
 - cases of diagnosed industrial disease; and
 - certain 'dangerous occurrences' (near miss incidents).
- There are also special requirements for gas incidents.
- 6.3 Records of incidents covered by RIDDOR are important. They ensure that the minimum amount of information is collected to allow us to check that we are doing enough to ensure safety and prevent occupational diseases. This information is a valuable management tool that can be used as an aid to risk assessment, helping to develop solutions to potential risks. In this way, records also help to prevent injuries and ill health, and control costs from accidental loss. A record must be kept of:
- any reportable death, injury, occupational disease or dangerous occurrence; and
 - all occupational accidents and injuries that result in a worker being away from work or incapacitated for more than three consecutive days (not counting the day of the accident but including any weekends or other rest days).
- 6.4 A schedule of 'reportable injuries' can be found at [Appendix C](#).
- 6.5 All accidents and incidents will be reviewed by the Health and Safety Representative who will decide whether a report to the HSE under RIDDOR is required. If required, a report will be made and a copy retained against the original accident/incident report and School Principal notified.
- 6.6 Students are considered to be 'at work' and are therefore treated as 'other person'. Reportable incidents for school pupils are covered by a separate HSE guidance EDIS 1 (see [References](#)).

7 Emergencies and when to call an ambulance

- 7.1 Both sites have identified an A&E Departments in closest proximity to the school in case of emergencies: St Mary's Hospital in Paddington for both sites.

Always call 999 if someone is seriously ill or injured, and their life is at risk.

Examples of medical emergencies include (but are not limited to):

- chest pain
- difficulty in breathing
- unconsciousness
- severe loss of blood
- severe burns or scalds
- choking
- fitting or concussion
- drowning
- Severe allergic reactions.

- 7.2 Reception staff should be notified to meet ambulance and direct paramedics to injured person. A member of staff will accompany any student to hospital and remain with the pupil until parent or carer arrives. On no account should provision of urgently needed medical attention be delayed pending the arrival of parents.

- 7.3 Parents / guardians should be advised as soon as possible.

8 Medication – Staff and Student

- 8.1 Prescribed medicines can be dispensed provided that a written request, with details of the medicine involved, frequency of administration and dosage, is obtained from the parent and a Request for School Staff to Administer Medication Form is completed. The parent must be responsible for providing the medicine in question in a suitable container, clearly labelled with the child's name and directions for administration, and for replenishing supplies as necessary. The medicine must be kept locked in the school safe. The school reserves the right not to administer medicines for any reason. The date and time of each dose given must be recorded on the Record of Medication Given at School form. A parent may make a request for the child to carry his/her own medicine and must complete the Request for Pupil to Carry Medicine form. The school has the right to reject any request based on an appropriate risk-assessment of the situation.

Students who have had an injury that results in a cast or crutches cannot be admitted to school until a risk assessment has been completed by a member of staff.

- 8.2 Non-prescribed drugs must never be given to children.
- 8.3 Any student requiring medication on an overnight trip must have his/her parent or guardian complete the Request for School to Administer Medication form. The form must be approved by the Principal. All medication given (only by a qualified first aider) must be recorded on the Record of Medication Given at School form.
- 8.4 Staff bring in medication for their own personal use, is to be stored securely. Medication must be stored under lock and key, so that no students have access to them. Administration should not take place in front of children and staff may use the medical rooms or staff rooms as appropriate.

9 Long Term Medical Needs

- 9.1 Parents complete a medical form when enrolling their child at the school. Based on the extent of the medical needs, a risk assessment may also be written for a child and shared with the whole staff as required. The agreed upon plan is the responsibility of the classroom teacher and the stated staff in the medical plan. It is the parents' responsibility to inform the school of any significant changes to their child's medical status. The school seeks updates on students' medical conditions periodically throughout the year.
- 9.2 A list of students whose long term medical conditions are of relevance to staff (e.g. epilepsy, asthma, diabetes) will be kept at reception and displayed in the staffroom. Form Tutors/Class teachers should also make note of medical requirements when reading their students' files.
- 9.3 When residential trips are being planned, families will complete up-to-date medical forms that will inform the school of any current medical needs (possibly not ongoing) and any medication that is required.
- 9.4 In such cases medication will be handed to a specified staff member who will (with the parent / guardian's written permission) administer the medication at appropriate intervals during the residential trip.

10 Infectious Diseases

- 10.1 Students wishing to attend the school must be clear of any notifiable diseases before entry or re-entry to the school.
- 10.2 Some infectious diseases are notifiable. The student's doctor should inform the school of any precautionary measures to be implemented.

In the case of students manifesting any strange symptoms, it is essential to take quick action and remove them from the school where they might infect others.

- 10.3 The school will refer to *Guidance on Infection Control in Schools and other Childcare Settings* published by Public Health England for guidance.

11 Subject teachers with special responsibilities

The following teachers are responsible for ensuring they have an increased awareness that their subjects have potential risks that could result in First Aid situations.

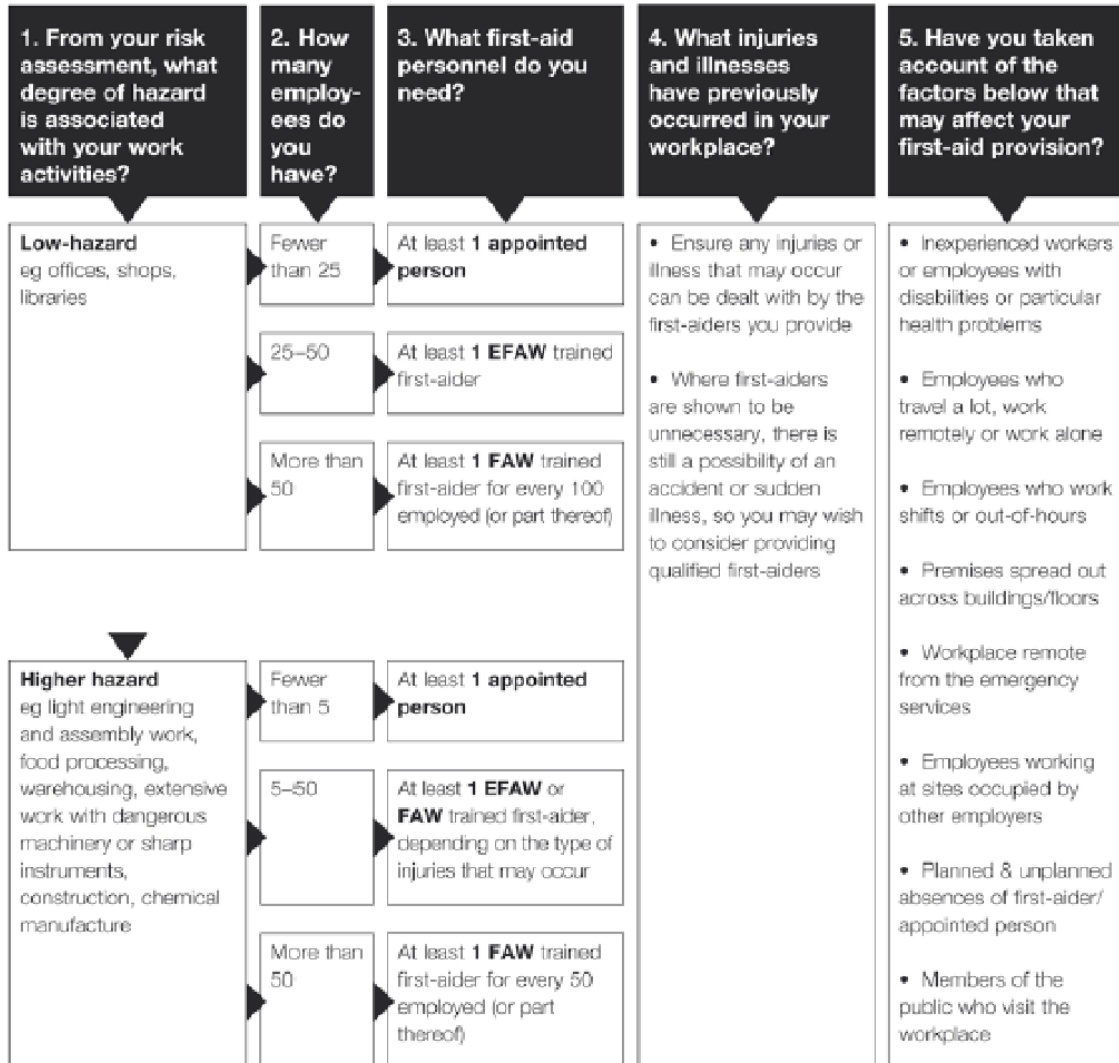
- 11.1 P.E.
- a) Ensure that First Aid Kits are taken on all off-site activities / matches, and kept fully stocked.
 - b) When off-site ensure they have spare asthma medication and Epi-pens for students who require them.
 - c) Ensuring they have up- to-date awareness of the medical needs of their students.
- 11.2 Science and Technology
- a) Ensure they are aware of the location of first aid kits in their department and that they are fully stocked.
 - b) Ensure risk assessments are completed for high risk practical / experimental work.
 - c) Instigate First Aid cooling and flushing when necessary before calling for first aider.
- 11.3 Art
- a) Ensure they are aware of the location of first aid kits in their department and that they are fully stocked.
 - b) Ensure risk assessments are completed for high risk practical / experimental work.
 - c) Instigate First Aid cooling and flushing when necessary before calling for first aider.

12 Covid 19

The school has updated it's Risk Assessment and procedures to follow in line with the government's advice for COVID-19. The school stays up to date with the latest advice. A link for Symptomatic children can be found [here](#)

Appendices

Appendix A: Suggested numbers of first aid personnel to be available at all times people are at work. Students are included in the overall number on site.



Appendix B

First Aid Needs Assessment

Factor to consider	Impact on first-aid provision	Actions Taken September 2020
Hazards (use the findings of your risk assessment and take account of any parts of your workplace that have different work activities/hazards which may require different levels of first-aid provision)		
Does your workplace have low-level hazards such as those that might be found in offices and shops?	The minimum provision is: - an appointed person to take charge of first-aid arrangements; - a suitably stocked first-aid box.	Yes in place. John Callender First Aid lead. See Appendix F for full list 13 First Aid Bags on site.
Does your workplace have higher level hazards such as chemicals or dangerous machinery? Do your work activities involve special hazards such as hydrofluoric acid or confined spaces?	You should consider: - providing first-aiders; - additional training for first-aiders to deal with injuries resulting from special hazards; - additional first-aid equipment; - precise siting of first-aid equipment; - providing a first-aid room; - informing the emergency services.	See Science, PHE and Design Risk assessments. Link here ¹
Link Employees		
How many people are employed on site?	Where there are small numbers of employees, the minimum provision is: - an appointed person to take charge of first-aid arrangements; - a suitably stocked first-aid box. Where there are large numbers of employees you should consider providing: - first-aiders;	John Callender & Kath Tyler are first aid leads at Secondary and Primary. Are numbers are currently as stands: SS Students = 82 SS Staff = 35 WP Students = 67 WP Staff = 40

	- additional first-aid equipment; - a first-aid room.	CS Staff = 8
Are there inexperienced workers on site, or employees with disabilities or particular health problems?	You should consider: - additional training for first-aiders; - additional first-aid equipment; - local siting of first-aid equipment. Your first-aid provision should cover any work experience trainees.	Student medical list created for staff and students.

Accidents and ill health record		
What is your record of accidents and ill health? What injuries and illness have occurred and where did they happen?	Ensure your first-aid provision will cater for the type of injuries and illness that might occur in your workplace. Monitor accidents and ill health and review your first-aid provision as appropriate.	Accident report book kept up to date in Muz's office.
Working arrangements		
Do any of your employees work shifts or work out of hours?	You should ensure there is adequate first-aid provision at all times people are at work.	Facilities manager and Cleaners aware of First Aid locations. Catering staff are responsible for their own first aid box.
Are the premises spread out, eg are there several buildings on the site or multi-floor buildings?	You should consider provision in each building or on each floor.	Complete.
Is your workplace remote from emergency medical services?	You should: - inform the emergency services of your location; - consider special arrangements with the emergency services.	No
Do any of your employees work at sites occupied by other employers?	You should make arrangements with other site occupiers to ensure adequate provision of first aid. A written agreement between employers is strongly recommended.	Yes Central Services. Click here to see link for provision

Do you have sufficient provision to cover absences of first-aiders or appointed persons?	You should consider: what cover is needed for annual leave and other planned absences; - what cover is needed for unplanned and exceptional absences.	Yes.
Non-employees		
Do members of the public visit your premises?	Under the Regulations, you have no legal duty to provide first aid for non-employees but HSE strongly recommends that you include them in your first-aid provision.	Yes

Appendix C

Types of reportable injury

The death of any person

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 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- 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
 - 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
 - requires resuscitation or admittance to hospital for more than 24 hours

Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person 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 incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

Non-fatal accidents to non-workers (e.g. members of the public)

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](#)' (see above).

Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- 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.

Further guidance on [occupational diseases](#) is available.

Specific guidance is also available for:

- [occupational cancers](#)
- [diseases associated with biological agents](#)

Dangerous occurrences

Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- plant or equipment coming into contact with overhead power lines;
- the accidental release of any substance which could cause injury to any person.

Further guidance on these [dangerous occurrences](#) is available.

Gas incidents

Distributors, fillers, importers & suppliers of flammable gas must report incidents where someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with that gas. Such incidents should be reported using the [online form](#) by the Health and Safety Representative only.

Registered gas engineers (under the Gas Safe Register,) must provide details of any gas appliances or fittings that they consider to be dangerous, to such

an extent that people could die, lose consciousness or require hospital treatment. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- an accidental leakage of gas;
- incomplete combustion of gas or;
- inadequate removal of products of the combustion of gas.

Unsafe gas appliances and fittings should be reported using the [online form](#) by the Health and Safety Representative only.

Appendix D

Frequently Asked Questions (FAQs)

Q. I report injuries to school pupils and college students. What category should I use on the F2508 form under 'Injured Person's Employment Status'?

A. Students and pupils are not at work and so are regarded as members of the public for this part of the form. The exception is when they are participating in a recognised training scheme or work experience. Under health and safety law, students and pupils (including children) are regarded as employees in such circumstances. The employer should report the injury as if they were one of their employees.

Q. Are accidents to pupils sustained in PE lessons reportable under RIDDOR?

A. No, most are not.

Such accidents only require reporting if:

- the pupil is killed or taken to hospital for treatment to an injury (i.e. not as a precautionary measure) and
- the accident was work-related in that it arose out of or in connection with the work of the school or college, rather than as a consequence of the normal risks associated with participation in physical activities. For example, if the accident was caused by faulty equipment or inadequate supervision

Q. Are sporting injuries reportable?

A. No, most are not, since they arise out of the normal participation in a sporting activity (e.g. a heavy tackle in football). Only report injuries if they arise out of or in connection with a work activity, such as those due to defective equipment or failings in the organisation and management of an event.

Q. What if the pupil is taken to hospital as a precaution, but the examination shows no injury?

A. No. RIDDOR only requires you to report injuries. If the medical advice is that the pupil was not injured in any way, there is no need to report this.

Q. Do I need to know what treatment the hospital gave before I report an injury to a pupil?

A. There is no requirement to check that the hospital actually gave treatment. The requirement to report is based on the pupil being taken to hospital for treatment to an injury. If an injury is identified at the scene as

requiring hospital treatment, this should be reported. If no injury is evident, and the school receives no information that any injury has been treated, no report is required.

The key thing to consider when deciding whether to report an incident to a pupil or other person who is not at work is whether the accident arose out of or was connected with the work activity.

Q. Some of our pupils have been hurt in a road traffic accident on the way to school in the school bus. Should I report their injuries?

A. No. You do not usually have to report deaths and injuries that result from vehicle movement on a road (Road-traffic accidents/accidents caused by vehicles on a road).

Q. A pupil has been injured while on a school trip abroad. Should I report this to HSE?

A. No. HSE does not have jurisdiction when the pupil is outside the country, so RIDDOR does not apply. You may have to make a report to another appropriate authority though (e.g. the school may need to report the incident to other bodies, such as the local safeguarding committee).

Q. A visitor to a national park trips and falls on naturally occurring rocks while hill climbing, breaking her arm. Is this reportable?

A. No, the hill is part of the wild natural environment, and the accident arose as a consequence of the normal risks associated with hill climbing. Visitors on hill climbs should have suitable clothing and equipment and undertake walks suited to their level of fitness.

Q. A visitor to a formal garden of a stately home trips and falls on gardening debris left on a path, spraining her ankle. Is this reportable?

A. Yes, The garden is a managed attraction, and the accident is attributable to a failure to maintain the paths in good order and clear of obstruction.

Appendix E

Accident/Incident or Illness Report Form

The purpose of this form is to record all adverse events. The term **accident** is used where injury or ill health occurs. The term **incident** includes **near misses** and **undesired circumstances**, where there is the potential for injury.

Accident / Incident or Illness Report Form

The purpose of this form is to record all adverse events. The term **accident** is used where injury or ill health occurs. The term **incident** includes **near misses** and **undesired circumstances**, where there is the potential for injury.

Part 1 Overview

Reported by:		Student or staff involved:		Date/time of adverse event	
Incident	Ill health	Minor injury	Serious injury	Major injury	
Brief details (What, where, when, who and emergency measures taken)					

Part 2 Actions Taken

Description of First Aid given or other action taken:	By Whom:		
Were the following called?	Parent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/>		
	Physician	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/>		
	Ambulance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/>		
Follow up required? Next steps?	By Whom:		

Form completed by: _____ **Date:** _____

Form reviewed by: _____ **Date:**

Appendix F

Health Care Plan for a Pupil with Medical Needs

Name:	
Date of birth:	
Condition:	
Class:	
Plan review date:	

Student Photo: upload below

CONTACT INFORMATION

Name	
Phone no. work	
Phone no. mobile	
Relationship	

Name	
Phone no. work	
Phone no. mobile	
Relationship	

Describe condition and give details of pupil's individual symptoms:

--

Daily care requirements: (e.g. before school, after lunch)

Describe what constitutes an emergency for the pupil, and the action to take if this occurs:

Follow-up care:

Who is responsible in an emergency? (describe if responsibility changes for different sites)

Form completed by		Date:
Form reviewed by		Date:

APPENDIX G

Primary 3 Day Qualified First Aiders

Katherine Tyler
Leigh Walker
Nathan Sasson
Jasmin Thornburrow

Paediatric First Aid:

Andrea Charalambous
Antonita Antoniou
Katrina Blair

Secondary 3 Day Qualified First Aiders

John Callender – Lead First Aider
Martin Rolls
Annalise Taylor
Sallyanne Sholgami
Vitor Leitao
Andie Warner training October 2020

References

[HSE Health and Safety regulation](#)

[HSE Incident reporting in schools](#)

[HSE Types of reportable incidents](#)

[St John's Ambulance Reporting incidents and record keeping](#)

[St John's Ambulance Assessing your school's first aid needs](#)

[Health protection in schools and other childcare facilities](#)

[Guidance on First Aid for Schools](#)

[Covid 19 Symptomatic Children in Schools](#)