



TIMU ACADEMY TRUST

Policy Document for: First Aid

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Introduction

Please also refer to the **Pupils with medical conditions** and **Administration of Medicines** policies.

The Health and Safety (First Aid) Regulations 1981 state the requirements relating to employees, which in the context of schools includes pupils. Responsibility for health and safety in our schools, including the administration of first aid, lies with the Board of Trustees.

Teachers are not required to give first aid under their conditions of employment, but any employee can volunteer to be the first aider and the trustees are responsible for ensuring that there are sufficient trained persons to meet the statutory requirements and identified needs at all times. Any first aider must receive HSE approved training.

Daily minor first aid situations may be dealt with by emergency first aiders. However, any employee or any person volunteering to administer first aid will be covered and indemnified under public liability insurance policy.

Our schools follow the requirements for paediatric training and handling accidents or injuries as set out for early years pupils in the DFE's *Statutory framework for the early years foundation stage March 2017*.

This policy statement must be considered in conjunction with the Trust's **health and safety** policy.

Objectives and targets

The trust aims to ensure that:

- All legal requirements for first aid are fulfilled.
- The school has sufficient members of staff trained and available to support the legal requirements for first aid coverage.
- First aid facilities including first aid boxes and first aid areas are fit for purpose.

Roles and responsibilities

Head of School

In discharging its duty of care, the Trustees delegate to the Head of School the operational responsibility for ensuring that first aid procedures are carried out to comply with legal requirements. This will include:

Risk assessments including:

- Consideration of the size of the school and its layout and location.
- Specific hazards or risks on the site.
- Specific needs.

Additional responsibilities include:

- Selection of first aiders, and number required – ensuring the first aiders lists are distributed around the school
 - Office
 - Heads office
 - Staff room
 - Kitchen/servery
 - With emergency bags
- Ensuring first aid training is up-to-date and sufficient for school needs by liaising with Personnel
- Ensuring that first aid provision is available at all times while people are on the school premises, and also off premises while on school visits.
- Reassessment of first aid provision.
- Providing information as required.
- Considering insurance cover.

- Ensuring that incidents involving pupils and staff is reported to RIDDOR where needed

Site Manager

- Ensuring that access to the school site for emergency vehicles is maintained at all times
- Ensuring that the minibus has a first aid kit

Staff responsible for checking supplies

1 member of staff at each school is responsible for termly checks of:

- The first aid supplies to ensure sufficient stock
- first aid kits to check they are correctly stocked with all supplies in date
- wall mounted first aid boxes/emergency first aid kits (both schools)
- Minibus first aid kit (Iwade)
- AED expiry dates and supplies are ready to use
- Emergency kits for asthma pumps and epi-pens are complete, clean and in date (asthma pumps have sufficient doses available)
- Alerting the office staff to order new supplies when needed.

This is Kay Wakefield at Iwade and Caroline Stickells at Bobbing.

The catering contractor (Nourish) check and maintain the kitchen first aid kits as part of their contract, so these are not checked by Timu staff.

Child's Play

The Child's Play manager is a trained first aider and is responsible for checking the first aid kit used at Bobbing to keep supplies replenished and up to date. Iwade Child's Play use the first aid bags from the classrooms.

HR Lead

The HR Lead is responsible for ensuring that a register of first aiders is maintained and that training is booked and carried out to ensure all first aiders qualifications are up to date.

First aiders

On a day-to-day basis, the first aid officers have the responsibility to:

- Complete a training course approved by the Health and Safety Executive (HSE).
- Be aware of the details of all first aiders and the location of all first aid boxes.
- Maintain fully stocked first aid provisions in their first aid kit
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- When necessary, ensure that an ambulance or other professional medical help is called.
- Take precautions to avoid infection and follow basic hygiene procedures. Staff will have access to single-use disposable gloves and hand washing facilities, and must take care when dealing with blood or other body fluids and disposing of dressings or equipment.
- Ensure that an adult witness is present if tending an intimate part of the body.
- Complete carbonated accident report slip with one copy going home.
- Complete accident/incident report form for more serious incidents
- Issue and affix wristbands for bumped heads.
- Report to the Head of School any time that first aid is given under circumstances which need to be later reported to HSE under the 'Reporting of injuries, diseases and dangerous occurrences regulations 1995 (RIDDOR)'

Forest School Leader

- The Forest School Leader will ensure all children, staff and visitors attending Forest School are informed of the actions to take in the case of an emergency.

- In case of an accident or emergency, the Forest School Leader is responsible for assessing the situation and decide the next course of action to take.
- It is the Forest School Leader's responsibility to also ensure the rest of the group are safe and out of danger.
- The Forest School Leader will direct other members off staff to supervise remaining children in case of an accident or in an emergency
- The Forest School Leader is responsible for the first aid kits, safety resources and tools on the Forest School site.
- The Forest School Leader will ensure that all health care plans and medication is taken with the group of children to the session and return it afterwards. All administration of medicines will be recorded appropriately
- The Forest School Leader will coordinate with the staff responsible for checking supplies to ensure that their first aid kit is fully stocked at all times and all supplies are in date

Hirers

When others use the premises, e.g. for extended activities at the school or by those who hire any of the school premises the premises must be safe for the purpose for which they are to be used and organisers must make it clear that the premises cannot be used for other purposes. Risk assessments relating to community facilities and activities on the premises must be carried out. The school's health and safety policy must be altered so as to manage and, where possible, to reduce these risks.

Hirers and those involved in extended school activities must be made aware of:

- Their health and safety responsibilities and duties.
- Any specific health and safety issues (eg, hazards on the premises).
- First aid arrangements in the school.

This is all detailed in the **Lettings** policy.

Local Medical Facilities

Sheppey NHS Healthcare, Sheppey Community Hospital

Plover Road
Minster On Sea
Kent
ME12 3LT
Tel: 01795 879 199

Sittingbourne Memorial Hospital

Bell Road
Sittingbourne
Kent
ME10 4DT
Tel:01795 418300

Procedures

Accident recording

- It is a legal requirement to record some accidents such as over 3 day staff injury and is in line with the **Health & Safety** Policy
- It is good practice to record all staff, pupil and visitor accidents
- The Strat team can then monitor the accidents
- The accident form (either in the accident book or on HS157) **must** include what first aid was given.

Pupils who become unwell

- Pupils who feel unwell should be taken to the office by a member of class facing staff to explain the nature of their illness and the decision to send a sick pupil home will be made by the teacher and/or Office team.
- The Office will contact the parent/carer to ask them to collect their child as soon as possible
- Pupils sent home will be signed out for fire safety purposes.

See also the Covid-19 risk assessment for specified Covid symptoms and procedures.

Pupils with a healthcare plan

- Any pupil who becomes unwell and has a healthcare plan should have this actioned immediately as this will state what should happen in such an incident – for example this may be to administer an epi-pen or call an ambulance
- **Pupils with medical needs including food allergies** policy sets out how key members of staff must be made aware of which children have medical needs and food allergies
- Healthcare plans are made available to the class teams and Child's Play staff
- Pupil EpiPens are kept in the first aid box in the classroom. PE staff and staff supervising visits off-site should be particularly mindful of pupils requiring EpiPens.
- Our schools hold salbutamol inhalers for use only in emergencies. The inhalers may only be used by children whose parents have agreed the use of the emergency inhaler and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will be used if the pupil's prescribed inhaler is not available (eg because it is broken, or empty).

Dealing with accidents and emergencies including head bumps

(Edited 16/12/2021)

- Outside of class time, pupils should be dealt with in the first instance by a first aid trained member of staff on duty. However, if the injury is more serious and requires first aid treatment, the pupil should be treated by a community first aider (and/or an office first aider if further assistance is required).
- All accidents and emergencies (no matter how minor) will be recorded in the first aid books held by the on-duty members of staff and the duplicate will be sent home to the parents/carers. This includes where a child has had an accident but has no obvious evidence of injury
- Community first aiders must follow up all incidents requiring first aid, including falls, within **1 hour** of a child returning to the classroom to ensure that there has been no deterioration in their condition and demonstrate no sign of concussion.
- If the child has not reported a head bump at the time, but starts to demonstrate signs of concussion, the first aider must ask the child whether they hit their head earlier (in cases that this has not been initially reported)
- Children with healthcare plans should have these initiated to deal with the emergency procedures
- During lesson times, if members of class staff are unable to deal with the injury, then the pupils should be referred to a community based first aider. If the injury is more serious and requires first aid treatment, the Office must be contacted in case emergency services are needed

Head bumps

- All head bumps/injuries must be recorded/reported and a wristband issued and affixed.
- If a head bump happens during lunchtime or playtime, or when the child is outside learning with another adult, these **must** be reported to the class teacher once the class return
- *Community first aiders must follow up all incidents requiring first aid, including falls, within **1 hour** of a child returning to the classroom to ensure that there has been no deterioration in their condition and demonstrate no sign of concussion.*
- *If the child has not reported a head bump at the time, but starts to demonstrate signs of concussion, the first aider must ask the child whether they hit their head earlier (in cases that this has not been initially reported)*
- A copy of the report slip will be sent home with the pupil.
- If the first aider believes that the injured person requires medical treatment, they will consult a member of the Strat team/Office Manager and:
 - Arrange for the emergency services (999) to be called if necessary.
 - Arrange for parents to be informed.
 - Arrange for the injured person to be transported to A&E by ambulance or by parents.

Anaphylaxis

Since October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools in the UK to buy adrenaline auto-injector devices (known as AAI) without a prescription to use in an emergency on children who are at risk of a severe allergic reaction (known as anaphylaxis) but whose own device is not available or not working. This could be because their AAI(s) are broken, or out-of-date, for example

Emergency epi-pens

- Additional epi-pens are held in the main office at both schools. They have the expiry date of:

Iwade	April & May 2022	Bobbing	April 2022
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- The epi-pens are checked termly to ensure they are in date
- Whenever an emergency epi-pen is used, the Office Manager is informed so that replacements can be ordered
- Any child who is diagnosed with an allergy will have an anaphylaxis health care plan completed with the parents which sets out what needs to be in place to keep the child safe and able to access all aspects of school life
- The parents sign to agree whether or not an emergency epi-pen can be used – the list of these children is held with the emergency epi-pens along with a record of administration
- This sets out where the epi-pen should be kept throughout the day

See also the **first aid** risk assessment, **food allergens** policy and **children with medical conditions including food allergies** policy held on SharePoint.

Asthma

This guidance is informed by [Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/guidance/20170929-asthma-guidance)

Asthma UK advise that all staff that come into contact with children should be able to recognise an asthma attack and know what they can do to help or get help.

When a child or young person has an asthma attack they should be treated according to their individual care plan and according to school asthma or medical conditions policy.

Emergency kit

An emergency asthma kit is held in the school office for each school, plus in Child's Play at Iwade. The emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer
- instructions on cleaning and storing the inhaler;
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

The inhaler and spacer should not be locked away.

The expiry dates for the asthma pumps are:

Iwade	June 2022	Bobbing	June 2022
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- These are checked termly to ensure they are in date
- The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.
- The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.
- An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.
- To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

The emergency salbutamol inhaler should only be used by children: - who have been diagnosed with asthma, and prescribed a reliever inhaler; - OR who have been prescribed a reliever inhaler; AND for whom written parental consent for use of the emergency inhaler has been given.

- Healthcare plans will include parental consent for use of the emergency asthma pump and spacer if necessary – additional permissions to be sought from parents for 2021
- A list is held with the emergency pump so it is noted when it has been used, for whom and how many puffs, along with checking that the parents have been informed of its use

Common signs of an asthma attack

The child or young person may be:-

- Coughing
- Short of breath
- Wheezing
- Complaining of a tight feeling in the chest
- Unusually quiet
- Having difficulty speaking/completing sentences
- Complaining of tummy ache (younger children)

The parent/carer should always be informed if their child has had an asthma attack or has been asking for their inhaler more than usual.

- Never leave a child who is having an asthma attack or send them away. Remember – bring the inhaler to child not the child to the inhaler.
- In an emergency school staff are required under the common law, duty of care to act as any reasonably prudent parent.

- All staff – especially those involved with PE activities - should have training or receive information about asthma once a year. In particular, they should be able to recognise symptoms of an attack, know about asthma medications and what needs to be done in the event of a child having an attack

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children. <http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Epilepsy

Epilepsy is the most common serious neurological condition. It affects about one in 279 children under 16. At Timu we also have staff who suffer with epilepsy. We support children with epilepsy and encourage them to reach their potential and take part in all aspects of school life. We ensure that all children and staff in the school understand epilepsy and do not discriminate against any children with the condition. The SENCo and Head of School will meet with the parents to draw up the healthcare plan and to identify any barriers which could prevent the child taking part and how these can be overcome.

We ensure that all staff fully understand epilepsy and seizure first aid, and that there is at least one member of staff trained to administer emergency medicines in school at all times. We also work together with children, parents, staff, governors, educational psychologists and health professionals to ensure this is successful for each child with epilepsy.

Some children with epilepsy are prevented from attending school due to prolonged or recurrent absence as a result of their epilepsy. The SENCo or Head of School will meet with the parents and discuss how to make provision for this through remote education, planning a part-timetable (if needed) or planning the return to school.

(added 6/11/2021)

In case of an emergency evacuation, where a child or adult is having a seizure and must be removed from the building for safety, 7 members of staff are trained in manually handling adults (see **fire safety** policy).

Healthcare plan

Any child who is diagnosed with epilepsy will have a health care plan which is updated at least annually. This should include any identified triggers such as changes which make the child anxious or excited, lack of sleep or stress. Additionally, it will identify any areas of school life which may be affected by their epilepsy, as well as whether additional time will be needed in any summative testing. It will also set out if the child will need emergency medication and how it will be stored and that medical consent is in place.

Children in the same class as the pupil will be introduced to epilepsy in a way that they will understand. This will ensure the child's classmates are not frightened if the child has a seizure in class.

The SENCo will be involved to draw up an ILP to support the child if they are at risk of, or are falling behind due to their seizures. Wider agencies such as Educational Psychologist may also be requested to be involved.

All class facing staff who work with the child will have training to support the child in case of seizures. Any change in the pattern of seizures are to be reported to the parents

Tonic-clonic seizures

Children who have tonic-clonic seizures (previously known as grand-mal) lose consciousness and fall to the ground. Their body goes stiff and their limbs jerk. When their seizure is over, their consciousness returns, but they may be very confused and tired.

- Stay with the child
- Put something soft under their head if possible
- Do not put anything in their mouth, or attempt to restrain them
- Protect the child from injury by removing any object that could harm them

- Do not give them anything to eat or drink until they have fully recovered
- Put the child in the recovery position once the seizure is over
- Try and time the length of the seizure
- Stay with the child and reassure them once the seizure is over

It's important to note that most children need a rest following this kind of seizure. Depending on how they are feeling, they may be able to return to lessons. However, if they take many hours to recover, they may need to be taken home. Some people are incontinent during a seizure – cover them with a blanket when the seizure is over to prevent embarrassment.

Video: <https://youtu.be/olArThAgUd8>

Absence seizures

During an absence seizure (previously known as petit-mal) the child will briefly lose consciousness, but will not lose muscle tone or collapse. They will appear to be daydreaming or distracted for a few seconds. While these episodes may seem unimportant, they can happen hundreds of times a day. This can cause the child to become confused about what is happening around them.

Absence seizures are most common in children between the ages of six and 12 years old. As the child will lose consciousness during seizures, they are at risk of missing out on vital learning. If a child is having absence seizures during the day, the child's parents may not be aware that their child has epilepsy. Spotting these seizures can help doctors make a diagnosis.

- There is no first aid needed for absence seizures, but they must not be mistaken for daydreaming or inattentiveness.
- Guide the child away from any dangers
- Stay with them until they have recovered
- Explain anything they may have missed – don't assume they are aware of what is happening

Video link: <https://youtu.be/JpPQbkMEYW8>

Complex partial seizures

This type of seizure can be difficult to recognise. The child's consciousness level will be affected to some extent, and they will not be fully in touch with what is happening around them. During the seizure they may do things repeatedly, such as swallowing, scratching or looking for something. Complex partial seizures can be misinterpreted as bad behaviour. In fact the child will not know what has happened and will not remember what they were doing before the seizure started.

- Although there is no real first aid needed for complex partial seizures, it's important not to restrain the child unless they are in immediate danger. This is because they may not recognise you and become frightened. However, if the child is walking towards a busy road, you should try to guide them to safety.
- When the seizure ends the child is likely to be confused, so it is vital to stay with them and reassure them.

Myoclonic seizures

When a child has a myoclonic seizure the muscles of any part of their body jerks. These jerks are common in one or both arms and can be a single movement or the jerking may continue for a period of time. Myoclonic seizures happen most often in the morning, and teachers need to bear in mind that a child may be tired or lack concentration if they start school after having one of these.

- There is no first aid needed for myoclonic seizures unless the child has been injured, when usual first aid procedures are used.
- If the child is distressed by the seizure, they may need comforting and generally reassuring.

Video link: <https://youtu.be/s8JrRuWfHOw>

Atonic seizures

Atonic seizures cause a child to lose muscle tone. When this happens the child falls to the ground without warning. This can result in injuries to the face and head. Children who have regular atonic seizures may need to wear protective headgear to avoid injuries.

- There is no first aid needed for atonic seizures, unless the child is injured during the fall.

Video link: <https://youtu.be/EEusUYI5uQ4>

RAPs

- Note the epilepsy on the RAP and ensure that when assessments are undertaken, the child receives additional time

Medication

- Medication taken for epilepsy can affect learning or behaviour – any changes should be reported to the child's parents.
- The only time medicine may be urgently needed by a child with epilepsy is when their seizures fail to stop after the usual time or the child goes into status epilepticus. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens, emergency medication needs to be administered by a trained member of staff. If this isn't possible an ambulance should be called.
- The Trust ensures that there are sufficient staff trained in dealing with seizures

The following forms can be downloaded from the NCYPE website

- Contact details form, <http://www.ncype.org.uk/dmdocuments/contactdetails.pdf>
- Current medication record, <http://www.ncype.org.uk/dmdocuments/currentmedication.pdf>
- Individual Healthcare Plan, <http://www.ncype.org.uk/dmdocuments/individualhealth-plan.pdf>
- Record of the use of emergency medication, <http://www.ncype.org.uk/dmdocuments/emergency-medication.pdf>
- Seizure description chart, <http://www.ncype.org.uk/dmdocuments/seizuredescription-chart.pdf>
- Seizure record chart, <http://www.ncype.org.uk/dmdocuments/seizure-recordchart.pdf>

This guidance is drawn up with reference to Epilepsy UK and National Centre for Young People with Epilepsy. [First aid for seizures in schools | Epilepsy Action Learning](#)

See also the **pupils with medical conditions** policy held on SharePoint.

First aid waste and body fluid spillages

- All first aid waste should be placed in a sick bag and then placed in the clinical waste bin
- PPE should be worn
- In case of body fluid spillages, the site team should be contacted
- Blood spillages should be cleaned up using the blood spillage kit and then double bagged and disposed of in clinical waste
- Sharps must be placed in the sharps bin – apart from Epipens which are sent with the ambulance crew as needed
- Body fluid spillages other than blood (such as vomit, faeces etc) should be cleaned with the body fluid spillage kit and/or wipes, paper towels and appropriate disinfectant. Used products should be double bagged and placed in clinical waste. The site team will then do a full clean and apply deodoriser
- Mops should never be used for cleaning up blood or body fluid spillages

See the **cleaning premises** and **first aid** RA

Defibrillator

Iwade and Bobbing Schools possess an automatic external defibrillator (AED) for emergency use. First aiders are trained to use the AED.

The expiry dates are:

Bobbing pads	04/2023	Iwade pads	04/2023
Bobbing battery	06/2025	Iwade battery	06/2025

Forest School

- The Forest School Leader is responsible for first aid in the Forest School setting and is fully trained in First Aid
- Whilst in Forest School a first aid kit, a burns first aid kit (including cling film), a fire blanket, fire extinguisher and a sufficient amount of water will be available.

The Forest School Leader will also carry an emergency kit which consists of:

- Whistle
- Thermal Blanket
- Clingfilm will be added to first aid kit
- Small Ground Sheet
- Chocolate / Something with Sugar and fresh bottled water
- First Aid Kit / Burns Kit
- Cotton Wool Pads
- Medical Emergency Procedures Laminated to protect documents
- High Vis Vest
- Spare socks, gloves, hats (Size Appropriate for children / adults attending sessions)
- Insect Repellent
- Bite and Sting Relief Spray
- Burn Relief gel sachets or spray (Burns First Aid Kit)

The first aid kit in Forest School will always contain:

- Eye Irrigation solution sachets
- Safety Pins
- Protective Gloves
- Roll of Micropore Tape
- Resuscitation Face Shield
- Triangular Bandages
- Large Sterile Dressings
- Medium Sized Sterile Dressings
- Saline Cleansing Wipes
- Burns Gel
- Cold Compresses
- Head Injury awareness bracelets
- Accident Recording Book
- Tissues – Nose Bleeds

Procedures

- The Forest School Leader will ensure all children, staff and visitors attending Forest School are informed of the actions to take in the case of an emergency.
- A whistle will be blown to signal an emergency everyone should stop doing what they are doing and listen. The Forest School Leader will then assess the situation and decide the next course of action to take.
- It is the Forest School Leader's responsibility to also ensure the rest of the group are safe and out of danger.
- The Forest School Leader will direct other members of staff to supervise remaining children whilst Forest School Leader attends to the casualty issuing first aid if required.
- If for any reason the Forest School Leader is unable due to injury themselves or illness, then the assistant leader will step up and need to take charge.
- All children will be made aware of the location of safety equipment and first aid kits
- If a pupil becomes unwell whilst in Forest School, the Forest School Leader will ensure the child is taken to the Office and the procedure for children who become unwell will be followed

- There will always be at least 1 First Aider in Forest School, along with a supporting member of staff who may be first aid trained. Additional first aiders are available within the schools and can be called on the walkie talkie when needed
- There will be one work provided phone on the Forest School Setting that can be used in the case of an emergency along with a walkie talkie
- The First Aider who dealt with the incident will complete an accident form slip and inform the school office so they can call the emergency contacts on file and home if necessary
- In case of an emergency the office should be contacted using the walkie talkie or mobile phone to call the main office on **01795 472578**
- What3Words Grid Reference: handrail.grand.lateral

Riddor reportable incidents

Riddor stands for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. RIDDOR requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences arising out of or in connection with work. Reporting should be carried out via the HSE website: www.hse.gov.uk/riddor/report

A telephone service is also provided for reporting fatal and specified injuries only - call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5pm).

HSE set out the types of reportable injury which must be reported to RIDDOR. HSE set out guidance for schools and can be found on <https://www.hse.gov.uk/pubns/edis1.pdf>

Incidents involving contractors working on the premises are normally reportable by their employers. If a self-employed contractor is working in the school and suffer a specified injury or an over-seven-day injury, the Head of School will report this to RIDDOR. The majority of accidents / incidents that happen in schools or on educational visits do not need to be reported.

Only in a few circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR.

Incidents to pupils and visitors

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in the section about only apply to employees. If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is not reportable.

How do I decide whether an accident to a pupil 'arises out of or is in connection with work'?

The responsible person at the school should consider whether the incident was caused by:

- a failure in the way a work activity was organised (eg inadequate supervision of a field trip);
- the way equipment or substances were used (eg lifts, machinery, experiments etc); and/or
- the condition of the premises (eg poorly maintained or slippery floors).

So, if a pupil is taken to hospital after breaking an arm during an ICT class, following a fall over a trailing cable, the incident would be reportable. If a pupil is taken to hospital because of a medical condition (eg an asthma attack or epileptic seizure) this would not be reportable, as it did not result from the work activity.

This means that many of the common incidents that cause injuries to pupils at school tend not to be reportable under RIDDOR, as they do not arise directly from the way the school undertakes a work activity. Remember, in all these cases, you only need to consider reporting where an accident results in a pupil's death or they are taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.

What about accidents to pupils during sports activities?

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity.

The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable. Examples of reportable incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

What about accidents to pupils in a playground?

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This includes incidents arising because:

- The condition of the premises or equipment was poor, eg badly maintained play equipment; or
- The school had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision.

What about violence between pupils?

This is a school discipline matter and will be dealt with using the Trust Behaviour policy which is part of the Positive Behaviour Principles.

What about pupils on work experience placements?

If pupils are on a training scheme or work placement, they are deemed to be employees for the period of the placement.

In these circumstances, the employer, as the responsible person, should report a death, injury or disease to a pupil, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

What about when pupils are using the school minibus?

If another vehicle strikes the school minibus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR.

However, we do not have to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the police.

Record keeping

The Trust will keep records of any reportable death, specified injury, disease or dangerous occurrence which requires reporting under RIDDOR. Additionally, any occupational injuries where a member of staff is

away from work or incapacitated for more than 3 consecutive days – these do not need reporting but must be recorded in the accident book. The online form can be printed and/or save a copy of the online form. A copy of the form will be automatically emailed to the email address provided. This can be attached to the page in the accident book.

All records must be kept for at least 3 years in line with the **retention policy**.

Any incident of physical violence which results in a minor injury to staff by a pupil will be recorded on an HS157 form which is held by the office. These are then held in a file in the main office and kept locked away as they contain personal information. These forms should be checked by the Office Manager

Responsible person

It is the duty of the responsible person to notify any incident which must be reported to HSE. The 'responsible person' is ultimately the employer but this duty may have been delegated for day to day operational purposes to the Head of School.

The Head of School MUST ensure accidents / incidents are reviewed periodically to ensure reports have been submitted if required. They should provide suitable training and information to the nominated responsible person in order that RIDDOR reports are completed if required.

What should be reported to RIDDOR?

RIDDOR requires deaths and injuries to be reported only when:

- There has been an **accident** which caused the injury
- The accident was **work-related**
- The injury is of a type which is **reportable**

Under RIDDOR, the responsible person must report the following work-related accidents, including those caused by physical violence, if an employee is injured, wherever they are working:

- accidents which result in death or a specified injury must be reported without delay (see 'Reportable specified injuries');
- Accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

The responsible person must also report any case of a work-related disease, specified under RIDDOR, that affects an employee and that a doctor confirms in writing (see 'Reportable diseases'). You can find detailed guidance about RIDDOR reporting and online reporting procedures at www.hse.gov.uk/riddor/report.htm

Reportable specified injuries

These include:

- 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:
 - cover more than 10% of the body; or
 - cause 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; or
 - requires resuscitation or admittance to hospital for more than 24 hours.

Physical violence

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence.

Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

These must be recorded on the HS157 form which is held by the school offices with the RIDDOR report attached to it.

Reportable occupational diseases

Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. (See www.hse.gov.uk/riddor for details of the reporting arrangements for self-employed people.)

These include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis, eg from work involving strong acids or alkalis, including domestic bleach;
- hand-arm vibration syndrome;
- occupational asthma, eg from wood dust and soldering using rosin flux;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Stress

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work. In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

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.

- Dangerous occurrences / Near-misses should be recorded via the HSE website. Such incidents should be emailed to the health and safety Coordinator / responsible person in the school. They will log and investigate the incident.
- The responsible person will complete a RIDDOR report if applicable.
- Dangerous occurrence / near-miss statistics should be reported to the Governors

Monitoring and evaluation

The school will review regularly the first aid policy and ensure that the necessary legal standards are being met and that, where improvements to the policy can be made in the light of monitoring accident reports, such improvements will be made.

Equal Opportunities

At Timu we are committed to ensuring equality of opportunity for all members of our school community irrespective of race, religion or belief, gender, gender reassignment, disability, sexual orientation, age, pregnancy or maternity, marriage and civil partnership or socio-economic background. We are determined to develop a culture of inclusion and diversity in which all those connected to the school feel proud of their identity and ability to participate fully in school life. We tackle discrimination through the positive promotion of equality by challenging stereotypes and by creating an environment that champions respect for all. We believe that diversity is a strength that should be respected and celebrated by all those who learn, teach and visit us.

All school policies have an explicit aim of promoting equality and will be reviewed in terms of their contribution and effectiveness in achieving this aim.