



1.7 Policy for First Aid (EYFS & KS1-3)

Reviewer responsible:	Head of Finance/Nurse	Date of last review:	01/26
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Authorised by:	Exec		

First Aid Policy (EYFS, KS1–KS3)

1. Introduction

This policy sets out the school's arrangements for providing first aid in accordance with current HSE requirements, DfE statutory guidance, and NHS England–supported clinical guidance, to safeguard the health, safety and welfare of pupils, staff, parents and visitors.

The policy is reviewed annually and after any significant incident, near miss, operational change, or change in national guidance.

2. Legislative and Guidance Framework

This policy has regard to:

- Health and Safety at Work etc. Act 1974
- Health and Safety (First-Aid) Regulations 1981
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- EYFS Statutory Framework
- DfE: Supporting Pupils with Medical Conditions at School
- NHS England and UK Health Security Agency (UKHSA) guidance
- Resuscitation Council UK guidance
- Keeping Children Safe in Education (KCSIE) (as safeguarding context for practice and escalation)

3. Aims

- To ensure prompt, appropriate and effective first aid is provided
- To minimise the impact of illness or injury
- To ensure safe escalation to NHS services when required
- To promote infection prevention and control
- To ensure first aid arrangements integrate effectively with safeguarding and medical conditions support

4. Roles and Responsibilities

4.1 The Head of Finance & Operations

- Holds overall responsibility for health and safety, including first aid provision
- Ensures first aid provision is risk-assessed, resourced and monitored
- Ensures staff training, competence, cover and audit arrangements are in place

4.2 School nurse

- Advises on clinical best practice and NHS-aligned guidance
- Leads medical protocols and supports staff competence in school-based care
- Supports development/review of Individual Healthcare Plans (IHPs) with relevant staff

4.3 First aiders

- Hold valid HSE-approved certification (and paediatric competence where required)
- Provide immediate care, determine escalation pathways and request support
- Record all incidents accurately and promptly in the school's recording system

4.4 Appointed Persons

- Take charge in the absence of a first aider (including calling emergency services)
- Ensure first aid supplies are accessed and that incident recording is completed

4.5 All Staff

- Take reasonable care for the health and safety of pupils and others
- Know how to summon first aid support and follow escalation procedures
- Act on safeguarding triggers encountered during first aid (see Section 9)

5. Provision and Cover (Risk-Based)

First aid cover and resources are determined through a documented risk assessment that considers:

- pupil numbers and age profile (including EYFS requirements)

EYFS: The School ensures that at least one member of staff with a current Paediatric First Aid (PFA) certificate is on the premises and available at all times when EYFS children are present, and that a PFA-trained member of staff accompanies EYFS children on outings.

- site layout and supervision arrangements
- curriculum risks (e.g., sport, science, DT) and off-site activities
- trips, clubs and events (including out-of-hours)
- staff absence/contingency arrangements

First-aid materials, equipment and facilities

First-aid supplies are kept in the school nurse's room.

First Aid boxes are: -

Building	Room
PGB	Reception Desk Art room, DT room, Boardroom, Science Lab, last classroom on the first floor of PGB
OB	OB Hall, Reception corridor, Middle floor OB corridor, Top floor OB corridor, Library
JCB	JCB Hall, Reception Desk, Middle floor JCB corridor, Top floor JCB corridor

- a leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings (assorted sizes)
- 2 sterile eye pads
- 2 individually wrapped triangular bandages (preferably sterile)
- 6 safety pins
- 6 medium sized individually wrapped sterile unmedicated wound dressings

- 2 large sterile individually wrapped unmedicated wound dressings
- 3 pairs of disposable gloves

Each playground assistant carries a portable first aid kit containing: assorted plasters, alcohol-free wipes, and disposable gloves.

- Each school bus carries a first-aid box (provided by bus company)
- First aid kits accompany PE teachers off-site
- First aid boxes are kept near to hand washing facilities
- Spare stock and additional specialised equipment are also kept in the Nurse's office.

Responsibility for checking the first-aid boxes:

- The school nurse will check the boxes every half-term in JCB, OB & PGB. All staff are responsible for notifying the school nurse if they notice that contents of any of them are running low.
- On trips, the teacher in charge of the trip must inform the school nurse of the date of the trip and the pupils attending, at least 7 days in advance. The nurse will then prepare the appropriate first aid kit/s for the trip for collection on the morning of the trip.
- For off-site PE, the Director of Sport will liaise with the nurse to ensure adequate kits are available and updated.
- For the Newton Centre playground, the School nurse will update the kits regularly.

Responsibility for stocking the first-aid boxes:

- The School nurse

For those children who require medical equipment such as epi-pens for allergies, or inhalers and/or ventilators for asthma, this equipment should be provided by parents, along with written instruction about how and when they should be administered. These are kept in a named orange bag and kept at the reception of the child's building and is taken to sports lessons, music lessons (off site), lunch and school trips. The school nurse keeps a spare EpiPen for those children who require them. These are kept in the school nurse's office in the JCB. A stock of spare epi-pens is kept by the school nurse.

6. Infection Prevention and Control (NHS-Aligned)

- Hands must be washed before and after treatment
- Disposable gloves must be worn where there is risk of exposure to blood or body fluids
- Additional PPE (e.g., apron, mask/eye protection) is used based on risk assessment and UKHSA guidance
- Waste is disposed of safely in line with school procedures
- Routine use of face masks is not required for first aid unless clinically indicated

7. Emergency Procedures and Escalation

- 999 is called immediately for life-threatening emergencies or where urgent conveyance is required
- 111 / GP / local urgent care may be used for non-urgent escalation, following clinical judgement and parental liaison

- A member of staff remains with the casualty until care is handed over
- The school contacts parents/carers as soon as reasonably practicable, and immediately where escalation to emergency care is required

8. Clinical Protocol Highlights

8.1 Head Injuries (NHS-Consistent)

All head injuries are assessed by the school nurse or a first aider.

Immediate medical attention/urgent escalation is required if any of the following are present:

- loss of consciousness
- vomiting
- severe or worsening headache
- confusion, marked drowsiness, seizure
- unequal pupils, weakness, or concerning neurological signs

Parents are informed of all head injuries and provided with appropriate monitoring advice.

8.2 Anaphylaxis

- Any trained member of staff may administer an adrenaline auto-injector (AAI) in an emergency
- The school may hold spare AAIs in line with legislation and national guidance; spares do not replace a pupil's prescribed devices
- Emergency services must always be called following administration, and parents/carers informed immediately
- Individual risk management arrangements are documented in the pupil's IHP (where applicable)

8.3 Mental Health First Aid

The school recognises that mental health emergencies may require first aid response. Staff will:

- provide reassurance, supervision and practical support
- escalate concerns to the Designated Safeguarding Lead (DSL) and/or school nurse in line with the Safeguarding Policy
- seek urgent NHS support where there is risk of harm
- record actions taken in the appropriate school systems (first aid record and safeguarding record where relevant)

9. Interface with Medication Policy and Medical Conditions Support

- First aid is distinct from the administration of medicines.
- Where medication is required (including inhalers, insulin, prescribed analgesia, antibiotics, controlled drugs), staff must follow the School's Medication Policy and the pupil's Individual Healthcare Plan (IHP) where applicable.
- No prescription medicine is administered without appropriate authorisation and parental consent, except in an emergency where immediate action is required to preserve life or prevent serious deterioration (e.g., AAI use).

- Where first aid treatment and medicines administration both occur, records must cross-reference one another (time, dose, route, staff member, outcome).

10. Safeguarding Considerations During First Aid

First aid delivery may reveal safeguarding issues. Staff must act in accordance with the School's Safeguarding/Child Protection Policy and report concerns to the DSL without delay.

Safeguarding escalation triggers may include (but are not limited to):

- injuries inconsistent with the explanation given
- repeated injury patterns or frequent presentations
- disclosures made during treatment
- indicators of neglect (e.g., lack of medical follow-up, persistent unmet health needs)
- concerns about supervision arrangements or unsafe practice

Confidentiality is maintained on a need-to-know basis, and information is shared where required to safeguard children.

11. Record Keeping, Reporting and Data Protection

- All first aid incidents are recorded on the school system as soon as reasonably practicable
- Records are retained in line with the School's Records Retention Schedule. Accident/first aid records relating to pupils are held on the pupil file and are normally retained until the pupil reaches the age of 25, unless a longer period is required (e.g., safeguarding, legal hold, or insurer advice).
- Information is handled in accordance with UK GDPR and the Data Protection Act 2018
- RIDDOR reporting decisions and submissions are managed by the Responsible Person (Head of Finance & Operations). Supporting documentation is retained in line with the School's Records Retention Schedule.

12. Review, Monitoring and Quality Assurance

This policy is reviewed annually and following:

- changes in NHS/statutory guidance
- serious incidents, near misses, or identified trends
- changes to staffing, premises, curriculum delivery, or supervision arrangements

Monitoring includes:

- periodic audit of first aid logs for completeness and trends
- review of training compliance and refresher schedules
- checks of first aid provision, equipment and accessibility
- learning actions tracked to completion (e.g., environmental fixes, supervision changes, training updates)

Providing Information To Staff

The school nurse ensures that all staff are informed of the school's first aid arrangements as part of the staff induction programme. This includes:

- how to summon first aid support
Operational steps: (1) If the situation is life-threatening, call 999 immediately. (2) Notify the school nurse/first aider via reception/school office (or radio/runner where used). (3) Do not leave pupils unsupervised—send another adult to meet the first aider. (4) reception/School Office will direct the nearest first aider and, if an ambulance is called, arrange for a member of staff to meet and escort paramedics on arrival. (5) Inform the Head/SLT and, where relevant, the DSL.
- escalation procedures and emergency contacts
- safeguarding responsibilities arising during first aid
- recording and reporting requirements

Updated information, including any changes to procedures or guidance, is communicated through whole-school staff briefings and mandatory training updates.

To Parents and Carers

The school ensures timely, clear and proportionate communication with parents/carers following first aid incidents, taking account of the nature and severity of the injury.

- Minor head injuries
Where a pupil sustains a minor head injury and does not require emergency treatment, parents/carers will be informed by email or electronic message as soon as practicable on the same day.
The child will be issued with a red wristband to indicate that a head injury has occurred, and parents will be provided with guidance on signs and symptoms to monitor at home.
- Injuries requiring medical assessment
Where a pupil sustains an injury that requires assessment or treatment by a GP, urgent care centre or hospital (but is not life-threatening), parents/carers will be contacted by telephone and asked to collect their child as soon as possible.
If a parent/carer is unable to attend promptly and clinical judgement indicates it is necessary, a first aider may accompany the pupil to an appropriate local medical facility, in line with School procedures and parental communication.
- Serious injuries or medical emergencies
In the event of a serious injury or life-threatening medical emergency, the emergency services will be called immediately by dialling 999.
Parents/carers will be contacted by telephone without delay by a designated member of staff who is not directly involved in managing the emergency.

All communication with parents/carers is conducted sensitively, factually and in accordance with data protection requirements.

Record of Communication

All parental contact relating to first aid incidents, including the method and timing of communication, is recorded on the school's management system and cross-referenced to the relevant first aid and safeguarding records where appropriate.

Staff Medication

It is the responsibility of each member of staff to ensure that any personal medication brought into the school is securely stored away from children, either in a locked drawer or given to the School Secretaries in the JCB, OB or PGB for safe keeping.

Accommodation

The designated area for medical treatment and care of children during school hours is the Admin office in OB, in the School nurse's room opposite the Secretary's desk in the JCB and the space next to the reception in the PGB. Both areas are within easy distance of a washbasin and a lavatory. Necessary first aid equipment is to hand all buildings.

Basic First Aid Procedures

All staff in the school deal with minor incidents requiring first aid. The qualified first aiders are listed in **Appendix 3 (attached)**.

If a minor accident occurs during the school day the child is sent to the first aider/ School nurse, accompanied by an adult as appropriate. If a major accident occurs where the child or member of staff is unconscious or cannot be moved, the emergency services should be called immediately and then the School nurse called to the scene. All classrooms have phone contact with outside lines. Detailed procedures for playground accidents are set out in the policy **Guidance for Playground Supervision**.

Treatments

Only the **School nurse, trained first aiders or appointed persons** may administer first aid to an injured or unwell child or adult, other than for very minor assistance (e.g., reassurance or referral). All staff are informed during induction that they must **summon a first aider** when first aid is required.

Personal Protective Equipment (PPE) and Infection Control

- Hands must be washed or sanitised before and after providing first aid
- Disposable gloves must be worn where there is a risk of exposure to blood or body fluids
- Additional PPE (e.g., disposable apron, face mask, eye protection) is worn **based on risk assessment and UKHSA guidance**, not routinely
- A clean-up bag containing gloves, apron, wipes and disposal bag is available in every classroom
- Waste and contaminated materials are disposed of safely in line with school procedures

Routine wearing of face masks is **not required** for first aid unless clinically indicated.

Common Injuries and Conditions

Management of Raised Temperature Below 38.0°C

Definition

A temperature below 38.0°C is not classed as a fever under NHS guidance. However, a child with a raised temperature below this threshold may still be unwell and requires monitoring and professional judgement.

Initial Assessment

Where a pupil presents with a temperature below 38.0°C, the school nurse or a first aider will:

- assess the child's general condition and behaviour
- consider associated symptoms (e.g., headache, sore throat, lethargy, nausea)
- check for recent illness or injury
- record the temperature and observations

Management and Monitoring

If the child:

- appears comfortable, alert and able to participate in normal school activities, and
- has not vomited and shows no red-flag symptoms, the child may remain in school, with:

- continued observation by staff,
- opportunities to rest if needed,
- access to drinking water, and
- reassessment if symptoms change.

Parental Communication

Parents/carers may be informed where:

- the child reports feeling unwell,
- symptoms persist or worsen, or
- staff professional judgement indicates early collection may be in the child's best interests.

Parental contact and advice given must be recorded.

Escalation

The child must be sent home if:

- the temperature rises to 38.0°C or above,
- vomiting occurs,
- red-flag symptoms develop, or
- the child is unable to participate comfortably in school activities.

Emergency services (999) must be called if serious symptoms develop.

Medication

- Temperature-reducing medication will not be administered solely to enable a child to remain in school.
- Any medication administration must follow the Administration of Medication Policy and an agreed Individual Healthcare Plan where applicable.

Management of Fever (Temperature $\geq 38.0^{\circ}\text{C}$)

Immediate Actions

Where a pupil is identified as having a temperature of 38.0°C or above:

- The pupil will be assessed by the school nurse or a first aider
- The child will be supervised in a quiet, well-ventilated area away from other pupils where appropriate
- The child will be encouraged to rest and may be offered water (if clinically appropriate)
- Temperature readings and observed symptoms will be recorded

Parental Notification and Exclusion

- Parents/carers will be contacted by telephone and asked to collect their child as soon as possible
- Pupils with a fever must not remain in school, as fever is commonly associated with infectious illness

Medication

- Antipyretic medication (e.g., paracetamol or ibuprofen) will not be administered unless:
 - it is part of the pupil's agreed Individual Healthcare Plan (IHP), and
 - written parental consent and medical authorisation are in place, in accordance with the School's Medication Policy
- Staff must not mask symptoms by administering medication to allow the child to remain in school

Return to School

- Pupils may return to school once they are clinically well and have been fever-free for at least 24 hours without the use of fever-reducing medication, in line with NHS guidance

Management of Vomiting

Immediate Actions

If a pupil vomits while at school:

- The pupil will be supervised by the school nurse or a first aider
- The pupil will be moved away from other pupils to reduce infection risk
- Appropriate infection control procedures will be followed, including use of PPE and safe cleaning of affected areas
- The incident will be recorded on the school's system

Parental Notification and Exclusion

- Parents/carers will be contacted immediately and asked to collect their child
- A pupil who has vomited must not remain in school

Exclusion Period (NHS Guidance)

In line with NHS guidance for gastrointestinal illness:

- Pupils must remain at home for at least 48 hours after the last episode of vomiting
- This exclusion period applies even if the child appears otherwise well

Cuts and Scratches

- Clean the wound using appropriate wipes or solution
- Apply a plaster or dressing if required, after checking for known allergies

Bleeding

- Apply firm direct pressure to the wound
- Elevate the injured area where appropriate
- If bleeding is heavy or uncontrolled, summon a first aider immediately and seek emergency assistance if required

Head Injuries

- All head injuries are assessed by the school nurse or a first aider
- A cold compress or ice pack may be applied if appropriate
- The scalp is checked gently for swelling, bleeding or deformity; the head and neck are handled with care
- Parents/carers are informed in line with the school's communication procedures
- Any red-flag symptoms (e.g., loss of consciousness, vomiting, worsening headache, confusion, seizure) require urgent escalation

Falls

- The situation is observed and assessed calmly
- If the child is unable to stand or is in obvious distress, a first aider must be called
- Children must **not** be lifted if they cannot stand unaided, due to risk of further injury

Unconsciousness

- Call the emergency services immediately (999)
- Request urgent assistance from the School nurse or first aider
- Do not leave the casualty unattended

Breathing Difficulties / Asthma

- Encourage the child to sit upright and remain calm
- Ask whether they use an inhaler and assist them to use it if available
- If symptoms do not improve, worsen, or an inhaler is not available, summon a first aider and seek emergency assistance as required
- Follow the child's Individual Healthcare Plan (IHP) where one exists

Epilepsy / Fainting

- Support or ease the fall where possible
- Loosen tight clothing around the neck
- During a seizure, cushion the head but **do not restrain movements or place anything in the mouth**
- Once the seizure stops, place the child in the recovery position
- Call a first aider and seek emergency support where required, following the child's IHP

Haemophilia

- Children with haemophilia are managed in accordance with their Individual Healthcare Plan
- Any significant bleeding episode requires urgent medical attention and an ambulance should be called

Diabetes

- Symptoms of high or low blood sugar may include lethargy, confusion, sweating or unusual behaviour
- Follow the child's Individual Healthcare Plan
- Contact a first aider and/or School nurse immediately
- Escalate to emergency services if symptoms do not improve promptly

Anaphylaxis

Anaphylaxis is a severe, life-threatening allergic reaction.

- Any member of staff may administer an adrenaline auto-injector (AAI) in an emergency
- The school may use the pupil's prescribed AAI or a school-held spare AAI, in line with legislation and guidance
- Emergency services must be called immediately following administration
- Parents/carers must be informed without delay

Common triggers include:

- food (e.g., nuts, eggs, fish)
- insect stings
- medicines or immunisations

Safety and Blood-Borne Virus Protection

- Gloves and, where appropriate, aprons must be worn when dealing with blood or body fluids
- All waste is sealed in a disposable bag and disposed of safely
- Soiled clothing is placed in a sealed plastic bag and returned to parents/carers

Allergies and Long-Term Medical Conditions

- A Medical Register is maintained on the school's management system
- This records allergies, long-term conditions (e.g., asthma, diabetes, epilepsy) and any health needs notified by parents

- Relevant staff are made aware of this information as part of induction and ongoing training
- Individual Healthcare Plans are used where required and reviewed regularly

Use of Sunscreen

The school recognises the importance of sun protection.

- Parents are encouraged to apply sunscreen before school and provide sun hats
- If parents wish staff to apply sunscreen, **written consent must be provided**
- A school stock of sunscreen is available; parents must notify the school of any allergies and provide alternatives if needed
- Sunscreen is applied before playtimes and outdoor sports activities
- Another member of staff should be present when sunscreen is applied
- Older pupils are encouraged to apply sunscreen independently
- Playground supervision arrangements take account of shaded and non-shaded areas during warmer months

Medication

Arrangements for pupils requiring regular or emergency medication (including inhalers and adrenaline auto-injectors) are covered in the **Administration of Medication during School Hours Policy** and the pupil's Individual Healthcare Plan, where applicable.

Further Information

Useful Documents and Resources

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR): This document provides information on the duties of employers to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses). The reporting of injuries, diseases and dangerous occurrences should be submitted online directly to RIDDOR. The relevant forms can be found at www.hse.gov.uk/riddor

For fatal or specified injuries only, telephone (local rate) 0845 300 9923;

HSE Information Sheet No.1 (Revision 3) 2013 www.hse.gov.uk/pubns/edis1.htm Guidance for Employers

Association for Science Education – www.ase.org.uk

APPENDIX 1: PPE



UK Health
Security
Agency

Guide to donning and doffing PPE: Droplet Precautions

for health and social care settings

Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

- 1 Put on your plastic apron, making sure it is tied securely at the back.
- 2 Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.
- 3 Put on your eye protection if there is a risk of splashing.
- 4 Put on non-sterile nitrile gloves.
- 5 You are now ready to enter the patient area.

Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

- 1 Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.
- 2 Perform hand hygiene using alcohol hand gel or rub, or soap and water.
- 3 Snap or unfasten apron ties the neck and allow to fall forward.
- 4 Snap waist ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.
- 5 Once outside the patient room. Remove eye protection.
- 6 Perform hand hygiene using alcohol hand gel or rub, or soap and water.
- 7 Remove surgical mask.
- 8 Now wash your hands with soap and water.

Please refer to the standard PPE video in the COVID-19 guidance collection:
www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

APPENDIX 2: REPORTING SCHOOL ACCIDENTS

The school follows the guidelines set out by HSE (Health and Safety Executive) – Incident reporting in schools (accidents, diseases and dangerous occurrences) – Guidance for employers (2013). These are summarised below:

Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR.

The duty to notify and report rests with the 'responsible person' (the employer), typically the Bursar/Head of Finance & Operations. Incidents involving contractors are reported by their employer unless the School is the responsible person for the activity.

All incidents can be reported online. There is also a telephone service for reporting fatal and specified injuries only (HSE Incident Contact Centre: 0345 300 9923).

Records must be kept of any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR. They should be logged in an accident book and kept for at least three years after the incident.

1. Injuries and ill health to people at work

Under RIDDOR, the responsible person must report the following work-related accidents, including those caused by physical violence, and diseases:

- Accidents which result in death or a specified injury must be reported without delay. Specified injuries include: fractures (other than fingers, thumbs and toes); any injury likely to lead to permanent loss or reduction of sight; any crush injury to the head or torso; serious burns; 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 head-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.
- Accidents which prevent the injured person from continuing their normal work for more than seven days must be reported within 15 days of the accident.
- Some acts of non-consensual physical violence which result in death, a specified injury or a person being incapacitated for over seven days. For example, a teacher sustaining a specified injury due to a pupil, colleague or member of public assaulting them on school premises.
- Occupational diseases when there is a written diagnosis from a doctor that it is linked to occupational exposure. This could include tendonitis, severe cramp of the hand or forearm and occupational dermatitis e.g., from work involving strong acids or alkalis, including domestic bleach.

Work related stress and stress-related illnesses are not reportable under RIDDOR. Stress related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

2. Incidents to pupils and other people who are not at work

Injuries to pupils or visitors who are involved in an accident at school or on an activity organised by

the school are only reportable to RIDDOR if the accident results in:

- The death of the person, and arose out of or in connection with a work activity;
- 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.

The list of specified injuries and diseases in Section 1 above 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 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 (e.g., inadequate supervision of a field trip)
- The way equipment or substances were used (e.g., scientific experiments)
- The condition of the premises (e.g., poorly maintained floors).

An example of a reportable incident would be if a pupil was taken to hospital after breaking an arm during an ICT class following a fall over a trailing cable. If a pupil was taken to hospital due a medical condition, such as an asthma attack, this would not be reportable as it did not result from a work activity.

Many common incidents that cause injuries to pupils at school tend not be reportable under RIDDOR as they do not arise directly from the way the school undertakes a work activity.

Remember you only need to consider reporting where an accident results directly 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. The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment or because of inadequate supervision of the activity. If the injury arises from normal rough and tumble of a game this is not reportable.

Examples of reportable incidents would include: where the condition of premises or sports equipment was a factor in the incident 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 the playground?

Most playground accidents due to collisions, slips and falls are not normally reportable. They are only reportable where the injury results in a pupil either being killed or taken directly to hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity such as the condition of the premises or play equipment being poorly maintained or where particular risks were identified but no action was taken to provide suitable supervision.

Physical violence between pupils is a school discipline matter and is not reportable under RIDDOR.

Other Scenarios

Injuries to pupils while travelling on a school bus – If another vehicle hits the school bus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR. However, you do not need to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on a public highway.

Incidents involving pupils on overseas trips – RIDDOR only applies to activities taking place in Great Britain.

3. Dangerous Occurrences

These are specified near-miss events, and are reportable under RIDDOR. These include:

- The collapse or failure of load-bearing parts of lifts
- An electrical short circuit or overload causing a fire or explosion
- The accidental release of any substance that may cause a serious injury or damage to health

The full information sheet is available at www.hse.gov.uk/pubns/edis1.htm

Reference should also be made to the School's policies for Educational Visits and Guidance for Playground Supervision

APPENDIX 3: FIRST AIDERS WITH QUALIFICATIONS

This matrix should be kept up to date and made available on request. It shows first aid cover by site/area, qualification type and expiry dates (including Paediatric First Aid where applicable).

Name	Role/Area	Site/Building	Qualification	Expiry	Notes (e.g., PFA/AED)
Amoya Chakdouf (Add names)	School nurse First Aid Officer	All sites By site/area	RGN (School nurse) First Aid qualification (see certificate)	N/A DD/MM/YYYY	Clinical lead
(Add names)	First aider	By site/area	FAW/EFAW/PFA	DD/MM/YYYY	Minimum cover met
(Add names)	Appointed Person	By site/area	Appointed Person (1 day)	DD/MM/YYYY	Not a First aider

Sources

Health and Safety (First-Aid) Regulations 1981 and associated HSE guidance
HSE: RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)
guidance and reporting
DfE: Supporting pupils at school with medical conditions (statutory guidance)
EYFS statutory framework (Paediatric First Aid requirements and safeguarding/child protection duties)
UKHSA/NHS infection prevention and control guidance
Resuscitation Council UK: First aid / resuscitation guidance