AYSCOUGHFEE HALL SCHOOL

FIRST AID POLICY

Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

Legislation and Guidance

This policy is based on the statutory framework for the Early Years Foundation Stage, advice from the Department for Education (DfE) on first aid in schools and health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety (First-Aid) Regulations 1981, which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- The Social Security (Claims and Payments) Regulations 1979, which set out rules on the retention of accident records
- The Education (Independent School Standards) Regulations 2014, which require that suitable space is provided to cater for the medical and therapy needs of pupils

All staff in school have responsibility for dealing with minor incidents requiring first aid training in line with the school's policy on Health and Safety.

Staff should always dial 999 for emergency services in the event of a serious emergency, medical or otherwise.

This policy should be read in conjunction with the school's policies for:

- Allergy Safety and Anaphylaxis
- Early Years Foundation Stage
- Health and Safety
- Risk Assessment
- SEND
- Supporting Children with Medical Conditions

Roles and Responsibilities

As a school with an Early Years setting, Ayscoughfee Hall School adheres to statutory guidance that at least 1 person who has a current paediatric first aid (PFA) certificate must be on the premises at all times

when children are present and must accompany children on outings at least one holder of a PFA certificate is present when Early Years children are eating. The qualified holders of PFA certificates in school are:

- Mrs Climo
- Mrs Forster
- Mrs Li
- Mrs Patman
- Mrs Thorpe
- Mrs Adams
- Mrs Mitchell
- Mrs Wing
- Mr Clark
- Mrs Kenneally

In addition, the following members of staff are trained first aiders:
- Mrs Staples (appointed person)
- Miss Lawniczak
- Mr Hutton

Teaching staff and Teaching Assistants receive basic training in first aid to support them in fulfilling their responsibilities.

Appointed Person and First Aiders

The school's appointed person is Mrs Staples (school secretary). She is responsible for:
- Taking charge when someone is injured or ill.
- Making sure there is an adequate supply of medical materials in first aid kits and replenishing the contents of these kits.
- Making sure that an ambulance or other professional medical help is summoned when appropriate.

First aiders are trained and qualified to carry out their role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- Sending pupils home to recover, where necessary.
- Filling in an accident report on the same day as, or as soon as it reasonably practicable, after an incident.
- Keeping their contact details up to date.

The Bursar maintains a central register of first aid qualifications and renewal dates. Training requirements are reviewed termly to ensure adequate first aid cover is maintained at all times.

The names of the appointed person and all trained first aiders are prominently displayed around the school.

The Governing Body

The Governing Body has ultimate responsibility for health and safety matters in the school, but delegates operational matters on a day-to-day basis to the head teacher and staff members. The Bursar, Emma Gibson, is the first port of call for staff with any health and safety concerns.

The Headteacher

The headteacher is responsible for the implementation of this policy, including:
- Making sure that an appropriate number of appointed persons and first aiders are present in the school at all times.
- Making sure that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- Making sure all staff are aware of first aid procedures.
- Making sure appropriate risk assessments are completed and appropriate measures are put in place.
- Undertaking, or making sure that managers undertake risk assessments as appropriate, and that appropriate measures are put in place.
- Making sure that adequate space is available for catering to the medical needs of pupils.

- Reporting specified incidents to the HSE when necessary.

Staff

School staff are responsible for:
- Making sure they follow first aid procedures.
- Making sure they know who the appointed person and first aiders are in school.
- Completing accident reports for all incidents they attend to where a first aider is not called.
- Informing the headteacher or their manager of any specific health conditions or first aid needs.

First Aid Boxes

There are eight boxes. One is located in the School Office, Main Corridor, Art Room, PTFA Kitchen, Cookery Room, Music Corridor, Infant Block and Junior Changing Rooms.

The contents of first aid boxes are determined through the school's first aid needs assessment and may vary according to location and activity. As a minimum, first aid boxes contain a range of sterile dressings, plasters, bandages, resuscitation face shields and other equipment appropriate to the identified risks. All supplies are checked regularly by the appointed person and replenished as required.

The Appointed Person, Mrs Staples, is responsible for checking the First Aid supplies and for keeping a record of when they have been checked**.** She will replace out of date items and replenish stocks when necessary, from the First Aid Store. Staff should notify her if they notice that stocks are running low.

Medical Room

Minor first aid issues will be dealt with either in the infant block foyer area (break times) or the school office. If a medical room is required for more serious incidents, these are located in the Junior boys' / girls' changing rooms. Both rooms have a locked first aid cabinet, the key to which is stored in the PE Office. In the rare event of the Medical Rooms being in use during PE sessions, children will change in classrooms.

Defibrillator

A defibrillator is kept in the office for use if necessary. Staff receive regular training in the use of this equipment, but full instructions are available. In the case of an emergency, someone must contact the emergency services immediately, while another member of staff collects the defibrillator from the office and, where possible, another member of staff should accompany them to the casualty. The defibrillator should be returned to the school office as soon as practicable after use and Mrs Staples made aware that it has been used.

Safety/HIV Protection

All staff must wear disposable gloves when dealing with any accident involving blood or any other bodily fluids. Any waste (wipes, pads, paper towels etc.) must be placed in a disposable bag, fastened securely and placed in the Clinical Waste Bin located in the staff toilet in the Infant Block. Any soiled children's clothes must be placed in a plastic bag and fastened ready to take home.

Break Time Arrangements

If an accident occurs in the playground, dedicated members of staff are available to provide first aid. At morning break time this will usually be Mrs Staples or Mrs Wade. At lunchtimes, midday supervisors on the playground will provide first aid from 12.20pm to 1.50pm. After this time, when the majority of children are outside, a member of the teaching staff will be on first aid duty in the Infant Block shared area. For more serious first aid emergencies, a qualified first aider is available in the school office.

Treatments:

Cuts/scratches

Use only clean water or antiseptic wipes. It is policy not to use antiseptic liquids/ointments, as these could delay healing. Plasters may be applied, if necessary, after ascertaining the child is not allergic to them.

Bleeding

Clean as above. If profuse, apply direct pressure and raise the wound before sending for the first aider.

Head Injuries

In the event of a head injury, it is important that staff follow these steps:

- If the child is unconscious, immediately send for the first aider and call for an ambulance.
- If conscious, initially check that the child is able to stand safely before attempting to move them. If not, send for the first aider who will assess next steps.
- In the event of a minor head injury, proceed as follows:

    - Handle the head and neck very gently.
    - Run hands over the scalp to identify any bleeding, swelling or any area that feels soft or indented.
    - Apply a cold compress and monitor continuously.
    - If the child shows any signs of confusion, reduced consciousness, vomiting etc. call parents immediately and consider need for more immediate medical treatment (e.g. calling an ambulance or transferring to local minor injuries unit).
    - If the child is otherwise well, ensure the class teacher is aware of the bump and knows to monitor for signs of concussion (this may occur at a much later stage).
    - Contact the school office and ask that parents be made aware that their child has suffered a more serious bump to the head.
    - If parents are notified by phone, record the injury on My Concern- it is the responsibility of the person telephoning the parent to log the concern.
    - Log in the accident book and ensure the class teacher is given the associated slip.
    - Include a signs and symptoms of concussion slip with the accident slip.
    - Class teacher, or adult in charge of the class at the end of the day, should speak to whoever collects the child and make them aware of the injury.

Choking

In the event of a choking incident, the first line of treatment is to encourage the individual to cough. If the cough is not effective, shout for the attention of another person and ask them to call Emergency Services and administer 5 back slaps. If the obstruction has not been cleared, follow by 5 abdominal thrusts. Repeat sequence until the blockage is removed. In the event of the individual becoming unconscious, the school has LifeVac choking devices located in the PTFA kitchen off the hall, The Kindergarten Class and a spare in the school office for visits off site. These should only be used by staff who have received training. LifeVac devices are supplementary equipment and do not replace recognised first aid choking procedures.

EYFS Eating Arrangements

To comply with National Guidance, the following must be adhered to.

A paediatric first aider must be present whenever the children are eating. Children eat a snack at break time and their lunch each day in school. These times are covered as follows:

Break time – All EYFS children eat in their own classroom with the correct ratio of adults present. At least one of these adults must be paediatric first aid trained. The children will be closely supervised, facing forward where possible.

Lunchtime – Kindergarten will eat in their own classroom supervised by the correct ratio of adults to children (minimum of two adults), at least one of whom must be paediatric first aid trained. The children will be closely supervised, facing an adult wherever possible.

Lunchtime – Reception children eat in the hall. The sit together and are supervised by two adults – one of whom is responsible for watching the children and the other, for opening packets etc. There must be a minimum of one paediatric trained first aider in the hall at all times while the children are eating.

Occasionally, children may consume food during the school day, for example a fruit tasting activity. When this happens, the children will be closely supervised and a paediatric trained first aider will be present.

Falling

Children tend to fall over quite frequently when playing, and they react in different ways. It is advisable to watch the situation carefully and assess it. If the child is unable to get up and is in obvious distress, call the first aider, who will assess the situation and take the appropriate action. If the child is unable to stand unaided, **do not lift them –**this could cause other injuries.

Unconsciousness
Call the first aider immediately

Breathing difficulties

Ask the child to stand or sit quietly, do not lay them down. If they have an inhaler, check that they use it correctly. If they do not use an inhaler, **call the first aider immediately.**

Fainting/Epilepsy

If a child is falling, try to support him/her or ease the fall, loosen clothing around the neck and **call the first aider**.

Haemophilia

This condition affects the clotting of the blood and can cause haemophiliacs to bleed more freely than other people. If the child concerned is a sufferer and is experiencing a 'bleed', **call an ambulance immediately and inform the parents.**

Anaphylaxis

This is the result of a severe allergic reaction. The child can experience severe difficulties with breathing. Common allergies are:

- Food e.g. eggs, fish, nuts (especially peanuts)
- Insect stings
- Immunisation or antibiotics

Please see the school's Allergy Safety and Anaphylaxis Policy for full details relating to allergy prevention, emergency medication, adrenaline auto-injectors, Allergy Action Plans and suspected anaphylaxis response procedures.

Allergies/ Long -Term illness

Parents are asked to inform the School Secretary of any known allergies to any form of medication, food products or insect stings, as well as details of any long-term illness, e.g. asthma, and details on any child whose health might give cause for concern. The School Secretary records this information and keeps a record on the pupils' school record. A Medical List is compiled and distributed to class teachers at least annually or as needed. Please note this is a **Confidential List** and should be treated as such.
Class teachers are given a **Confidential List** of all children known to have long-term or chronic conditions, any treatment required and instructions for dealing with possible emergencies.

Accidents
Most injuries resulting from accidents in school are minor ones (cuts and grazes).

Vomiting and Diarrhoea

There are buckets and cleaning materials in the School Office and Staffroom for pupils who feel sick. Vomit must be treated as a biohazard and the area must be thoroughly disinfected. If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed. This includes if the child is sick at home.

Chicken Pox and other Diseases and Infections

If a child is suspected of having Chicken Pox a member of staff will look at their arms or legs. To look at a child's back or chest would only be done if the school were concerned about infection to other children. In this case, another adult would be present and would not be completed without the child's consent. If a child has Chicken Pox, or any other suspected infection, they will need to stay off school for a prescribed period of time. The School Office will advise timescales. We refer to the 'Guidance on Infection Control in Schools and other Childcare Settings' as produced by the HSC Public Health Agency and follow their guidelines for dealing with and responding to different diseases and infections.

All parents must ensure they adhere to the guidelines above to control the spread of infection within the school.

Mental Health

Staff should remain alert to pupils displaying signs of mental health distress and follow safeguarding, wellbeing and mental health procedures where concerns arise.

First Aid on School Trips

A first aid pack must be carried on all school trips. All teachers should carry a mobile phone to enable contact with the ambulance service and the school. (See Educational Visit Policy). Most staff are trained in general first aid and we try to ensure there is a first aider on all school trips. A Paediatric First Aider must be present on all EYFS outings.

Arrangements for Children who Feel Unwell During the Day

It is important that children who are clearly unwell and / or infectious should be sent home as soon as possible.

The following guidelines should be adhered to:

If a child says he / she feels unwell, staff should:

- Check to see if the child is on the "medical condition" list
- Ask the child how he / she feels
- Look at the child's face to check if there are any signs of illness i.e. pale face, flushed face, spots, lack lustre eyes etc.
- Check to see if the child appears to be lethargic
- Check the child's temperature with a thermometer.
- Note if the child has been sick, fainted etc.

If any of these signs are apparent, then the following occur:

- Child should be sent to the office
- Teacher to be informed if applicable.
- Parent should be telephoned
- Child should be kept comfortable with first aider present – temperature monitored if necessary
- First aider to explain the nature of the child's symptoms to parent on arrival
- Class teacher to be informed when child has been taken home
- In the case of an obvious rash or spots, the child should be isolated until collected

It is necessary to note that some children will say they are poorly when they are not.

If there is any suspicion that a child is malingering:

- Check whether the child has tendencies towards hypochondria and has done this before
- Check with the teacher what subjects and / or tests are taking place to establish a reason for malingering
- Leave the child in the classroom situation to see if there is any improvement or the child "forgets" to act poorly at any stage
- The child may be sent to the school office for monitoring to see if they show signs of recovery
- If nothing is apparent and the child wants to talk, then do listen, but without prompting
- Do not send the child home if there are any suspicions that he / she may not be ill – if necessary, ring the parent to see how they were in the morning or if there are any problems of which the school is unaware
- The headteacher should be informed before parents are called to take the child home

Asthma

Liaison with Parents

The school will ask all parents whether their son/daughter has asthma (or is ever wheezy) when the child joins the school and on regular questionnaires throughout the child's school career. A record of all pupils with asthma will be maintained. Details of treatment will be obtained from parents, together with clear guidance on correct usage and kept on an asthma record card in the Office. Parents will be encouraged to contact the school when dosages change etc. These details will be given to teachers and treated as confidential.

Access to Inhalers

Pupils will need to have one reliever inhaler to keep at home and it is the parent's responsibility to provide an additional one to bring with them to school. Common relievers are Ventolin, Bricanyl and Salbutamol.

The issue of access to inhalers is an especially important one. For infant children, unless otherwise directed by the parents, the inhaler will be kept by the teacher. These must be kept in an easy access location and should not be kept in locked cupboards or out of reach. For junior children, the inhaler will be kept by the pupils themselves if parents and school are happy that they are mature enough for this responsibility. Parents or pupils may choose to follow a similar approach to that of the infants if deemed safer or the pupil prefers to do this.

Reliever inhalers are of particular importance. IT IS ESSENTIAL THAT THE PUPIL HAS IMMEDIATE ACCESS TO THEIR RELIEVER INHALER AT ALL TIMES. Delay in taking a relief treatment can lead to a severe attack and, in rare cases, could even prove fatal.

The school will ensure that the pupil has easy access to their reliever inhaler, when provided by parents, at all times, in the classroom, on the sports field, at the pool, at break and lunchtimes and on school trips.

Sports

The aim of total normal activity is the goal for all but the most severely affected pupil with asthma; however, nearly all young people with asthma can become wheezy during exercise.

Sports teachers should be aware that some of pupils with asthma will take a dose of their inhaler before exercise. If the pupil does become wheezy or breathless, a further dose of the reliever inhaler will be made available.

Pupils on the asthma register should not be forced to participate in games if they say they are too wheezy to continue.

A pupil who is noted to be over-reliant on their reliever inhaler has poorly-controlled asthma and needs to consult their doctor (non-urgently). Teachers must consult with parents regarding this matter.

Nebulisers

Some children with severe asthma may use an electric device called a Nebuliser to deliver the asthma drugs. The School needs to liaise with the child's GP on correct management.

Other Guidelines

- Teachers should avoid sitting the child next to a radiator when the central heating is on.
- Fumes from science experiments should be avoided.
- If necessary, children should be allowed to stay inside in very cold weather.
- If it is causing a problem, children should be kept away from pollen as much as possible.
- Be aware that visiting animals or encounters with animals on trips out may trigger an asthma attack.

THE ASTHMA ATTACK – WHAT TO DO.
A pupil having an asthma attack will normally respond well and quickly to their reliever treatment. However, severe attacks of asthma need urgent medical attention. In rare cases, asthma can prove fatal and so it must never be underestimated.

If the pupil does not respond to their reliever inhaler call 999 immediately and follow the advice given by the operator. While you wait for an ambulance sit them up and give them a puff of their inhaler every 30 – 60 seconds up to ten puffs.

Medication

Mrs Staples can administer medication that has been prescribed by the doctor and is essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. For example, antibiotics, if they have been prescribed to be taken four times per day. If your child needs prescribed medication during the school day, the following procedures must apply:

Prescribed Medicines

- The medication must be in its original packaging
- A medication form must be completed and signed by parents/ carers in the school office before any medication can be administered in school.
- Only medication prescribed for the child will be administered.
- Medication must be brought into the school office by the parent/ carer. Children must never be given their own medication to bring in.
- For safety's sake, children are not permitted to keep medication of any kind, other than asthma inhalers for junior children, in their bags, pockets etc. All medication must be handed in to Mrs Staples (or class teachers in the case of infant inhalers).

Non-Prescribed Medicines

In the event of a child needing non-prescription medication, the school is prepared to administer this only if the child is otherwise well enough to be in school. The following procedures must apply:

- Ibuprofen or Aspirin based medications cannot be administered unless prescribed by a doctor (see above).
- A medication form must be completed and signed by parents/ carers in the school office before any medication can be administered in school.
- Children's paracetamol-based medication (such as Calpol) may be administered; however, this must be brought into school by a parent/ carer and must be in the original packaging with all the instructions/dosage available.
- The school cannot provide Calpol or any other medicine (the exception to this might be on a residential visit).
- Children must not bring medication into school; this must be delivered to the school office by parents or carers (see above). This includes throat lozenges etc.

Recording of Administered Medication

If there is a need to administer medication during the school day, prescribed or otherwise, the adult administering or supervising the taking of the medication should complete the 'Medication Administration' book to show the time and date that the medication was given.
All staff should check this book **before** administering any medication to avoid the possibility of an overdose.

Self-Management

It is good practice to support and encourage young people to take control of their medication and illness from a young age and we encourage this. Administering and managing asthma and diabetes medication are examples of this. Inhalers should only be used on the child they are prescribed for.

Safe Storage

A few medicines need to be refrigerated. They can be kept in a refrigerator in the School Office containing food but should be airtight and clearly labelled. There is restricted access to a refrigerator containing medicines. Should a child be in after school club their medication is passed to the Kids' Club supervisor who will then store it in another restricted access refrigerator, so it is ready to pass to the parents when they collect the child.

Outings and Educational Visits

The same guidelines should be adhered to when children are off the premises. Careful note should be made of any medical conditions which may require the administration of medicine. Risk Assessment forms, for visits out of school require staff to check and take correct medication for children with them.

Health Care Plans / Allergy Action Plans

Children taking regular prescribed medicines, including being prescribed an adrenaline auto Injector should have a Health Care Plan or Allergy Action Plan, which is completed by parents and read by school, stating:

- Who they are
- Medical details
- Contact details
- Facilities required

This should be kept up to date and give clear guidance as to what should be done in an emergency. Please see the Allergy Safety and Anaphylaxis policy for further guidance on how to manage an allergic reaction.

Any suspected anaphylactic reaction must be treated as a medical emergency and managed in accordance with the school's Allergy Safety and Anaphylaxis Policy.

Staff Taking Medication

All staff have a duty of care to ensure that all regular medication is stored in a safe place and is inaccessible to children. The School Office will do so if you wish. Such regular medication should be logged on the relevant Emergency Information Staff Sheet maintained by the School Secretary, it is the member of staff's responsibility to keep the School Secretary informed of any changes.
All staff must seek medical advice and inform the Headteacher if they are taking medication which may affect their ability to care for children.

Recording of Incidents

All treatable injuries must be recorded in an accident book. The School accident report books and first aid supplies are kept in the infant block and the school office and are readily available to all staff. Any accident resulting in the need for treatment must be recorded fully (including treatment given) by the member of staff on first aid duty/and or the member of staff who witnessed the incident if applicable; this may include minor cuts, scrapes etc. if there is a visible mark, bruise or blood loss. Early Year classes keep School accident report books in their classrooms for any accidents during class play. Head injuries are also recorded in the

School accident report book as per the 'Head Injuries' section of this policy. Accident records relating to pupils will be retained for a minimum of three years following the date of the incident. Head bumps of any kind should also be accompanied by a 'Concussion Information Sheet' which is available in the first aid box.

Minor bumps which do not require treatment do not need to be recorded in the school accident book unless this relates to a child in kindergarten, in which case they should be recorded and the relevant slip handed to the class teacher to be sent home to parents.

Injuries sustained by any child which require a phone call home to parents, even if the child remains in school, should be recorded on My Concern. The responsibility for logging on My Concern falls to the person making the phone call.

Lunchtime Supervisors are responsible for taking out an insulated First Aid bag with pen, School Accident Report Book and essential first aid requirements, including an ice pack. Any items used should be replaced regularly.

In the event of a more serious injury (suspected fractures, damage to an eye, unconsciousness etc.), the Headteacher must be informed and an ambulance must be summoned immediately. A parent (or other emergency contact) must be informed and asked to meet the ambulance at the hospital. The Headteacher or Deputy Headteacher must be kept informed throughout.

It is the responsibility of any member of staff dealing with an accident to complete the relevant forms or book. Staff who have an accident should report the matter to the School Secretary who will make a note in the staff accident report book.

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

The Appointed Person will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (sections 4,5,6 and 7).

The Appointed Person will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days. The Head teacher has ultimate responsibility for conforming to RIDDOR 2013.

School staff: reportable injuries, diseases or dangerous occurrences
These include:

- Death

- Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding) which:
        I. Covers more than 10% of the whole body's total surface area; or
        II. 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, or requires resuscitation or admittance to hospital for more than 24 hours

- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Headteacher will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident.

- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
  - Carpal tunnel syndrome
  - Severe cramp of the hand or forearm
  - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
  - Hand-arm vibration syndrome
  - Occupational asthma, e.g. from wood dust
  - Tendonitis or tenosynovitis of the hand or forearm
  - Any occupational cancer
  - Any disease attributed to an occupational exposure to a biological agent

- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment
  - The accidental release of a biological agent likely to cause severe human illness
  - The accidental release or escape of any substance that may cause a serious injury or damage to health
  - An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:
- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and where the person is taken directly from the scene of the accident to hospital for treatment
- *An accident “arises out of” or is “connected with a work activity” if it 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. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:
How to make a RIDDOR report, HSE
http://www.hse.gov.uk/riddor/report.htm

At Ayscoughfee Hall School we cover first aid for staff and visitors as well as pupils.

Procedures are monitored by the Senior Management Team which reports to the Governing Body through the Headteacher**.**

This policy was approved by the Governing Body on 30th June 2026

Any reference to the word ‘School’ implicitly includes all its associated clubs/activities including Kids Club. This policy also applies to EYFS

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SMT	Theresa Wright	Autumn 2026	Spring 2027	11