Durham and Newcastle Diocesan Learning Trust (DNDLT)
Company Number 10847279

FIRST AID AND ACCIDENT REPORTING POLICY

"Every child matters and no child is ever left behind..."

"Let the little children come to me, and do not stop them;
for it is to such as these that the kingdom of God belongs."
Luke 18:15-17

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Vision Statement

"Every child matters and no child is ever left behind"

Let the children come to me, and do not stop them; for it is to such as these that the kingdom of God belongs.

Luke +

At the DNDLT we believe everyone in our Trust is a child of God, adults and children alike. Every individual and every school matters, all are valued and celebrated, and no one should be left behind.

As a Diocesan Trust of the Dioceses of Newcastle and Durham we are here to serve children, and schools of all faiths and none. We welcome both Church of England and Community Schools to join us to serve our communities in the North East of England as part of our Trust family whilst remaining unique and distinct within their local context.

The Durham and Newcastle Diocesan Learning Trust is a place where we strive for the best outcomes for our children and staff. We work hard to achieve equity and flourishing for everyone. We want our staff and children to feel valued and celebrated given the opportunity to innovate and reach their full potential. We want our schools to be at the heart of their communities serving them in the way they know best, knowing they will be supported, encouraged and affirmed by a dedicated and specialist team.

INTRODUCTION

DNDLT is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. The arrangements within this policy are based on the results of a suitable and sufficient risk assessment carried out by the school in regard to all staff, pupils and visitors. This Policy is written conforms to the DfE Guidance on first aid.

CE Primary School will take every reasonable precaution to ensure the safety and wellbeing of all staff, pupils and visitors. Details of such precautions are noted in the following policies:

- Health and Safety Policy
- Behaviour Policy
- Child Protection and Safeguarding Policy
- Lone Working Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits Policy

AIMS AND OBJECTIVES

The aim of this policy is to:

- Ensure first aid needs are in line with the The Health and Safety (First Aid) Regulations 1981
- Ensure that first aid provisions are available at all times. Including educational visits.
- Appoint the appropriate number of suitably trained people as Appointed First Aiders to meet the needs of the school and to maintain a record of that training and review it annually.
- Provide sufficient and appropriate resources and facilities.
- Provide awareness of health and safety issues within the school, including educational visits, to prevent where possible potential dangers or accidents

- Inform staff and parents of the school's first aid arrangements.
- Report, record and where appropriate investigate accidents.
- Keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Ensure that all staff read and be aware of this policy, know who to contact in the event of any illness, accident or injury
- Ensure this policy is adhered to, in relation to the administration of first aid.
- Ensure that the school has adequate, safe and effective first aid provision in order for every pupil, member of staff and visitor to be well looked after in the event of any illness, accident or injury; no matter how severe.
- Ensure that all staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- Ensure that medicines are stored and administered in line with the administration of medications policy.

FIRST AID PROVISION

a) A suitably stocked and labelled first-aid container situated in the First Aid Room/Accessible Bathroom.
b) Information for employees, pupils, parents/carers on first-aid arrangements.
c) Qualified First Aiders who have received training, updated every 3 years, to take charge of First aid arrangements.
d) On-going risk assessment carried out periodically.
e) An appointed person to take charge of first-aid arrangements.
f) First-aid provision available at all times while people are on school premises including out of school hours arrangements e.g., lettings & parent evenings, and on off-site visits where a risk assessment has indicated this might be necessary (e.g., sports activities).

RESPONSIBILITIES

Directors

Directors as employers are responsible, under the Health and Safety at Work etc Act 1974 (HASWA), for making sure that its schools have a health and safety policy. This should include arrangements for first aid, based on a risk assessment of the school.

Directors ensure that insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment. It is their responsibility to make sure that the statutory requirements for provision of first aiders are met, that appropriate training is provided and that correct procedures are followed. They must be satisfied that any training has given staff sufficient understanding, confidence and expertise.

Local Academy Council

The Local Academy Council is required to develop policies to cover their own school. This must be based on a suitable and sufficient risk assessment carried out by a competent person. Within the approved scheme of delegation governors are required to ensure the health, safety and well-being of staff, pupils and visitors and ensure that adequate and appropriate resources, equipment and facilities are allocated to provide a safe environment including the provision of qualified first aid personnel.

The Head Teacher

The Head Teacher is responsible for putting the Local Academy Council policy into practice and for developing detailed procedures. The Head Teacher must make sure that parents are aware of the school's health and safety policy, including arrangements for first aid. The Head Teacher must arrange adequate and appropriate training and guidance for staff who volunteer to be first aiders/appointed persons and ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.

Teachers and other school staff

Teachers' conditions of employment do not explicitly include giving first aid, although any member of staff may volunteer to undertake this. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school **in the same way that parents might be expected to act towards their children**. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

First Aiders

A first aider will be on site whenever the school is open (including parents' evenings and other out of hour's events). A trained first aider will normally accompany off-site visits. Individual Health Care plans for pupils with specific medical needs will be carried (anaphylaxis, diabetes, asthma, epilepsy etc.) to ensure that explicit permission is given for the administration of any medications. Parents have the prime responsibility for the child's health and should provide the school with information about their child's medical condition so that care plans can be updated as required.

Adequate and appropriate training and guidance is given to staff who volunteer to be first aiders/appointed persons. There will be sufficiently trained staff to meet statutory requirements and assessed needs- see HSE First Aid Needs Assessment.

The main duties of a first aider are to:

- 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.

Unless first-aid cover is part of a member of staff's contract of employment, people who agree to become first-aiders do so on a **voluntary basis.** When selecting first aiders, governing bodies/head teachers should consider the individual's:

- reliability and communication skills.
- aptitude and ability to absorb new knowledge and learn new skills.
- ability to cope with stressful and physically demanding emergency procedures.
- normal duties. A first aider must be able to leave to go immediately to an emergency.

Staff in Early Years:-

In line with government guidance and taking into account staff:child ratios, the school will ensure that there is at least one member of staff with a current and full paediatric first aid (PFA) certificate on the premises and available at all times when pupils are present, and accompanying pupils on any and all outings taken.

The school will ensure that PFA certificates are renewed every three years, and that training meets the criteria set out in Annex A of the 'Early years foundation stage (EYFS) statutory framework'.

The school will display staff PFA certificates or a list of staff who have a current PFA certificate and make this information available to parents.

Appointed Person:

The main duties in relation to first aid are to:

- 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, especially in the case of a head injury or loss of consciousness.
- Enter details of injuries and treatment outcome in the appropriate record.
- Administer medication and keep appropriate records (note medication should not be administered to a person unless the administrator is specifically trained to do so)
- Take charge when someone is injured or becomes ill.
- Look after the first-aid equipment e.g., restocking the first-aid container.
- Check contents of the first aid container each half term and restock as necessary.

Parents will be asked to complete and sign a medical consent form when their child is admitted to the school, which includes emergency numbers, details of allergies and chronic conditions, and consent for the administration of emergency first aid – these forms will be updated periodically.

Assessment of need

The Management of Health and Safety at Work Regulations 1992 require employers to make a suitable and sufficient assessment of the risks to the health and safety of their employees at work, and others who may be affected by their undertaking, to identify what measures they need to take to prevent or control these risks. These risks are assessed by the Trust's appointed Health & Safety Advisor (Citation) who reviews the Trusts/School's arrangements for Health & Safety on an annual basis. The review includes:

- Making recommendations, particularly after any changes to the school estate, for a minimum number of trained first aiders, their required training needs and the proposed frequency of their training.
- Review and make recommendations for the delivery of first aid courses and the selection /appointment of suitably qualified first aid training providers.
- A review of first-aid material & containers, equipment and first aid facilities ensuring that minimum standards are met including those recommended by the Health & Safety Executive, Transport Regulations and the Education (School Premises) Regulations 1996 which require every school to have a suitable room that can be used for medical or dental treatment when required, and for the care of pupils during school hours.
- Review of the first aid policy and supporting reporting procedures.

Chronic Medical conditions:

First aiders must be trained to recognise and respond appropriately to the emergency needs of children with chronic medical conditions, the most common one's asthma, diabetes, epilepsy and severe allergic reaction.

Treatment of Asthma

Asthma is a common condition which affects the airways in the lungs, symptoms occur in response to a trigger e.g., dust, pollen or exercise.

CE Primary School recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school aged children.

All staff that come into contact with these children are given the opportunity to receive training from the school nursing team; it is recommended that this training takes place every two years.

School staff are not required to administer asthma medication to students unless in an emergency. Any administration of medicine should always follow the administration of medicines policy.

All school staff will allow students immediate access to their own asthma medication when they need it.

Generally, only reliever inhalers should be kept in school. On occasions, students may have a white and red inhaler called a 'Symbicort' which may also be used as an inhaler.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Spare inhalers must be provided by parents and kept in an unlocked cabinet by the school.

Epilepsy:

Concerns about safety should be discussed with the child and parents as part of the care plan. Children with epilepsy should be able to manage their own medication. This should be discussed with the child and parent as part of the care plan.

If a child with epilepsy has a fit, then the following advice should be observed:

1. Keep the surrounding area clear of hard/sharp objects

2. Send for help immediately from the student support Office and clear the area of 'spectators'
3. Cushion the head with something soft –e.g., a cardigan
4. Don't attempt to interrupt the seizure unless the head has fallen too far back, and breathing has stopped, or the child has turned blue.
5. Do not attempt to bring the child round
6. Once fitting has stopped, put the child into the recovery position

A fit should not usually last more than five minutes. If this is the case, this is the first known time a child has fitted, there are repeated fits or the child has banged their head/gone blue, then an ambulance must be called.

Anaphylaxis:

Parents and child should discuss allergies as part of the care plan. Pre-loaded injection devices (e.g., Epi-pens) should be provided by the parents in the correct container, labelled with their child's name and updated medicines.

It is recommended that schools should ensure that there are designated members of staff responsible for overseeing the protocol for use of the pre-loaded injection device, monitoring its implementation and are responsible for the storage care and disposal. Staff will be trained annually on how these should be administered. If a child is in a state of anaphylactic shock an urgent message must be given to a designated member of staff in the first instance.

If the school has to give this injection an **ambulance must always be called.**

Diabetes:

Children may need adult supervision to carry out the test and/or interpret test results. Every child with diabetes should have an individual healthcare plan, which details exactly what their needs are and who will help them. When designated staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional, but all school staff should know what to do in case of emergency. Each child may experience different symptoms, and this should be discussed when drawing up a health care plan and risk assessment but if a child appears to be 'low' in class it is very important that the child is not left alone a designated staff member is informed immediately and that blood sugar drops and other food/drink items are brought to the child.

Record Keeping

The school must keep a record of any first aid treatment given by first aider/appointed persons in the Accident Book and where relevant the Accident / Incident Report Form (available via Atlas, the Citation platform). This includes:

- The date, time and place of incident.
- The name (and class) of the injured or ill person.
- Details of the injury/illness and what first aid was given.
- What happed to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital).
- Name and signature of the first aider or person dealing with the incident.

All records of first aid will be kept for a minimum of 7 years. They will be analysed to look for trends and patterns and may:

- Be used for reference in future first-aid needs assessments.
- Be helpful for insurance and investigative purposes.

- help the school identify accident trends and possible areas for improvement in the control of health and safety risks.

In line with the Health & Safety Policy, all employees are reminded that they are responsible for any defects in the equipment or damage to their classrooms and should report such damage to the Head Teacher. Any damage to the building that could be dangerous should also be reported to the Head Teacher immediately.

Retention of Accident Paperwork

- Accident Reports for Adults will be kept from the date of the incident + 12 years
- Accident Reports for pupils will be kept from their date of birth + 25 years
- In the case of serious accidents then a further retention period will be applied

SPECIAL ARRANGEMENTS

In some cases, children with medical needs may be more at risk than other children. Staff may need to take additional steps to safeguard the health and safety of such children. In a few cases, individual procedures may be needed, and these will be detailed in an individual **care plan**. The Head Teacher is responsible for making sure that all relevant staff know about and are, if necessary, trained to provide any additional support these children may require.

CHILD PROTECTION

If any concerns are raised that have safeguarding implication (e.g., unexplained marks or scars), whilst a person is being treated for first aid, the First Aider must inform the designated safeguarding lead who will then take appropriate action.

PHYSICAL CONTACT WITH CHILDREN

The treatment of children for minor injuries, illness or medical conditions may involve members of staff being in physical contact with children.

Any treatment should:

- Not involve more contact than necessary.
- Be undertaken by staff who have been designated to the task
- Be carried out wherever possible, in front of other children or adults
- Be recorded in appropriate methods
- Parents informed

FIRST-AID MATERIALS, EQUIPMENT AND FACILITIES

First-aid equipment must be clearly labelled, easily accessible and up to date.

Pupil's individual medical containers must be clearly marked on the outside and contain their health care plan plus up to date medicines provided by the parents.

First-aid containers:

All first-aid containers contain the correct contents (as recommended by the DfE Guidance) to provide first aid to our client groups. The First Aider/Appointed Person is responsible for examining the contents of first aid containers. They are checked frequently and restocked as soon as possible after use. Items are discarded safely after the expiry date has passed. Out of date medicines should be disposed of via a local pharmacy.

Travelling first-aid containers:

Before undertaking any off-site activities, the responsible person assesses what level of first aid provision is needed. A portable first aid container is maintained in a good condition and readily available for use; prominently marked as a first aid container.

HYGIENE AND INFECTION CONTROL

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities and should take care when dealing with blood or other body fluids and disposing of dressings or equipment.

Hands must always be washed before and after giving first aid.

Single-use disposable gloves must be worn if treatment involves blood or other body fluids. Any soiled dressings must be put in a yellow clinical waste bag and disposed of in a clinical waste box.

Exposed cuts or abrasions should always be covered.

In the event of widespread viral/bacterial infections across the school the following actions will be taken:

The school will report the situation to parents via the website, newsletters and text messages with guidance regarding avoidance, recognition, treatment and guidance on school attendance.

The guidance materials will also be used to communicate the information to students.

SHARING OF INFORMATION

Parents will be asked to complete and sign a medical consent form when their child admitted to the school, which includes emergency numbers, details of allergies and chronic conditions, and consent for the administration of emergency first aid – these forms will be updated periodically.

At the start of the academic year, the relevant members of staff will be given a list of students who are known to have medical problems (to include Asthmatics, Diabetics, Epileptics and others with serious illnesses). This will be reviewed annually or at any change of circumstances as communicated by parents/carers or other appropriate agencies.

Any member of staff organising visits/trips and visits should request from parents/carers an update of medical conditions for those pupils taking part. Any concerns should be reported to the First Aider.

EMERGENCY PROCEDURES

If an incident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

If called, a first aider will assess the situation and take charge of first aider administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or

from involving more victims. Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, a staff member accompanies the pupil in the ambulance and calls the pupil's parent as soon as possible to inform them of the course of action taken. The staff member remains with the pupil at the hospital until a parent arrives.
- Where an ambulance is not required, but medical attention is needed, the pupil is taken to a hospital or doctor in a staff car, accompanied by at least **two** staff members – one to drive the car, and one who is a first aider, to sit with the pupil in the back seat and attend to their medical needs. The pupil's parent is called as soon as possible to inform them that this course of action has been taken, and at least one of the staff members remains with the pupil at the hospital or doctor's office until a parent arrives.
- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or, if they are fit to be moved, by removing injured persons from the scene.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to:

- The headteacher.
- The parents of the victim(s).

The Trust is aware that responding to an incident can be stressful for the first aider, and that following an incident, the first aider may require support. This may take the form of a debrief from any ambulance crew on scene, an appointment with their GP, or mental health support from external helplines, the confidential counselling helpline provided by the Trust for staff and their families and websites located at the bottom of the government page '[Promoting and supporting mental health and wellbeing in schools and colleges]'.

Accident Investigation and Reporting Procedure

SYSTEM AND GUIDANCE FOR THE INVESTIGATION & REPORTING OF ACCIDENTS (Template for use by schools)

PURPOSE

The recording of accidents, incidents and ill health is one of the most effective ways of managing health and safety. Information from the facts gathered during accident reporting and investigations will highlight trends and patterns. As a result of this information, measures can be put into place, which will reduce the frequency and severity of CE Primary School accident rates.

Nationally the HSE collects accident statistics. To facilitate this, they are supported by the legal requirements of RIDDOR, the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Therefore, The Academy is duty bound to report accidents that fall within the remit of RIDDOR.

SCOPE

This procedure refers to accidents to The Academy's staff and pupils, or accidents caused by their acts or omissions. Much will also apply if school personnel are closely involved in any aspect of an accident. Agency staff working for The Academy must also be included as they are considered to be employees under health and safety law.

RESPONSIBILITIES

The Head Teacher has overall responsible for the appropriate level of reporting; however, this duty is delegated to supporting members of staff. The Academy's Health and Safety Advisor, currently supplied by Citation, will support with completing RIDDOR notification to the HSE. The school administration staff will record accidents to pupils, staff members and visitors.

Initial investigation of incidents and accidents is usually the responsibility of the class teacher who may call upon assistance from the Citation advice helpline **0345 844 48 48** depending on the severity of the accident. From time to time because of the nature of an incident it may be the Health and Safety Consultant who leads the investigation. The Business Manager/Office Lead will liaise with the Health and Safety Advisor if required.

All dangerous occurrences and lost time injuries must be reported to the Head Teacher.

The Health and Safety Consultant has responsibility to retain correspondence from the HSE with regards RIDDOR reportable accidents and present such information as requested by auditing authorities.

ABBREVIATIONS

RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
HSE.	Health and Safety Executive.

GENERAL REQUIREMENTS

Accident Definitions

First Aid Treatment

A minor injury requiring treatment by a qualified first aider (minor cuts/bruises, foreign matter in the eye etc.) and resulting in no lost time beyond the school day or shift on which it occurs.

Minor Accident

A work-related injury resulting in absence from work of between 1 and 7 days beyond the school day or shift on which it occurs.

Lost Workday Case (Reportable Accident)

A work-related injury, which causes incapacity for more than seven days beyond the day on which it occurs

Accident Reporting

Accidents, injuries near misses or dangerous occurrences to any person, including contractors, should be reported to the Line Manager, or nominated deputy by those persons involved in the accident. The Line Manager or nominated deputy will ensure that the schools Business Manager/Office Lead or the Head Teacher is informed at the earliest opportunity.

If the line manager or nominated deputy is not available, the incident must be reported to the schools Business Manager/Office Lead or Head Teacher by the member of staff involved at the earliest opportunity.

In the event of any injuries being sustained on Academy premises, the injured person shall notify an appointed First Aider. All injuries and treatment given will be recorded in the school Accident Book.

The Business Manager/Office Lead on receipt of any Accident Reports will decide whether the Accident requires further investigation i.e.

i. If the accident is required by law to be reported to the Health and Safety Executive (HSE.)

ii. If the accident could have resulted in serious consequences (what could have happened), and

iii. If the accident may result in a civil claim.

Investigation findings are recorded on an Accident Investigation Report Form (See Attachment 1) and may need to be uploaded to Citation via the Atlas portal.

In the event that the accident/ incident was witnessed, a witness statement is to be recorded on the witness statement form (see Attachment 2).

If an accident report form is deemed necessary the Administration staff will ensure a report is uploaded to Citation via the Atlas portal, as soon as reasonably possible. Examples of when this is necessary are below (this is not an exhaustive list):-

- Any injury, incident or accident affecting a member of staff
- Anything which could be RIDDOR reportable (even if ultimately it isn't)
- Any serious injury, incident or accident to a pupil including head injuries which need to be reported home or need a child to go home
- Anything which could possibly result in a claim against the school or Trust (e.g. broken bones, injuries which could cause scars, longer term issues or are caused by defective equipment or supervision).

As there is an element of discretion there if in doubt please record on Citation and seek advice via the advice helpline and discuss with the CEO/COO.

All the above-mentioned paperwork is then readily available for inspection by the HSE or the Loss Assessor.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 as amended 2013 (RIDDOR)

Some incidents that happen in schools, or during education activities out of school, must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). These Regulations require employers and other people to report accidents and some diseases that arise out of or in connection with work. The school Health and Safety Advisor (Citation) is responsible for reporting to the HSE all Accidents/Incidents that fall under the requirements of RIDDOR, please also ensure this is reported to the CEO. Any feedback from the HSE will be relayed to the Business Manager/Office Lead and Head Teacher.

Staff must report the following work-related accidents, including those resulting from physical violence, if they injure either the school's Staff, or self-employed people working on the premises:

- accidents which result in death or specified injury* must be reported immediately.
- accidents which prevent the injured person from continuing at his/her normal work for more than seven days.

A major injury is classed as one of the following:

- fracture other than to fingers, thumbs or toes;
- any amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- a chemical or hot metal burn to the eye or any penetrating injury to the eye;
- any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury leading to:
  - hypothermia, heat-induced illness or unconsciousness;
  - resuscitation or requiring admittance to hospital for more than 24 hours;
  - acute illness requiring medical treatment; or
  - loss of consciousness;
- acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

What about pupils and other people who are not at work?

You need to inform the Health and Safety Advisor and the CEO if an accident that happens to someone who is not at work, e.g., a pupil or visitor, if: the person involved is killed or taken to hospital and the accident arises out of or in connection with the work activity.

How does the school decide whether an accident 'arises out of or is in connection with work'?

- An accident will be reportable if it is attributable to:
- work organisation (e.g., the supervision of a field trip);
- plant or substances (e.g., machinery, experiments etc);
- the condition of the premises.

What about sports activities?

Accidents and incidents that happen in relation to curriculum sports activities and result in pupils being killed or taken to hospital for treatment are reportable.

Playground accidents

Playground accidents due to collisions, slips, trips and falls are not normally RIDDOR reportable unless this happens out of work or in connection with work, e.g., because of:

- the condition of the premises or equipment
- inadequate supervision.

Accident/ Incident frequency rates

The accident/ incident reports are reviewed by the Health Consultant annually on their visit to school.

Accident/ incident rates are not required by any form of legislation; however, they are to monitor trends and provide a comparison to previous safety performance.

Attachment 1

ACCIDENT/ INCIDENT INVESTIGATION REPORT	
Accident/incident report No:	
Accident/ incident details:	
Date and time of accident incident:	
Name of person reporting accident:	
Location of accident:	
Weather conditions at the time of the incident:	
Particulars of injured person:	
Name:	
Male/female:	
Date of birth:	
Pupil or staff member (if staff what is the injured person's occupation):	
Employer:	
Home address. Include Postcode and Tel number:	
Hospital if sent:	
Injuries/ loss sustained	

Attachment 1 Continued

ACCIDENT/ INVESTIGATION REPORT

Factors that contributed to the accident:

Recommendations to prevent a recurrence:

Comments by Head Teacher if appropriate:

Signed……**Date**……..

Comments by Health and Safety Advisor if appropriate:

Signed……**Date**……..

Attachment 2

WITNESS STATEMENT

Ref accident to:	
Describe fully the sequence of events leading up to the accident:	
Name:	**Signature:**
Discipline:	**Date:**