



MALDON COURT
PREPARATORY SCHOOL

13 a & d

First Aid Policy

(13d Administration of medicine)

This Policy applies to all pupils at Maldon Court Preparatory School including those in
EYFS

Reviewed by: J Wilkins
Date: November 2023
To be reviewed – November 2024

School Aims

- Children develop a love of learning and come to appreciate the value of their talents and life experiences.
- Children flourish and become enthusiastic and independent learners reaching their full potential through a stimulating, broad curriculum and rich variety of experiences beyond the curriculum.
- Children embrace the traditional values of Kindness, Respect and Courtesy, becoming responsible, independent caring individuals.
- Children are confident happy individuals who are well prepared for their next step in education. This includes: 11+, scholarships and entrance to schools with Specialist Status.
- Children develop the fundamental British Values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs: both in the local and wider community.

Rationale

The Proprietors ensure that the First Aid procedure at Maldon Court Preparatory School is in operation so that every pupil, member of staff, volunteers and visitors will be well looked after in the event of an accident, no matter how minor or major by:-

Providing effective, timely, competent and safe administration of First Aid for pupils, staff, volunteers and visitors.

Ensuring that all staff are made aware of systems that are in place.

Providing awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential danger or accidents.

First Aid Training

Maldon Court is committed to fulfilling its statutory requirement to ensure that it has suitable members of staff with a full paediatric first aid certificate. All members of staff are trained in basic first aid procedures and these are updated at appropriate times. Two senior first aiders have been appointed in the school and they have their qualification updated at three yearly intervals. This is in addition to all Level 3 Paediatric first aid qualified staff, who also have their training updated every three years. In addition to this, staff attend regular informal refresher courses led by a qualified tutor. EpiPen and choking training is regularly delivered by this method.

The school will ensure that there is always at least two qualified first aiders on site whenever pupils are present and that every off-site activity is accompanied by a suitably qualified first aider. Similarly, a member of staff with a full and valid Level 3 paediatric first aid qualification will be present on site whenever pupils in EYFS are on site and every off-site activity involving pupils in the EYFS will be accompanied by a person with a full and valid Level 3 paediatric first aid certificate.

Senior First Aiders: Jeni Wilkins
(Level 3 First Aid at Work) Gillian Mays

Paediatric First Aiders: Kim Callaghan
(Level 3) Nicola Elsweiler
Lisa Hansell
Lynne Jiggins
Sophie Kennedy
Kerry O'Reilly
Sophie Wayman
Suzanne Broadbridge
Richard Coyle
Courtney Bailey (maternity leave)
Maddie Blackmore
Katharine Abrehart
Claire Yeaman
Jeni Wilkins

Emergency Paediatric First Aiders:
Terry Fisher
Maddie Blackmore

The school will provide materials, equipment and facilities.

The nearest automated defibrillators (AEDs) to the school can be found at:

1. The Carpenters Arms – Gate Street
2. M&S – High Street
3. Edward's Walk – opposite White Horse Lane car park
4. Promenade Park – Information point building near the sports pitches
5. Maldon District Council Offices
6. Blackwater Leisure Centre

Maldon Court Preparatory School is a custodian of the AED outside the Carpenters Arms and checks the defibrillator is working on a weekly basis during term time. All staff are aware of the access code for the defibrillator and the code is in every First Aid kit.

First Aid Kits

All staff are responsible for restocking First Aid kits as items are used. First Aid kits will be checked on a regular basis by the senior first aider who will restock as needed and will order supplies as required. If further supplies are required, please speak to a senior first aider.

In all instances playground staff shall only deal with minor cuts, grazes and minor head bumps in situ. All major cuts and head injuries are to be referred to a senior first aider. In cases where the child cannot be moved, a red card will be sent to the school office where a senior first aider will come to the casualty to assess the situation.

Senior First Aiders will:

1. Ensure that their qualification and insurance (provided by the school) are always up to date.
2. Always attend a casualty (child, member of staff, visitor or volunteer) when requested to do so and treat the casualty to the best of their ability in the safest way possible. This includes wearing gloves where any loss of blood or bodily fluid is evident, calling for help from other first aiders or Emergency Services.
3. Help fellow first aiders and staff at an incident and provide support during the aftermath.
4. Act as a person who can be relied upon to help when the need arises and call an ambulance if deemed necessary.
5. Ensure that the portable first aid kits are adequately stocked and always to hand.
6. Recommend that any casualty who has sustained a significant injury is seen by a professional at hospital, either by sending them directly to hospital or by asking parents to pick up their child to take them to hospital and ensure that parents are aware of all significant injuries promptly.
7. Ensure that a child/adult who is sent to hospital by ambulance is accompanied in the ambulance by a member of staff to act in loco parentis until a relative can be contacted and arrives at the hospital. The first aider need not be the member of staff to accompany the casualty to hospital, however, an appropriate adult will be sent and the senior first aider/headteacher will be responsible for calling the ambulance.
8. Keep a record of each child/adult attended to, the nature of the injury and any treatment given. An accident form and/or ScholarPack record must be completed by the person attending to the injury. The accident form must be handed to the school office (Form teacher if an EYFS child, who will pass it on to the school office). It will be entered into ScholarPack so there is an electronic record.
9. Following any significant incident, the first aider must ensure that accident area is cleaned, blood stains washed away thoroughly and that there are no contaminated items left lying around.
10. In order to maintain protection from disease, all bodily fluids should be considered infected. To prevent contact with bodily fluids the following guidelines will be followed: when dealing with any bodily fluids disposable gloves will be worn, hands will be washed thoroughly with soap and warm water after the incident, any abrasions will be covered by a plaster, spills of bodily fluids will be cleaned up

immediately. (Bodily fluids include blood, faeces, urine, nasal and eye discharge, saliva and vomit).

11. The Headteacher will ensure that first aid cover is available throughout the working hours of the school week.

Using First Aid Equipment

1. All members of staff can treat children using basic first aid.
2. Disposable gloves must be worn when dealing with bodily fluids.
3. Non-alcoholic wipes or water will be used to clean cuts/grazes.
4. Anything more serious must be looked at by a senior first aider. This includes head injuries, severe bleeding or seizures.
5. Head bumps where there is a mark or bump will have a 'head bump letter' completed and stapled to the accident form. This letter will be handed to the parent at collection, who should then sign the accident form to confirm they are aware their child has sustained a head bump.
6. All accidents to pupils must be reported in the accident book and/or on ScholarPack. For children in Forms 2 – 6 who have a minor cut/graze which is cleaned and a plaster applied, an accident form will not be completed.
7. Where children are travelling out of school, a portable first aid kit must be carried (one is supplied in the school minibus). The member of staff in charge of the trip is to ensure that they carry a mobile telephone and the school office is advised of the number.
8. Accidents to visitors/volunteers are recorded on an Incident/Accident form, which is then filed in the Medical Folder in the school office. Accidents for staff are recorded on ScholarPack and in the staff member's employee file.
9. **EYFS:** Accidents or Injuries and first aid treatment to children in the Foundation Stage will be recorded in the accident books and on the child's individual Foundation Stage Profile. Parents will sign the Foundation Stage Profile (EYFS Form). Parents/Carers will be informed of any accident or injury sustained by the child on the same day or as soon as practicable and informed of any first aid treatment given.
10. When dealing with bodily fluids, disposable towels will be used to soak up the excess and then the area will be treated with a disinfectant solution. All contaminated material will be disposed of in a clinical waste bag and placed in the medical waste bin. If a splash occurs, the area will be washed well with soap and water.

Serious injury/head injuries

If a serious injury or a serious bump to the head is sustained by any pupil then the senior first aider must be contacted at the time of the injury.

The reporting member of staff should complete an accident form (and head bump letter if appropriate) which must be signed by the senior first aider and the child's parent must be contacted immediately and given the opportunity to collect their child. If a parent cannot be contacted, then a message should be left. If the senior first aider believes that the child needs to be sent home or should receive professional medical attention and/or an ambulance to be called, then all emergency contacts should be tried. An ambulance

will be called without delay should staff deem this to be an appropriate measure and parents contacted as soon as possible.

In most cases of serious injury, the parent will be contacted to collect the child. However, if the senior first aider is satisfied that the child is well enough, they may remain in school. The accident form should be passed to the whichever adult is supervising the child in order that they continue to observe the child for the rest of the day. Observations, findings and any further treatment should be recorded on the accident form. The parent or person collecting the child should sign the accident form and the school will retain the signed copy for entering onto ScholarPack and filing.

If a child should deteriorate through the day, or the supervising adult is concerned for the well-being of the child, they must immediately contact the senior first aider. The child's parents will then be contacted to advise them of a change in their child's condition. This must be done as soon as the deterioration has been noticed.

After any serious injury or head injury the child will be assessed for their return to physical activity and this will be in liaison with the parents. A Medical Risk Assessment will be completed and followed if necessary.

Any Serious Injury that requires medical treatment by a professional must be reported to Mr Guest as it may be necessary to report the incident the Health and Safety Executive using a RIDDOR form. See the HSE 'Incident reporting in schools (accidents, diseases and dangerous occurrences)' section at the end of this policy.

Reporting of Contagious illnesses and conditions

If a reportable contagious illness is confirmed or suspected in school, we will inform the parents via ParentMail.

If a child has been ill overnight (diarrhoea or vomiting) they should not be in school until 48 hours after their symptoms have gone.

If a child is ill in school (diarrhoea or vomiting), the parents are informed immediately and asked to collect their child. If a child has a rash of any description, the parents are phoned immediately and advised to seek medical advice.

Roles and Responsibilities

Teachers and Midday Assistants will:

- Familiarise themselves with the first aid procedures in operation and ensure that they know who the current first aiders are.
- Be aware of specific medical details of individual children. (List in medical folder in staffroom cupboard, inside the first aid folder in school office and in Playground First Aid kit.) Full medical and dietary details for each child are on ScholarPack.
- Never move an injured casualty until they have been assessed by a senior first aider unless the casualty is in immediate danger.

- Send another pupil/member of staff for help using the red card system. A red card is sited in all areas of the school site and once this card is received by either the senior first aider or another member of staff it indicates the need for immediate attendance to the area stated on the red card. Children are reminded of the procedure on a regular basis.
- Reassure, but never treat, a casualty unless the staff member is in possession of a valid qualification or are aware of the correct procedures; such staff can start emergency aid until a senior first aider arrives at the scene. Simple airway measures can be instigated if clearly needed.
- Send a pupil who feels generally unwell to the school office. At times it will be appropriate to send another pupil with the child who is ill.

EYFS teachers will record children that feel unwell during the day in the individual child's Medical/Accident Records. Parents will be informed on the same day or as soon as practicable of any first aid treatment given.

Medical Updates

Medical update forms are renewed at the start of each academic year and parents are encouraged to advise the school office of any onset of chronic illness or medical condition throughout the academic year.

The school office will ask parents to complete a medical/dietary form before their child attends an assessment/transition days with us.

Off-site Trips

If children go-off site for educational visits, sports events etc, then a member of staff must ensure that they are aware of any medical conditions for each child and that any necessary medication e.g. EpiPen, asthma pump is taken on the trip. These must be kept safe and secure with an appointed member of staff who is attending the trip. A full risk assessment is carried out before children travel out of school, with medical and dietary details for each child attached to the risk assessment. If any child who has a medical condition or needs medication that requires particular knowledge or training, the staffing of the trip will include someone with this level of understanding or training.

Administration of Medicines

Staff at Maldon Court are not obliged to administer medicines. However, staff in medical situations are required and would be expected to act 'as a reasonable parent would act'.

If a pupil needs prescription medicines prescribed by a medical professional, these can be administered at the discretion of the Headteacher or a senior first aider. If a child is prescribed a course of antibiotics, they should be administered at home for the first 48 hours of the course and at home as much as possible for the duration of the course. All medicine supplied to the school should be in the original packaging with the prescription

label clearly displayed and in date. With prior arrangement with the school office, a parent may come into school to give medicine if they feel this is necessary.

The school will administer the following medicines:

EpiPens and Asthma inhalers, or other medication needed to control chronic illnesses such as diabetes or epilepsy. A medical protocol will be drawn up for that particular child – see Medical Protocols later in this policy. Children with complex medical needs, such as diabetes or epilepsy, have an Individual Healthcare Plan in place.

EpiPens or other medicines for more complex needs may require staff to be trained in this area and should only be administered by the qualified person.

It is the responsibility of parents to ensure that medication such as asthma inhalers or EpiPens that are kept in school are not out of date and are fit for their intended purpose. Under no circumstances can children share medication unless it is an emergency situation and staff are advised to do so by medical professionals. Each child should have their own medication, clearly named, in school at all times, kept in the locked cabinet in the school office, unless the child's medical protocol states otherwise. Please see the EYFS section below regarding medication for EYFS children. Staff will only accept prescription medication from parents if it is in date, in the original container and includes the original dosage instructions. Staff will also check that the name on the container matches the name of the child.

The school will not routinely administer Calpol, Nurofen or Piriton unless agreed by the headteacher or a senior first aider. Children may not bring these medicines into school to self-medicate.

A school bottle of Calpol Six Plus and Piriton will be kept in the school office but will only be used in an emergency and if a parent of the child concerned has been contacted first. It is the belief of the school that if a child needs Calpol or Nurofen at regular intervals then they are not well enough to be at school. Piriton should be given to the child at home wherever possible.

An electronic record (ScholarPack) will be kept each time a medicine is administered to a child, and the child's parents and/or carer will be informed on the same day or as soon as reasonably practicable. For specific medicines such as antibiotics a paper record will be kept.

EYFS

A school bottle of Infant Calpol will be kept in the Nursery but will only be used in an emergency and if a parent of the child concerned has been contacted first.

Calpol or Nurofen can in some circumstances be administered to a child. This should be signed in using the correct procedure. This is at the discretion of the Manager or Named Deputy and would be, for example, in the event of when a child is teething. If Calpol is administered to a child with a temperature due to being unwell, the parent will be contacted for the child to be collected immediately.

Medicine belonging to an EYFS child with a medical protocol who needs medication daily or requires access to urgent medication, will be kept securely in their classroom for easy access alongside their protocol.

Both an electronic and handwritten record will be kept each time a medicine is administered to an EYFS child, and the child's parents and/or carer will be informed on the same day or as soon as reasonably practicable. Handwritten records are kept in the office medical folder.

Emergency Adrenaline Auto-injectors (AAI) and Asthma Inhalers

The school has made the decision not to purchase an emergency AAI or Asthma Inhaler, as all children requiring these medications have access to them at all times.

Refusing Medication

If a child refuses to take their medication, no member of staff will force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet or on ScholarPack. Reasons for refusal and any action then taken by the staff member will also be recorded.

Staff medication

Staff medication on the premises will be securely stored and out of the reach of children at all times. Staff must alert the headteacher if they are taking any medication which may affect their capacity to undertake any aspect of their job.

Illness

If the school receives notification first thing that a child is ill, we expect the child to be kept at home that day and not brought into school later on. If a child has a temperature, they should not be in school until their temperature is normal.

Changes to a child's medical needs

Should a child's health or medication requirements change then it is the responsibility of the parents to notify the school, in writing, as soon as possible. Should the child require long term medication for a chronic illness the parent should discuss their child's needs with the Headteacher and the senior first aider.

Medical Protocols

Confidential Medical Protocols (Individual Healthcare Plans) for individual children with Medical Conditions such as asthma, epilepsy or diabetes or complex medical needs will

be updated annually or as needed and guided by the child's specialist medical practitioner. Parents will be asked to check and sign the protocol annually.

The medical protocols will be kept in the Medical Folder in the office (signed master copy), the wrap around care folder, medical folder in the staff room cupboard, off-site First Aid kits, on the school minibus (for those children who use the minibus in the mornings) and on ScholarPack. The PE teacher and that child's Form teacher also receive the medical protocol. Protocols for children who have a medical protocol for dietary needs will be kept in the kitchen. Supply teachers are informed of children with medical protocols by the school office and advised what they should do in the event of a medical emergency. All other staff read the annually updated protocols and sign a form stating that they have read and understood the confidential protocols. All protocols are password protected.

Children with medical needs

When we are informed of an individual child's medical needs via the annual data updates that parents are asked to sign. The senior first aider collates a whole school overview on ScholarPack of the individual child's medical needs, a copy of which goes into the Office Medical Folder, the Wrap Around Care folder, off-site First Aid bag (printed each time children go off-site), playground First Aid kit, minibus, staff room and on ScholarPack. The PE teacher and form teachers are supplied with any medical information for the children they teach. Supply teachers will be made aware of the class medical needs by the school office.

Broken limbs

The school will accept children who have broken a limb on the parent's understanding that they take full responsibility for the child whilst on the school premises. A broken bones protocol and medical risk assessment will need to be signed in the school office before the child is admitted and the risk assessment is circulated to all staff.

The nature of Maldon Court School is that there are uneven surfaces on the school grounds and there are staircases both inside and outside to negotiate. We will do our utmost to provide our usual high standard of duty of care; however, we cannot guarantee that the child will not fall over or be knocked against.

Children can be accepted into school when the hard plaster (not the temporary plaster) is in place and the initial pain has subsided, usually a minimum of 48 hours after the injury. It is advised that the child be given pain relief before coming to school.

Snacks - Grapes/Cherry Tomatoes/Nuts

Due to the heightened danger of choking by eating grapes, cherry tomatoes and other fruit/vegetables of this size we ask that these **MUST** be sliced accordingly. **ALL** food that could present a potential choking hazard must be quartered or cut into small pieces. We have children in the school with nut and sesame allergies, these are not given in school and we ask parents not to give them as a breaktime snack. Any food, such as dips, that parents send into school with their children for snacks, should be in the original packaging

to ensure the full list of ingredients is displayed. Parents are sent the snack policy annually and on entry to the school.

Due to the risk of choking, large marshmallows and popcorn will not be given in school.

Natasha's Law

Natasha's Law came into effect on 1st October 2021. The new law makes it a legal requirement to clearly display information about potential allergens on food packaging that is pre-packed for direct sale.

Our kitchen staff are aware of their responsibility to provide correct allergen information. School meals are prepared and cooked on-site and are generally not packaged. All food supplied to the school is checked daily for allergen information.

Our Head Cook keeps a master list of each child's dietary requirements in close liaison with the senior first aider. All staff are aware of those children with severe allergies and robust processes are in place, from receipt from the supplier, to storage, preparation, handling, cooking and serving, to ensure children are not served food which could cause an allergic reaction. Multiple staff are trained in how to treat anaphylaxis and this training is updated on a regular basis.

Any food that is pre-packaged for events such as Grandparents' Day, Champagne Reception etc will have the full ingredients listed, with the presence of any of the 14 categories of allergen clearly legible in bold text.

GDPR

In order to comply with the GDPR, any personal details entered in the accident book or ScholarPack must be kept confidential. Each record sheet is removed and stored securely in the School office. At the end of the school year these are archived into a locked and secure area.

Policy revised November 2023 Mrs J Wilkins



Incident reporting in schools (accidents, diseases and dangerous occurrences)

Guidance for employers

HSE Information sheet

Education Information Sheet No1 (Revision 3)

Introduction

This information sheet gives guidance on how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. 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 information sheet gives practical guidance to schools about what they need to report and how to do it.

What needs to be reported?

RIDDOR requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences arising out of or in connection with work.

The information sheet includes examples of the incidents that sometimes result from schools' activities and are reportable under RIDDOR. The sheet contains three sections, which cover:

- injuries and ill health involving employees (Section 1);
- injuries involving pupils and other people not at work (Section 2);
- dangerous occurrences (Section 3).

Who should report?

The duty to notify and report rests with the 'responsible person'. For incidents involving pupils and school staff, this is normally the main employer at the school. The education pages on HSE's website at www.hse.gov.uk/services/education provide information about who the employer is in different types of schools.

Some school employers may have centrally co-ordinated reporting procedures. In others, reporting

may be delegated to the school management team. The health and safety policy should set out the responsibilities and arrangements for reporting in each school.

Incidents involving contractors working on school premises are normally reportable by their employers. Contractors could be, eg builders, maintenance staff, cleaners or catering staff.

If a self-employed contractor is working in school premises and they suffer a specified injury or an over-seven-day injury, the person in control of the premises will be the responsible person. (See HSE's RIDDOR web pages at www.hse.gov.uk/riddor for more detail on the reporting arrangements for self-employed people.)

Who do I report to?

For general advice about how to report, see HSE's RIDDOR web pages. You can report all incidents online and there is a telephone service for reporting **fatal and specified injuries only**. Reporting details for out of hours incidents are available from HSE's out of hours web page at www.hse.gov.uk/contact/contact.htm.

For incidents on school premises involving members of staff, pupils or visitors, HSE is the enforcing authority and you should submit your reports to them. HSE is also the enforcing authority for nursery provision provided and operated by local authorities. For privately run nursery schools, the local authority is the enforcing authority.

What records must I keep?

You must keep records of:

- any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR;

- all occupational injuries where a worker is away from work or incapacitated for more than three consecutive days. **From 6 April 2012 you don't have to report over-three-day injuries, but you must keep a record of them.** Employers can record these injuries in their accident book.

You must keep records for at least three years after the incident.

Section 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, if an employee is injured, wherever they are working:

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

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

If you are in control of premises, you are also required to report any work-related deaths and certain injuries to self-employed people that take place while they are working at the premises.

Reportable specified injuries

These include:

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding), which:
 - cover more than 10% of the body; or
 - cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia;

- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness; or
 - requires resuscitation or admittance to hospital for more than 24 hours.

Physical violence

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

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

Reportable occupational diseases

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

These include:

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

Stress

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work.

In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

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

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

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

The lists of specified injuries and diseases described in Section 1 only apply to employees. If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is **not reportable**.

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

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

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

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

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

What about accidents to pupils during sports activities?

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

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

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

What about accidents to pupils in a playground?

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

This includes incidents arising because:

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

Physical violence

Violence between pupils is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.

Other scenarios

Injuries to pupils while travelling on a school bus
If another vehicle strikes 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 have to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the police.

Incidents involving pupils on overseas trips

RIDDOR only applies to activities which take place in Great Britain. So, any incident overseas is not reportable to HSE.

Incidents to pupils on work experience placements

If pupils are on a training scheme or work placement, they are deemed to be employees for the period of the placement. In these circumstances, the employer, as the responsible person, should report a death, injury or disease to a pupil, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

Section 3: Dangerous occurrences

These are specified near-miss events, which are only reportable if listed under RIDDOR.

Reportable dangerous occurrences in schools typically include:

- 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.

Supplementary information

Consultation

Under the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996, employers must make relevant health and safety documents available to safety representatives.

This includes records kept under RIDDOR, except where they reveal personal health information about individuals. Further information is available in *Consulting employees on health and safety: A brief guide to the law* Leaflet INDG232(rev2) HSE Books 2013 www.hse.gov.uk/pubns/indg232.htm.

Reporting requirements of other regulators

There may be other reporting requirements placed on schools by other regulators in the education sector. The requirements of these other regulators are separate to, and distinct from, the legal duty to report incidents under RIDDOR.

Further information

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit www.hse.gov.uk/. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.

This information sheet is available at:
www.hse.gov.uk/pubns/edis1.htm.

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Record of Medication to be administered in School

Name of child	
Date of birth	
Form	
Medical condition or illness	
Date medicine provided by parent	
Quantity received	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	
Special precautions/other instructions	
Are there any side effects the school needs to know about?	

NB: Medicines must be in the original container as dispensed by the pharmacy

Name	
Relationship to child	

I understand that I must deliver the medicine personally to the school office.
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Staff signature _____

Signature of parent _____

See reverse for record of medicine administered

Record of medicine administered to an individual child – please also note on ScholarPack

Date		Date	
Time given		Time given	
Dose given		Dose given	
Staff member administering		Staff member administering	
Staff signature		Staff signature	
Staff witness		Staff witness	
Staff signature		Staff signature	
Parent/Carer signature		Parent/Carer signature	

Date		Date	
Time given		Time given	
Dose given		Dose given	
Staff member administering		Staff member administering	
Staff signature		Staff signature	
Staff witness		Staff witness	
Staff signature		Staff signature	
Parent/Carer signature		Parent/Carer signature	

Date		Date	
Time given		Time given	
Dose given		Dose given	
Staff member administering		Staff member administering	
Staff signature		Staff signature	
Staff witness		Staff witness	
Staff signature		Staff signature	
Parent/Carer signature		Parent/Carer signature	

First Aid Kits on site at Maldon Court Preparatory School

Bag No	Location	Use	Contents of bag
BAG 1	Office	Full first aid kit	First Aid information leaflet Face masks Triangular bandage Foil blankets Finger dressing Sterile water vials Sterile individual wrapped wipes Small hand sanitizer bottle Adhesive dressings - various sizes Sterile non-adhesive dressings Disposal bags Burn shield dressing Gloves Pen Face Shield Eye pads Tissues sealed in a packet – for tears not medical use! Finger buddies Microporous tape
BAG 2	Laundry room	Playground minor bleeds and grazes kit	First Aid information leaflet and book Face masks Gloves Small hand sanitizer bottle Sterile individual wrapped wipes Adhesive dressings - various sizes Foil blankets Disposal bags Accident book Pen Medical notes for whole school Red card Non-adhesive dressings Vomit bag Tissues Eye pad Face shield Finger Dressing Microporous tape
BAG 3	Office off-site purposes	Full first aid (large bag)	First Aid information leaflet Face masks Triangular bandage Foil blankets Finger dressing Sterile water vials

			Sterile individual wrapped wipes Small hand sanitizer bottle Adhesive dressings - various sizes Sterile non-adhesive dressings Disposal bags Burn shield dressing Gloves Pen Tuff cut scissors Face Shield Instant cold packs and cold pack cover Eye pads Tissues Finger buddies Microporous tape Safety pins Accident book and Head Bump forms School medical notes and medical protocols
BAG 4	office Off-site purposes	Full first aid kit (small bag)	First Aid information leaflet Face masks Triangular bandage Foil blankets Finger dressing Sterile water vials Sterile individual wrapped wipes Small hand sanitizer bottle Adhesive dressings - various sizes Sterile non-adhesive dressings Disposal bags Burn shield dressing Gloves Pen Tuff cut scissors Face Shield Instant cold packs and cover Finger buddies Eye pads Tissues sealed in a packet Microporous tape Accident book School medical notes
BAG 5	Nursery	Full first aid kit	First Aid information leaflet Face masks Triangular bandage Foil blankets Finger dressing Sterile water vials

			Sterile individual wrapped wipes Small hand sanitizer bottle Adhesive dressings - various sizes Sterile non-adhesive dressings Disposal bags Burn shield dressing Gloves Tuff cut scissors Face Shield Instant cold packs Eye pads Finger buddies Microporous tape Safety pins
BAG 6	Pre - Reception	minor bleeds and grazes kit	First Aid information leaflet Face masks Triangular bandage Foil blankets Finger dressing Sterile water vials Sterile individual wrapped wipes Small hand sanitizer bottle Adhesive dressings - various sizes Sterile non-adhesive dressings Disposal bags Burn shield dressing Gloves Pen Tuff cut scissors Face Shield Instant cold packs Eye pads Microporous tape
BAG 7	Reception	minor bleeds and grazes kit	First Aid information leaflet Face masks Triangular bandage Foil blankets Finger dressing Sterile water vials Sterile individual wrapped wipes Small hand sanitizer bottle Adhesive dressings - various sizes Sterile non-adhesive dressings Disposal bags Burn shield dressing Gloves Tuff cut scissors

			Face Shield Instant cold packs Eye pads Finger buddies Microporous tape
BAG 8	Minibus	Full first aid kit	First Aid information leaflet Accident book Face masks Triangular bandage Foil blankets Finger dressing Sterile water vials Sterile individual wrapped wipes Small hand sanitizer bottle Adhesive dressings - various sizes Sterile non-adhesive dressings Disposal bags Burn shield dressing Gloves Pen Tuff cut scissors Instant cold packs Eye pads Microporous tape
BAG 9	Staff Room	Minor bleeds and grazes kit	First Aid information leaflet Face masks Triangular bandage Foil blankets Finger dressing Sterile individual wrapped wipes Small hand sanitizer bottle Adhesive dressings - various sizes Sterile non-adhesive dressings Disposal bags Burn shield dressing Gloves Face Shield Eye pads Microporous tape Safety pins Instant cold pack
BAG 10	Kitchen	Minor bleeds and grazes kit	First Aid information leaflet Blue finger buddies Blue Sterile individual wrapped wipes Burn Shield Dressing Safety pins Blue Microporous tape

			Blue fingerstall Scissors Gloves Sterile cleansing wipes Blue finger dressing Blue medium dressing (12 x 12cm) Adhesive wound dressing (10 x 8cm) Dressing pad (5 x 5cm) Blue adhesive dressings Disposal bags Eye pads
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