

We are an ambitious and inclusive Trust of schools
strengthening communities through excellent education.



First Aid Policy

Responsibility for approval: Senior Executive
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1.0 Policy Statement

1.1 The Ted Wragg Trust is committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, pupils and visitors. All schools will take reasonably practicable steps to ensure the safety and wellbeing of all staff, pupils and visitors whilst on school premises.

2.0 Scope and purpose

The aim of the Ted Wragg Trust First Aid Policy is to:

- 2.1 Ensure the health and safety of all staff, pupils and visitors
- 2.2 Ensure that Trustees and all staff are aware of their responsibilities with regards to health and safety / incident reporting
- 2.3 Provide a framework for responding to an incident and recording and reporting the outcomes
- 2.4 Ensure that the school has adequate, safe and effective first aid provision 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 major or minor.
- 2.5 Ensure that staff and pupils are aware of the procedures in the event of any illness, accident or injury.
- 2.6 Promote effective infection control.

3.0 Definition

3.1 For the purpose of this document:

- The Ted Wragg Multi Academy Trust is referred to as the Ted Wragg Trust or TWT or the Trust
- amend all definitions dependant on audience of policy.

4.0 References

4.1 This policy is based on the following legislation and statutory guidance:

- [Health and safety at Work Act 1974](#)
- [The Health and Safety \(First Aid\) Regulations 1981](#)
- [The Management of Health and Safety at Work Regulations 1999](#)
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 1995](#)
- [HSE Incident reporting in schools](#)
- [DFE Guidance on First Aid for schools](#)
- [DFE Automated External Defibrillators \(AED's\)](#)
- [DFE Health Protection in Schools and other Childcare Facilities](#)
- [Social Security \(claims and payments\) Regulations 1979](#)
- [DFE Statutory Framework for the Early Years Foundation Stage](#) (Early years only)

4.2 The following policies should be read in support of this document:

- Health and Safety Policy
- Safeguarding Policy
- Lone Working Policy
- Supporting Pupils at School with Medical Conditions Policy

5.0 Legal Framework

This Policy will be published on the school websites and will be included in the Trust's Policy Monitoring Schedule.

6.0 Roles and Responsibilities

6.1 Board of Trustees

The Board of Trustees are responsible for health and safety matters in the schools, but delegates operational matters and day-to-day tasks to the Headteacher.

6.2 Headteacher

The Headteacher is responsible for the implementation of this policy. This includes but is not limited to:

- Responsibility for appointing a suitably trained and competent Health and Safety lead
- Ensuring that an appropriate number of trained first aid staff and/or appointed persons are present in the school at all times to care for pupils, staff and visitors in the event of a first aid need and ratios of Paediatric First Aid trained staff are adhered to (where applicable).
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid plans and procedures
- Ensuring that accidents, incidents and near misses are recorded and monitored
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place with regard first aid and specific needs of individuals
- Ensuring that adequate space is available for catering to the medical need's pupils, staff and visitors
- Reporting specified incidents to the HSE when necessary (see section 17).

6.3 First Aiders

First aid and paediatric first aid trained staff have the aptitude and ability to cope with stressful and physically demanding emergency procedures. A designated member of staff(s) will oversee the first aid of the school. The main duties of first aiders include:

- giving immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school or college or on educational visits
- ensuring first aid equipment is in date and topped up when used
- completing accident forms (paper and/or electronic)
- provide completed accident forms and investigations to the health and safety lead as required.
- seeking advice from a member of SLT if concerned at any time.
- when appropriate, ensure that an ambulance or other professional medical help is called

6.4 Appointed Person

Where a first aid risk assessment identifies that a first aider is not required, a nominated person(s) will be appointed. The appointed person(s) will take charge when someone is injured or becomes ill, look after first aid equipment and ensures an ambulance or other professional medical help is summoned when appropriate.

6.5 Health and Safety Lead

The Health and Safety Lead is responsible for assisting the appointed person(s) with:

- Carrying out a first aid need risk assessment to ascertain the provision:
 - Ensuring first aid boxes will be located in specific locations and classroom areas as per school requirements
 - Ensuring that there are adequate numbers of trained staff

- Ensuring there are suitable facilities for treating first aid injuries, including provision for pupils, staff and visitors

6.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders or appointed person(s) are in the school and where to locate them
- Assisting with completion of accident, incident and near miss reporting for all incidents they attend or witness
- Informing the headteacher, Health and Safety Lead or their manager of any specific health conditions or first aid needs

7.0 First Aid Procedures

7.1 Minor Incidents

For minor injuries (e.g., splinters, bumps, bruises, cuts, grazes):

- The nearest staff member assesses the injury and contacts a qualified first aider if needed.
- Administer appropriate first aid: clean the wound and cover if bleeding or weeping.
- Apply cold packs for bumps, bruises, or red marks.
- For bites: wash thoroughly with soap and warm water, elevate and support the wound, dry with clean gauze, and cover with a sterile dressing. If the skin is broken, inform parents/carers to seek medical advice.
- For stings: reassure the individual, remove the sting if possible, elevate the area, and apply a cold compress for 20 minutes. If stung in the mouth or throat, have them suck an ice cube or sip cold water. Monitor breathing and responsiveness. Inform parents/carers. Call 999 or 111 if signs of a severe allergic reaction occur.

7.2 Major Incidents

For serious injuries (e.g., broken bones, head injuries, burns, dislocations):

- A qualified first aider assesses the injury and determines if emergency services are required. If so, they remain with the patient until help arrives.
- Contact parents/carers to attend or meet at the hospital.
- If an open fracture is suspected (bone protruding, severe deformity, signs of shock), call emergency services immediately.
- Do not move the patient unless advised by emergency services or if staying put poses further danger.
- If the injury is assessed as non-critical, inform parents/carers to transport the individual to the nearest A&E or Minor Injury Unit.

7.3 Head Injuries

Whilst head injuries can be minor, they can have the potential be serious. All head injuries should be treated with caution. For all head injuries and head bumps, Parents/Carers will be contacted to make them aware their child has bumped their head and that school will monitor them. Students will be monitored and Parents/Carers will be contacted again if the first aider or school staff have any concerns the child is beginning to deteriorate. 999 or 111 will be phoned if first aiders have any concerns or the child's condition worsens according to AVPU.

General Guidance

- Treat all head injuries with caution, as even minor incidents can have serious implications.
- Assess the casualty's responsiveness using the AVPU scale:
 - **A**lert
 - **V**oice – responds to verbal stimuli
 - **P**ain – responds to painful stimuli
 - **U**nresponsive
- Apply a cold compress to reduce swelling. (ouh.nhs.uk)
- Treat any bleeding wounds appropriately. (qbi.uq.edu.au)

Minor Head Injuries

Symptoms may include:

- Bump or bruise
- Dizziness
- Nausea or vomiting (once)
- Brief unresponsiveness

Actions:

- Monitor the child closely for any changes in condition
- Inform parents/carers about the incident and advise them to observe their child for the next 24–48 hours
- Advise parents/carers to seek medical attention if symptoms worsen or new symptoms develop

Major Head Injuries

Warning signs include:

- Persistent drowsiness or difficulty waking
- Severe or worsening headache
- Repeated vomiting
- Seizures or convulsions
- Unequal pupil sizes (clinicalguidelines.scot.nhs.uk)
- Clear fluid or blood from ears or nose (stgeorges.nhs.uk)
- Loss of consciousness (clinicalguidelines.scot.nhs.uk)

Actions:

- Call 999 immediately.
- Continue to monitor the casualty using the AVPU scale.
- Do not move the casualty unless there is an immediate danger.
- Contact parents/carers to inform them of the situation. If they are unavailable, a staff member will accompany the child to the hospital.

Concussion Awareness

Concussion can result from a bump, jolt, or blow to the head, causing the brain to move rapidly within the skull.

Symptoms may include:

- Confusion or disorientation
- Sluggishness or delayed responses
- Memory loss surrounding the event
- Nausea or vomiting
- Unusual behaviour

If a child exhibits any of these symptoms, they should be evaluated by a medical professional.

Immediate 999 call if:

- One pupil is larger than the other
- Cannot be awakened
- Headache that worsens and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Seizures
- Difficulty recognizing people or places
- Unusual behaviour
- Loss of consciousness, even briefly

Always seek emergency assistance when in doubt.

7.4 Off site incidents

In the event of an incident off the school premises that requires first aid, staff will follow the school first aid procedures, as well as seek advice from first aid at educational visit venues if required. Risk assessments for educational visits will ensure that first aid can be administered sufficiently and steps are in place should minor and major incidents occur.

When taking pupils off the school premises, staff will ensure that they always have the following:

- A way of communicating in an emergency – e.g. a school mobile
- A portable first aid kit including, at minimum the following and any additions stocked in accordance with the HSE's recommendations
 - A leaflet giving general advice on first aid, e.g. ([HSE basic guide to first aid](#))
 - 6 individually wrapped sterile adhesive dressings in assorted sizes
 - 1 large sterile unmedicated dressing
 - 2 triangular bandages – individually wrapped and preferably sterile
 - 2 safety pins
 - individually wrapped moist cleansing wipes
 - 2 pairs of disposable gloves
- Parents' contact details when off the school premises out of school office hours
- When transporting pupils using a minibus or other large vehicle, the school will make sure the vehicle is equipped with a clearly marked first aid box containing, at minimum:
 - 10 antiseptic wipes, foil packed
 - 1 conforming disposable bandage (not less than 7.5cm wide)
 - 2 triangular bandages
 - 1 packet of 24 assorted adhesive dressings
 - 3 large sterile unmedicated ambulance dressings (not less than 15cm × 20 cm)
 - 2 sterile eye pads, with attachments
 - 12 assorted safety pins
 - 1 pair of rustproof blunt-ended scissors

For injuries or falls related to outside play equipment such as trim trails and traverse walls, parents/carers will be notified regardless of whether an injury is apparent.

7.5 Outdoor Activities First Aid

Children, school staff and visitors take part in Outdoor Learning on the school premises and off the school premises; this includes activities such as den building, leaf rubbing and toasting marshmallows on firepits. Where a first aid incident occurs, first aiders will follow procedures mentioned previously. In addition, opportunities to complete Outdoor Adventurous Activities such as climbing, canoeing, Mini Ten Tors and Duke of Edinburgh are offered. These activities require those leading to have completed a 16- hour Outdoor First Aid qualification. If these activities are led directly by the school, staff will have the relevant qualification, if these are completed by out of school providers, staff will ensure instructors have the relevant qualifications, insurances and risk assessments in place

7.6 Emergency response Protocol NHS

First aiders, appointed person(s) or school staff may be required to contact the emergency services in the event of a life threatening- emergency. This could be on the premises or off the premises when on trips.

NHS England define a life- threatening emergency as the following:

Children – call 999 or take your child to A&E now for any of these:	Adults – call 999 or go to A&E now for any of these:
• seizure (fit) shaking or jerking because of a fit, or unconscious (cannot be woken up) • choking on liquids or solids right now • difficulty breathing making grunting noises or sucking their stomach in under their ribcage • unable to stay awake cannot keep their eyes open for more than a few seconds • blue, grey, pale or blotchy skin, tongue or lips on brown or black skin, grey or blue palms or soles of the feet • limp and floppy their head falls to the side, backwards or forwards • heavy bleeding spraying, pouring or enough to make a puddle • severe injuries after a serious accident or assault • signs of a stroke face dropping on one side, cannot hold both arms up, difficulty speaking • sudden rapid swelling of the lips, mouth, throat or tongue • sudden confusion agitation, odd behaviour or non-stop crying	• signs of a heart attack chest pain, pressure, heaviness, tightness or squeezing across the chest • signs of a stroke face dropping on one side, cannot hold both arms up, difficulty speaking • sudden confusion (delirium) cannot be sure of own name or age • suicide attempt by taking something or self-harming • severe difficulty breathing not being able to get words out, choking or gasping • choking on liquids or solids right now • heavy bleeding spraying, pouring or enough to make a puddle • severe injuries after a serious accident or assault • seizure (fit) shaking or jerking because of a fit, or unconscious (cannot be woken up) • sudden, rapid swelling of the lips, mouth, throat or tongue

(NHS England Online)

7.7 Emergency incident on school grounds:

1. **Immediate Notification:**
 - Inform the Admin team directly or send a runner.
2. **Nominated Persons Responsibilities (Admin team or other):**
 - Contact emergency services.
 - Provide address and location of IP
 - Open gates for emergency access.
 - Designated staff member to act as spotter to guide the ambulance.
3. **If Admin/Reception is Not Nearby:**
 - Notify Admin or send a runner.
 - Use a mobile phone to call emergency services directly.

7.8 Emergency incident off site:

1. **Nominated Persons Responsibilities (Not First Aider):**
 - Contact emergency services.
 - Provide the address / location of IP (this could be what3words or similar app if in a remote area)
 - Designated staff member to act as spotter to guide the ambulance.
 - Line manager / EVC school coordinator to be advised of the incident as soon as reasonably practicable

7.9 Call Handler information

The Health Adviser who answers the 999 call will ask questions including: the name of the casualty, the date of birth of the casualty, the address you are at, if you are with the patient, if they are breathing, if they are conscious and what the problem is. Having this information to hand is recommended and helps the emergency call to be swift and support arranged quicker.

7.10 Transportation to hospital

If in the instance a child needs to attend hospital or minor injuries and parental transport is not available, a taxi is to be called. If none of the mentioned are available, staff will need to take the child to hospital in a staff members private transport. Business insurance must be held and the child must be accompanied by a first aider.

8.0 Mental Health / Wellbeing Emergency first aid

8.1 Our Ted Wragg Trust is committed to building awareness of the importance of social-emotional health to learning as well as maintaining a workplace environment and culture that supports mental health and wellbeing and prevents discrimination.

8.2 Designated staff (first aiders / learning mentors/ wellbeing leads) would be the first responder in the event of a mental health first aid emergency.

8.3 All incidents are recorded and reported according to this policy.

8.4 Pupils who require further support would be referred to agencies as required. Some schools in the trust offer specific 'wellbeing leads' who support pupils with specific mental health issues.

8.5 The Employee Assistance Programme (EAP) offers a range of support for staff including counselling / occupational health etc. This would be implemented on a case by case basis.

8.6 When attending off site visits or trips, the trip leader is responsible for understanding and undertaking an assessment of the health needs of students and will liaise with specific staff to write a risk assessment taking into consideration the support and additional resources required to enable the individual pupils to participate in the visit. This may include meetings / discussions with parent / carers as required.

9.0 Out of hours and lone working first aid

9.1 First aid provision out of normal school operating hours is not available. Therefore, in the event that there is a first aid emergency, staff are advised to call 999 for an ambulance or 111 for non-urgent medical advice.

9.2 Those staff who are lone working out of hours should follow our Trust Lone Working Policy and school specific procedures.

10.0 First Aid provision Reviews

10.1 Schools will routinely re-evaluate their first aid arrangements, at least annually, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individual on site, and the nature and distribution of pupils and staff throughout the school.

10.2 All staff will be aware of this policy, know who to contact in the event of any illness, accident or injury, and ensure that this policy is followed.

10.3 Staff will always use their best endeavours to secure the welfare of pupils.

10.4 Anyone on the school premises is expected to take reasonable care for their own and other's safety.

10.5 Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

10.6 Schools will have suitably stocked first aid boxes in line with the assessment of needs. All schools / establishments will consider:

- The number of sites and levels of buildings to ensure that there is a first aid kit within quick and easy reach of all areas unless a specific first aid room is nominated. Where this is the case, a 'crash bag' will be available to take to an emergency situation.
- Remote areas, such as sports fields / playgrounds and ensure that there is a first aid kit within quick and easy reach, e.g. ice packs / heat packs issued to PE departments as required.
- Assessment of higher risk areas, e.g. Science Laboratories / DT Workshops and ensure that first aid kits in these areas contain sufficient contents to deal with room specific emergencies – e.g. eye wash facilities
- Specific first aid kits are taken on off site visits, relative to the activity – e.g. consideration is given to higher risk activities and contents of the first aid kit are relevant to these activities. These will usually be kept in the designated first aid room.
- Staff homeworking in desk-based posts will not be provided with any first aid equipment from the Trust as the HSE advice is that there is no additional risk beyond normal domestic needs

Where there is no special risk identified, the HSE suggest a minimum provision of first aid items should be as follows:

- A leaflet giving general advice on first aid - e.g. HSE's Leaflet [Basic advice on First Aid](#)
- Individually wrapped sterile plasters of assorted sizes
- Sterile eye pads
- Individually wrapped triangular bandages, preferably sterile
- Safety pins
- Large and medium sized sterile, individually wrapped, un-medicated wound dressings
- Disposable gloves.

When purchasing new first aid kits, schools will consider purchasing one that meets British standard (BS) 85991:2019, based on assessment needs.

10.7 First aid notices will be clearly displayed throughout the school with information on the first aid location to ensure that pupils and staff know where to go in the event of illness or injury.

11.0 Automated External Defibrillators (AEDs)

An Automated External Defibrillator (AED or 'defibrillator') is a machine that is placed externally on the body and is used to give an electric shock when a person is in cardiac arrest i.e., when the heart suddenly stops pumping blood around the body. Cardiac arrest can affect people of any age and without warning. Defibrillators have the potential to save the lives of pupils, staff and visitors in schools, with [research](#) showing that accessing these devices within 3-5 minutes of a cardiac arrest increases the chance of survival by over 40%.

All proposed defibrillator locations should be subject to a risk assessment considering:

- availability for timely deployment (including the likely time required to climb stairs, open doors, unlock a cabinet etc)
- health and safety risks (e.g., slip, trip and fall hazards)
- safety and security (e.g., is the area well-lit?)
- Does the location render the defibrillator susceptible to tampering or vandalism and, if so, what measures would be proportionate to counter that risk?).

The school defibrillator will be registered on The Circuit, the national defibrillator network. This will ensure they are visible to local ambulance services and means someone can be directed to the defibrillator location.

AED's will be maintained in accordance with manufacturers recommendations.

The AED is located on the outside wall to the right-hand side of the main entrance, on the main school site.



- Model – HeartOn A15
- Date installed – 6th September 2023
- Replacement date - Components of defibrillators, particularly the batteries and electrode pads, do have expiration dates and must be replaced periodically to ensure the device is functional in an emergency. While the AED unit itself may have a lifespan of 8–15 years, the batteries and pads have significantly shorter shelf lives, ranging from about 1.5 to 7 years for batteries and 1.5 to 5 years for pads, depending on the model and usage

12.0 Record keeping and reporting

12.1 The School keep a record of all incidents involving staff, pupils and visitors, which require first aid staff to be in attendance. This will be either electronically or paper form. These records will be used to help to identify trends in accidents / incidents and areas for improvement as well as when to review first aid needs assessments.

The following minimum information will be recorded:

- Date, time and place of incident
- Name of injured or ill person
- Details of the injury or illness
- Details of what first aid was given
- What happened immediately after the incident (for example, went home, went back to class, went to hospital)
- Name and signature of first aider or person dealing with the incident

Incidents where external medical assistance is needed, whether on site or off site, should be recorded on the school incident / accident system.

For schools that use the OSHENS system

12.2 The Headteacher / Estates lead / Health and Safety Lead will ensure that any injury / accident or dangerous occurrence that falls under the RIDDOR obligations is reported immediately to OSHENS online reporting system and the Head of Estates and Facilities. See section 13.0 of this policy for further information on RIDDOR reportable incidents

12.3 A near miss is something that does not lead to harm but has the potential to cause illness or injury. Near misses should also be reported in accordance with the school accident and incident reporting system (online or paper). Examples include:

- Mishandling of chemicals or hazardous materials
- Transportation close call
- Equipment malfunctions
- Slips, trips, and falls without injury
- Signage-related incidents
- Narrow escapes from workplace hazards.

12.4 Mental Health first aid incidents will be recorded following school specific safeguarding procedures, e.g. CPOMS

12.5 At least annually the Headteacher will be presented with details of incidents recorded in the following categories:

- Number of RIDDOR Reportable incidents with outcomes (to be reported as soon as possible).
- Number of near miss incidents
- Number of Incidents resulting in emergency hospitalisation of staff / pupils
- Number of Incidents requiring an ambulance
- Number of Incidents where staff injury results in 3 days or more off work (information available from HR / return to work forms)
- Number of Incidents resulting in mental health first aid (where possible to collate)
- Trends – e.g., specific year group/ activity/area

12.6 Annually in term 1, a report on the previous academic year first aid occurrences will be reported to the Board of Trustees by each school via the Head of Estates and Facilities in the following categories:

- Number of RIDDOR Reportable incidents with outcomes
- Number of Incident resulting in emergency hospitalisation of staff / pupils
- Number of Incidents where staff injury results in 3 days or more off work (information available from HR / return to work forms)
- Overall number of minor incidents not included in the above

13.0 RIDDOR Reportable Incidents

Certain incidents may have to be reported to the Health and Safety Executive under RIDDOR- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. The Ted Wragg Trust schools are all part of the OSHENS health and

safety service. As such all RIDDOR reportable incidents should be immediately reported to them and they will manage this process for all schools. Schools should also advise the Head of Estates and Facilities that a RIDDOR reportable incident has occurred.

13.1 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:
 - Covers more than 10% of the whole body's total surface area; or
 - 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 incident should be reported via OSHENS 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

13.2 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 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)

The Health and safety Lead will keep records of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7). Further information regarding RIDDOR reportable incidents is available [here](#).

14.0 Reporting to OFSTED and child protection agencies

This section refers to Early Years settings only

The Health and safety Lead will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school’s care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Health and safety Lead will also notify Devon County Council of any serious accident or injury to, or the death of, a pupil while in the school’s care.

15.0 Training

All school staff are able to undertake first aid training.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until.

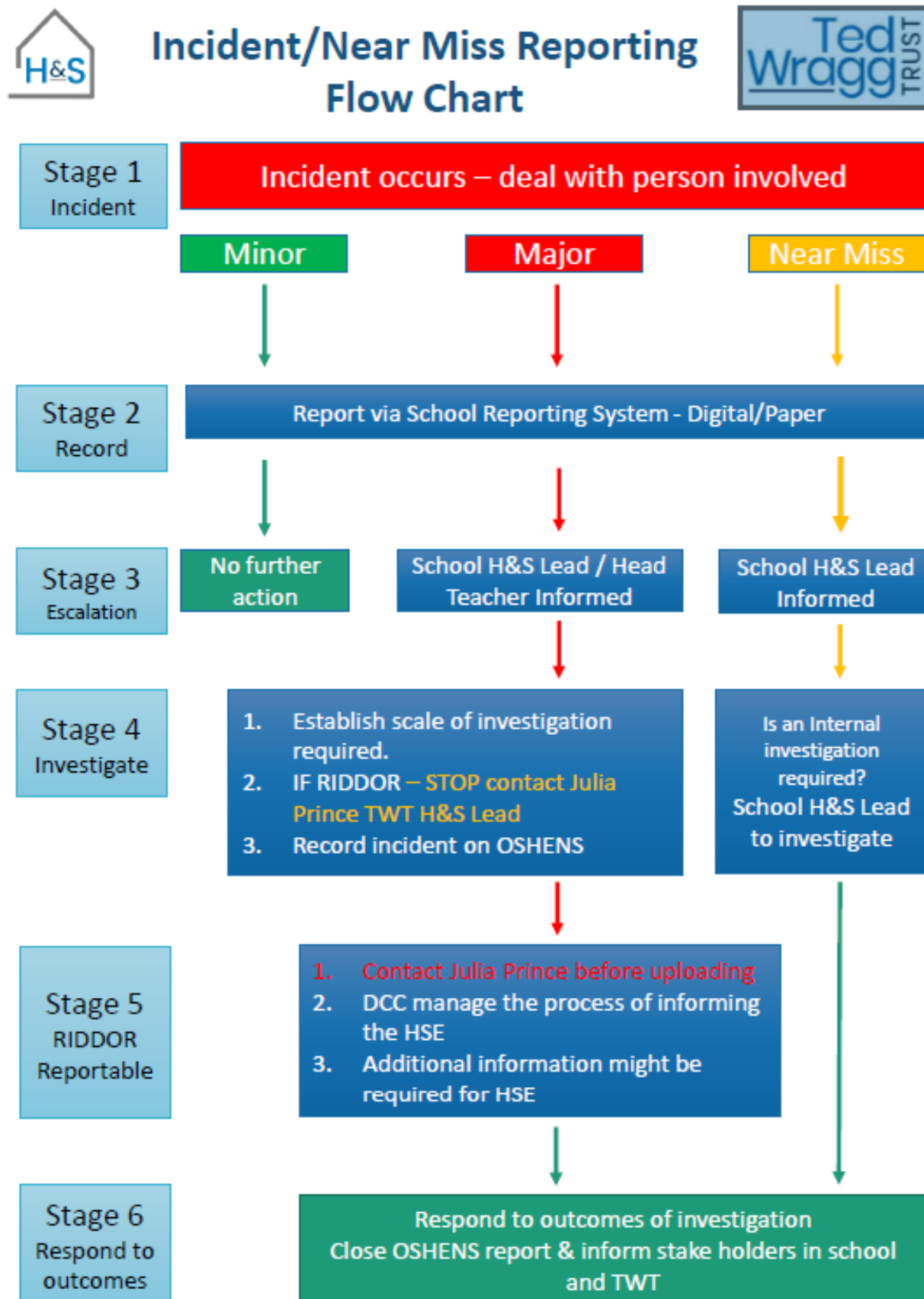
The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

16.0 Monitoring Arrangements

This policy will be reviewed annually

At every review, the policy will be reviewed by the headteacher, the policy template will be approved by the Senior Executive Team.

Appendix A – TWT Accident reporting flow chart





Incident Reporting Guidance



Stage 1 Incident

Any incident **minor** or **major** where a TWT employee or third party; Pupils; Non-Employees, Visitors (including contractors) and Parents is injured and/or there is damage to equipment, property or premises. As much information as possible on the incident must be recorded.

Any insignificant/**minor** injury: For example: pupil falls in playground & needs a plaster.

Near Miss? Is an incident which did not result in harm but could have on another day.

A more significant or **major** injury: For example: sent to hospital or potential for major injury or broken bone.

Stage 2 Record

Record all incidents on schools reporting system (Medi tracker/CPOMS CAFM and / or OSHENS)

Minor injury reported. Is there any further action required?

Major incident reported. Have you informed the Health and Safety lead and head teacher?

Near Miss? This must also be logged and the School Health and Safety Lead informed. Further action required?

Complete the school's or TWT Accident and Incident report form 1 (TWT A&IR1) and store.

Does the incident require investigation/ repair required?

Stage 4 Investigate

- Establish scale of Investigation required? Is an Internal investigation required?
- If you think the incident is reportable under RIDDOR – **Contact Julia Prince TWT H&S Lead** before putting on OSHENS
- Investigations will be led by the Health and Safety Lead.
- Complete the TWT Accident and Incident report form 2 (TWT A&IR2) and store
- TWT Health and Safety team are available to support these investigations as required.

Riddor
Criteria



Stage 5 RIDDOR Reportable

1. **Contact Julia Prince TWT H&S Lead**
2. Record incident on OSHENS
3. DCC manage the process of informing the HSE
4. Additional information might be required for HSE

Health and Safety lead will liaise directly with Devon County Council Health and Safety Service) and also inform the TWT Health and Safety team immediately.

Stage 6 Respond to outcomes

Respond to outcomes of investigation
Close OSHENS report & inform stake holders in school and TWT

Appendix B – TWT Incident report form

REPORT OF AN ACCIDENT, INCIDENT OR ACT OF VIOLENCE OR AGGRESSION

TYPE OF INCIDENT BEING REPORTED							
Work-related near miss	☐	Work / premises related injury	☐	Non work-related incident	☐		
Work-related ill health	☐	HSE Dangerous Occurrence	☐				
DATE AND ORGANISATION DETAILS							
Time			AM ☐ / PM ☐	Date			
Employer details							
Work Base/Address						Postcode	
INCIDENT LOCATION DETAILS							
Tick if at above address	☐						
Address of incident						Postcode	
Exact Location (room, place, road)							
DESCRIPTION OF INCIDENT – give as much detail as possible e.g. name of substance, name/type of machine involved, events leading to incident, parts played by people, continue on a separate sheet if necessary							
FOLLOW UP ACTION – give full details of any investigation AND actions taken to prevent a reoccurrence, continue on a separate sheet if required							
CAUSE OF or REASON FOR INCIDENT (please indicate only ONE)							
Animal/Insect Related	☐	Exposure to Hot Liquid or Surface	☐	Over-exertion	☐	Use of Hand Tools	☐
Assisting a Client	☐	Fall from a Height State Height	☐	Repetitive Strain Injury or Upper Limb Disorder	☐	Work Related Illness - Stress	☐
Choking	☐	Fall from Bed	☐	Road Traffic Accident	☐	Work Related Non-Accidental Illness	☐
Contact with Electricity	☐	Found on Floor	☐	Self harm	☐		☐
Contact with Moving Machinery or Material being Machined	☐	Handling, Lifting or Carrying	☐	Not Related to Specific Event/Events	☐	Violence:	
Drowning/Asphyxiation	☐	Harassment – Racial	☐	Skin care	☐	Control and Restraint	☐
Effects of heat or cold	☐	Harassment – Sexual	☐	Slipped, Tripped or Fell on Same Level	☐	Physical Assault – Intentional by employee	☐
Exposed to Explosion	☐	Harassment – Other	☐	Sporting Activity	☐	Physical Assault – Intentional by client	☐
Exposed to Asbestos	☐	Medication Error	☐	Stepping on/Striking against Fixed or Stationary Object	☐	Physical Assault – Intentional by member of public / other	☐
Collision with another person	☐	Needle stick	☐	Struck by Moving Vehicle	☐	Physical Assault – Intentional by student	☐
Exposure to Fire	☐	Exposure to Hot Liquid or Surface	☐	Struck by Object (Moving, Falling or Flying)	☐	Physical Assault – Unintentional	☐
Exposure to Harmful Substances	☐	Not Related to Specific Event/Events	☐	Trapped in, under or between objects	☐	Threatening behaviour	☐

REPORT OF AN ACCIDENT, INCIDENT OR ACT OF VIOLENCE OR AGGRESSION

Staff	☐	Student	☐	Member of public	☐	Contractor	☐
Work Exp./Volunteer	☐	Agency Staff	☐	Trespasser	☐		
Client				☐	Partner employee	☐	
Type of Involvement: tick if they are the:	Injured Person			☐	Affected Person (no injury)	☐	
Title	Mr ☐ Mrs ☐ Miss ☐	Forename			Surname		
Type of work being undertaken by person							
Home Address					Postcode		
Home Telephone No.		Date of Birth		Male ☐ Female ☐			
INJURY DETAILS							
Abrasion / Graze	☐	Broken Teeth	☐	Dislocation	☐	Ingestion	☐
Amputation - Full	☐	Bruise	☐	Electric/Static Shock	☐	Inhalation	☐
Amputation - Partial	☐	Bump/Swelling	☐	Faint / Dizzy	☐	Internal Bleed	☐
Arc Eye	☐	Burn/Scald	☐	Foreign Body	☐	Loss of sight	☐
Bite - Animal	☐	Concussion	☐	Fracture/Broken bone	☐	No injury	☐
Bite - Human	☐	Crush	☐	Hearing Damage	☐	Nose Bleed	☐
Blister	☐	Cut	☐	Heat Stress	☐	Puncture	☐
Please describe ALL parts of the body affected and, where applicable, left or right							
Initial Assessment of the severity / outcome of the injury				No injury	☐	Minor injury	☐
Lost time up to 7 days (employee)		☐	Lost time over 7 days (employee)		☐		
Taken to hospital (non employee)		☐	Fatality	☐	Other (please state)		
Was first aid given at scene?		No ☐ / Offered but refused ☐ / Yes ☐ / Not known ☐					
Did the person: - (tick all that apply)							
Become Unconscious	☐	Need Resuscitation	☐	Remain in Hospital for 24 hours	☐	None of these	☐
After the incident, did the person: -							
Return to work (employee)	☐	Resume activities (non employee)	☐	Go direct to hospital	☐		
Go to G.P. / Dentist	☐	Go Home	☐	Other (please state)			
TO BE COMPLETED FOR INCIDENTS INVOLVING STAFF / VOLUNTEERS / AGENCY STAFF							
Name of Supervisor/ Manager			Phone no.			Date informed of incident	
Was incident attributed to the condition of the premises?						Yes ☐ / No ☐	
Did injured person go absent?		Yes ☐ / No ☐					
If YES, date absence started				Date returned / fit for work*			
Please do not delay entering this incident on the system because you do not have a return to work date. This can be added later							
TO BE COMPLETED FOR INCIDENTS INVOLVING NON EMPLOYEES							
For schools, was it break / lunchtime?						Yes ☐ No ☐	
Did incident occur during an organised activity?						Yes ☐ No ☐	
Was incident attributed to the condition of the premises?						Yes ☐ No ☐	
Was incident attributed to the quality or suitability of supervision or instruction?						Yes ☐ No ☐	

Appendix C – School Specific Duty Holders

To be completed by school

School Specific Responsibilities		
School Role	Postholder	Named individual
First Aid Coordinator	Teaching Assistant	Jane Long
Trained First Aiders	Teaching Assistant	Carlie Gresham
Trained First Aiders	Teaching Assistant	Jessica Knight
Trained First Aiders	Teaching Assistant	Victoria Llewellyn
Trained First Aiders	Teaching Assistant	Louise Bennett
Trained First Aiders	Teaching Assistant	Shaheda Rajani
Trained First Aiders	Teaching Assistant	Jon Wilkes
Trained First Aiders	Teaching Assistant	Rachel Cox
Trained First Aiders	Teaching Assistant	Claire Taylor
Trained First Aiders	Teaching Assistant	Mike Oakley
Trained First Aiders	Teaching Assistant	Nicola Wood
Trained First Aiders	Teaching Assistant	Hayley Mills
Trained First Aiders	Teaching Assistant	Safa Hammad
Trained First Aiders	Premises Manager	Paul Hackworthy
Trained First Aiders	Caretaker	Richard Boyter

Appendix D – First Aid Needs Risk Assessment (OSHENS)

First Aid Needs Risk Assessment	RAA09
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IMPORTANT – please read this information before completing this risk assessment.

This is a generic risk assessment and MUST be adapted to reflect the significant hazards and control measures present in your establishment.

The control measures listed will not necessarily reflect those in all establishments and you MUST adapt it by adding (or removing) control measures as appropriate to your establishment.

If you need help to complete this risk assessment, please refer to HSA47 (Risk Assessment Arrangements) or telephone the Devon Health & Safety Service on 01392 382027.

We are an **ambitious** and **inclusive** Trust of schools
strengthening communities through **excellent** education.

	Establishment/Department:	First Aid Needs Risk Assessment	RAA09
	Address:		
Person(s)/Group at Risk: Staff, Pupils, Service Users. Contractors, Visitors and Hirers		Date assessment completed: Date to be reviewed:	
Activity/Task/Process/Equipment: First Aid Needs/Provision		Assessor(s):	

Responsibility for approval: Senior Executive
Date of Approval: September 2025

Significant hazard and possible outcomes/injuries	Control measures in place
	<i>Additional measures or actions not included in this column below should be put in the assessor's recommendations at the end of this document</i>
Workplace Section	▪ In general terms, the site is classed as low risk ▪ There are first aid boxes located on in 5 first aid stations across main site (4 disabled toilets and specialist room) and one on early years site ▪ First aid boxes must include gloves, assorted plasters, individual cleansing wipes, eyewash/eye pad, triangular and long bandage, dry wound pads, micropore tape, scissors, thermometer, resuscitator and masks

Staff Section	▪ There are approximately 70 staff on site. Staff, volunteers and work experience placements are notified of the first aid arrangements in place verbally and through displayed notices. ▪ First aid arrangements are covered on induction training and subsequent changes brought to their attention ▪ Kitchen, cleaning staff and contractors, when working outside core hours/holidays, know what the process for first aid provision is whilst on site ▪ There are members of staff with special health needs and the first aid provision or additional training accounts for these specific needs ▪ Lists of all first aiders and appointed persons are displayed prominently in the following areas Reception, first aid stations and communal areas ▪ There is a defibrillator on the outside wall to the right and side of the main entrance on the main school site. Current first aiders are trained in its use. ▪ Staff carry their own first aid boxes.
Non-Staff Section:	▪ There are approximately 500 non-staff/pupils/ that attend the site ▪ First aid for service users, visitors and contractors is available and appropriate incident reports are completed ▪ Currently there are 12 people with specific care needs and it is envisaged that they can be easily accounted for within individual care plans should the need arise ▪ First aid needs are considered in any risk assessments conducted for the activities undertaken by the establishment ▪ At least one member of staff with Paediatric First Aid is present in the building when there are children under 5 years of age on site. A paediatric first aider accompanies these children on all off-site visits. Specific arrangements will be detailed in the relevant off-site activity risk assessment.

Working Arrangements Section	▪ Personal first aid kits are available for remote workers ▪ The provision of personal communications/mobile phones are used when working alone ▪ If a first-aider is tasked off-site, there is adequate first-aid provision on site ▪ The risk of injury associated with the activities carried out on site has been considered when determining the required first aid provision. ▪ For educational visits and offsite activities, first aid needs are assessed to ensure there are adequately trained first aiders available ▪ The cover needed for annual leave and planned absences have been accounted for and a regime established. As a minimum, whilst there are people on the premises, there will be at least one appointed person who will take charge in the event of an emergency first aid situation
First Aid Arrangements Section	▪ All first aiders have attended training provided by a competent first aid training provider in line with the HSE guidance and hold a valid certificate of competence ▪ The following staff are designated first aiders and hold a current First Aid at Work certificate: ○ Claire Taylor ○ Jane Long ○ Hayley Mills ○ Rachel Cox (Jones)

- Jessica Knight
- Victoria Llewellyn
- Louise Bennett
- Mike Oakely
- Jon Wilkes
- Asaria Saiyadabanu
- Nicola Wood

- The following staff are appointed persons *Jane Long*
- The following staff have attended a Paediatric First Aid course and hold a current certificate of competence: *Haley Mills, Rachel Cox, Jessica Knight, Louise Bennett, Carlie Gresham, Asaria Saiyadabanu, Nicola Wood*
- The following staff have attended an Emergency Paediatric First Aid course and hold a current certificate of competence:
 - *Hayley Mills*
 - *Carlie Gresham*
 - *Jon Wilkes*
- At least one member of staff with Paediatric First Aid is present in the building when there are children under 5 years of age on site. A paediatric first aider accompanies these children on all off-site visits. Specific arrangements will be detailed in the relevant off-site activity risk assessment.
- For Early Years and Foundation Stage children, parents and/or carers are informed of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, of any first aid treatment given.
- First aid boxes will be marked with a white cross on a green background and are provided throughout the establishment. *Jane Long* will check the boxes and ascertain that all items are still in date and fill them up regularly

	▪ Only first aid supplies are kept in the first aid box. No medication is kept in the box. Separate arrangements for medication ▪ A room is available for carrying out first aid. There are 5 first aid stations across main site and one on early years site. ▪ Hand washing facilities and suitable facilities and equipment are maintained, including the provision of gloves, etc. ▪ Suitable hygiene standards are followed, including the hygienic disposal of soiled materials, etc ▪ The person responsible for organising re-qualification training is Paul Hackworthy ▪ First Aid training records are kept on the G drive. ▪ Hirers are responsible for first aid requirements of their participants and are responsible for providing the necessary equipment and staff to attend those incidents. Any accidents or near miss incidents should be reported to the school as soon as possible and an accident investigation will take place if appropriate ▪ An AED is available <i>on the outside wall to the right-hand side of the main entrance on the main school site</i> and current first aiders are trained in its use. <i>The Premises Team will check that the AED is ready for use with charged batteries and its pads are in date and report defects if required.</i>
Accident recording and reporting	▪ All incidents to be recorded in Evolve. ▪ Compliance with GDPR is ensured by Evolve. ▪ All staff accidents and work-related pupil accidents are inputted onto the OSHENS on-line accident reporting system ▪ Where necessary, RIDDOR submission is undertaken by DCC H&S Service via the OSHENS system. All accident and significant near misses are investigated by the relevant manager in charge of the area where the event occurred ▪ Accident data is reviewed annually <i>with the Headteacher</i> to identify trends and minimise future accidents ▪ Accident data will be considered when reviewing this risk assessment to assess if the arrangements described in this document are sufficient to meet the need.

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Assessor's Recommendations - Additional Control Measures or Actions			
Section	List Actions / Additional Control Measures	Date action to be carried out	Person Responsible

First Aid Lead / Business Manager:
Sign:
Date:

The outcome of this assessment should be shared with the relevant staff
 A copy of the completed assessment to be kept on file and copied to the Health & Safety Lead

Appendix E – Incident Report Form (OSHENS)

TYPE OF INCIDENT BEING REPORTED

Work-related near miss	☐	Work / premises related injury	☐	Non-work-related incident	☐
Work-related ill health	☐	HSE Dangerous Occurrence	☐		

DATE AND ORGANISATION DETAILS

Time		AM ☐ / PM ☐	Date	
Employer details				
Work Base/Address				Postcode

INCIDENT LOCATION DETAILS

Tick if at above address	☐
Address of incident	Postcode
Exact Location (room, place, road)	

DESCRIPTION OF INCIDENT – give as much detail as possible e.g. name of substance, name/type of machine involved, events leading to incident, parts played by people, continue on a separate sheet if necessary

Responsibility for approval: Senior Executive

Date of Approval: September 2025

FOLLOW UP ACTION – give full details of any investigation AND actions taken to prevent a reoccurrence, continue on a separate sheet if required

CAUSE OF or REASON FOR INCIDENT (please indicate only ONE)

Animal/Insect Related	☐	Exposure to Hot Liquid or Surface	☐	Over-exertion	☐	Use of Hand Tools	☐
Assisting a Client	☐	Fall from a Height <i>State Height</i>	☐	Repetitive Strain Injury or Upper Limb Disorder	☐	Work Related Illness - Stress	☐
Choking	☐	Fall from Bed	☐	Road Traffic Accident	☐	Work Related Non-Accidental Illness	☐
Contact with Electricity	☐	Found on Floor	☐	Self-harm	☐		☐
Contact with Moving Machinery or Material being Machined	☐	Handling, Lifting or Carrying	☐	Not Related to Specific Event/Events	☐	Violence:	
Drowning/Asphyxiation	☐	Harassment – Racial	☐	Skin care	☐	Control and Restraint	☐
Effects of heat or cold	☐	Harassment – Sexual	☐	Slipped, Tripped or Fell on Same Level	☐	Physical Assault – Intentional by employee	☐
Exposed to Explosion	☐	Harassment – Other	☐	Sporting Activity	☐	Physical Assault – Intentional by client	☐
Exposed to Asbestos	☐	Medication Error	☐	Stepping on/Striking against Fixed or Stationary Object	☐	Physical Assault – Intentional by member of public / other	☐
Collision with another person	☐	Needle stick	☐	Struck by Moving Vehicle	☐	Physical Assault – Intentional by student	☐
Exposure to Fire	☐	Exposure to Hot Liquid or Surface	☐	Struck by Object (Moving, Falling or Flying)	☐	Physical Assault – Unintentional	☐
Exposure to Harmful Substances	☐	Not Related to Specific Event/Events	☐	Trapped in, under or between objects	☐	Threatening behaviour	☐

Staff	☐	Student	☐	Member of public	☐	Contractor	☐
Work Exp./Volunteer	☐	Agency Staff	☐	Trespasser	☐		
Client				☐	Partner employee	☐	
Type of Involvement: tick if they are the:		Injured Person	☐	Affected Person (no injury)		☐	
Title	Mr ☐ Mrs ☐ Miss ☐	Forename			Surname		
Type of work being undertaken by person							
Home Address						Postcode	
Home Telephone No.			Date of Birth			Male ☐ Female ☐	

INJURY DETAILS

Abrasion / Graze	☐	Broken Teeth	☐	Dislocation	☐	Ingestion	☐	Red Mark	☐
Amputation - Full	☐	Bruise	☐	Electric/Static Shock	☐	Inhalation	☐	Shock	☐
Amputation - Partial	☐	Bump/Swelling	☐	Faint / Dizzy	☐	Internal Bleed	☐	Skin Irritation	☐
Arc Eye	☐	Burn/Scald	☐	Foreign Body	☐	Loss of sight	☐	Skin Tear/Flap	☐
Bite – Animal	☐	Concussion	☐	Fracture/Broken bone	☐	No injury	☐	Sprain/Strain	☐
Bite – Human	☐	Crush	☐	Hearing Damage	☐	Nose Bleed	☐	Sting	☐
Blister	☐	Cut	☐	Heat Stress	☐	Puncture	☐	Whiplash	☐

Please describe ALL parts of the body affected and, where applicable, left or right

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Initial Assessment of the severity / outcome of the injury		No injury	☐	Minor injury	☐
Lost time up to 7 days (employee)	☐	Lost time over 7 days (employee)		☐	
Taken to hospital (non-employee)	☐	Fatality	☐	Other (please state)	
Was first aid given at scene?	No ☐ / Offered but refused ☐ / Yes ☐ / Not known ☐				
Did the person: - (tick all that apply)					
Become Unconscious	☐	Need Resuscitation	☐	Remain in Hospital for 24 hours	☐
				None of these	☐
After the incident, did the person: -					
Return to work (employee)	☐	Resume activities (non-employee)	☐	Go direct to hospital	☐
Go to G.P. / Dentist	☐	Go Home	☐	Other (please state)	

TO BE COMPLETED FOR INCIDENTS INVOLVING STAFF / VOLUNTEERS / AGENCY STAFF

Name of Supervisor/ Manager		Phone no.		Date informed of incident	
Was incident attributed to the condition of the premises?				Yes ☐ / No ☐	
Did injured person go absent?	Yes ☐ / No ☐				
If YES, date absence started		Date returned / fit for work*			

Please do not delay entering this incident on the system because you do not have a return to work date. This can be added later

TO BE COMPLETED FOR INCIDENTS INVOLVING NON-EMPLOYEES

For schools, was it break / lunchtime?	Yes ☐ No ☐
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Did incident occur during an organised activity?	Yes ☐ No ☐
Was incident attributed to the condition of the premises?	Yes ☐ No ☐
Was incident attributed to the quality or suitability of supervision or instruction?	Yes ☐ No ☐