

# **SOUTHEND HIGH SCHOOL FOR BOYS**

## **FIRST-AID POLICY**

### **1. Introduction**

- 1.1 The aim of the policy is to provide clear guidance and information on how Southend High School for Boys fulfils first-aid requirements, manages illness and accidents and the reporting process within the school.
- 1.2 This policy is for use by parents, pupils and staff and adheres to the principles set out by the Department for Education in Guidance on First-aid in Schools, 2014 and Supporting pupils at school with medical conditions 2015.
- 1.3 The policy covers the following areas:
  - first-aid
  - illness and accidents
  - guidance on when and how to call for an ambulance
  - reporting of incidents
  - hygiene and infection control
  - guidance on head injuries and concussion
  - medicines in school
- 1.4 This policy should be read in conjunction with:
  - The Health and Safety Policy
  - Supporting Pupils at School with Medical Conditions Policy
  - Separated Parents Policy

### **2. General Principles**

- 2.1 In the event of an accident or injury to a pupil, it is important to remember the responsibilities of the school 'in loco parentis'. Not only must the pupil receive immediate attention, either at the site of the accident or in the First-aid Room, but it is important to ensure that all necessary follow-up action is taken.
- 2.2 Parents must be informed immediately if the accident is sufficiently serious that the pupil has to be referred to hospital, or if they may have difficulty getting home.

### **3. First-aid**

- 3.1 The school has a responsibility to offer first-aid to those for whom it has a duty of care, including staff, pupils and visitors to the school. The Headteacher is responsible for ensuring first-aid provision (equipment, staffing, training and procedures) is sufficient to meet these obligations. A risk-assessment may be carried out from time to time.
- 3.2 Contractors who work on site must provide their own first-aid.

- 3.3 First-aiders are responsible for assessing injuries or ill-health and using their training to decide upon the most appropriate response. This can involve treating the casualty if the injury is within the scope of their training, referring them to hospital for assessment or further treatment, or calling the emergency services for urgent help.
- 3.4 Supplies of first-aid material are held at various locations throughout the school (as given in Annex 1) as determined by the First-aider. The materials will be checked regularly and any deficiencies made good without delay.
- 3.5 The number of certificated first-aiders will not, at any time, be less than the number required by law. The school will always have at least one member of staff who holds the 'First-aid at Work' qualification. This is currently held by the Office Manager.
- 3.6 Every three years, all staff undergo certified training in Emergency First-aid.
- 3.7 Anyone needing first-aid should, in the first instance, contact the Main Office.

**3.8 First-Aid training**

The Headteacher is responsible for ensuring first-aid training is arranged for school staff and should ensure on a regular basis that first-aid provision is adequate. All first-aiders must hold a relevant current certificate that has been obtained through attendance at a training course run by an approved organization.

**3.9 Automated External Defibrillation (AEDs)**

The school recognises that in the case of cardiac arrest early intervention is vital to optimise survival and this includes the early use of a defibrillator.

AEDs are located in Reception and in the Sports Hall. The use of AEDs is designed so that even lay bystanders can use them by following the voice prompts and this is then combined with cardiopulmonary resuscitation (CPR). However, the school aims to give an awareness and basic training to school staff in their use. This is included in the whole-staff first-aid training at least every three years.

Scheduled maintenance is carried out according to the manufacturer's recommendations (daily, monthly and annually).

**3.10 Trips and visits**

First-aid arrangements for school trips and visits are contained in the Educational Visits Policy. Adequate and appropriate first-aid provision will form part of the arrangements for all out-of-school activities. First-aid kits are to be taken on school trips and the member of staff responsible for the trip is appointed to be responsible for the kit(s) and for taking charge of any medical situation (ie calling for assistance if a serious injury or illness occurs). It is a legal requirement for all minibuses to carry a first-aid kit.

- 3.11 A record will be made of each occasion any member of staff, pupil or other person receives first-aid treatment either on the school premises or as a part of a school-related activity. The Accident Books for staff and for pupils are kept in the Main Office. Completed sheets are lodged with the Director of Resources, who is responsible for reporting any accidents to HSE where required (see section 6 below).

#### **4. Illness and Accidents**

In the event of a pupil becoming ill or being involved in an accident, the following procedures are to be followed:

##### **4.1 Illness**

- 4.1.1 The school does not provide care for pupils who are unwell, eg have a temperature, sickness and diarrhoea, or who have an infectious disease.
- 4.1.2 When a pupil feels unwell at school, they should be escorted to the Main Office where first-aiders will decide on what action should be taken. If it is decided the pupil should go home, parents or guardian will be contacted and asked to collect their child. If a parent or guardian cannot immediately be contacted, the pupil will be kept in the First-Aid Room until such time as the parent or guardian has made contact. If, in the meantime, the pupil feels better, they may, subject to agreement of first-aiders, return to lessons and their parent or guardian will be informed.
- 4.1.3 If the pupil is not fit for lessons but there is no-one available to collect him, he may be allowed to travel home alone if the first-aider considers it appropriate *and* the parent gives permission. In such cases the pupil is to be instructed to ring the school to confirm they have returned home safely.
- 4.1.4 If the illness is not severe and does not require treatment, the pupil may be invited to rest in the First-Aid Room or to sit in their relevant Key Stage area until they feel better.
- 4.1.5 If the pupil requires paracetamol, a first-aider may administer it, with parental consent, according to the guidelines outlined in Annex 3.
- 4.1.6 If the pupil requires care at a hospital, a parent or guardian must be informed immediately. If deemed to be a non-emergency, a parent or guardian should be asked to collect the pupil without delay and accompany them to a hospital of their choice. If it is deemed necessary to attend hospital without delay (see Section 5), the pupil must be accompanied to the hospital by a member of the school staff who will wait with the pupil until a parent arrives and assumes responsibility for their child. In these circumstances, parents must make every effort to attend to their child as quickly as possible.
- 4.1.7 If there is no immediate prospect of an ambulance, and the pupil has to be taken to hospital by staff, one of the following methods of transport may be used, depending upon the urgency and nature of the circumstances:

school minibus  
staff car  
taxi

Only staff cars insured to cover such transportation will be used. No individual member of staff will be alone with the pupil in a vehicle; a second member of staff will be present to provide supervision of the pupil.

## **4.2 Accidents**

- 4.2.1 Victims of accidents should be taken to the Main Office where the same procedures as given above will apply. However, if the accident is of such a nature that the victim should not or cannot be moved a qualified first-aider should be contacted immediately via the Main Office.
- 4.2.2 A member of SLT must be contacted immediately if the injury is sufficiently serious that an emergency ambulance is called (see Section 5).

## **4.3 Pupils with Medical Conditions**

- 4.3.1 First-aiders will need to be informed if a pupil with a medical condition is likely to need special emergency treatment. Pupil health care plans must be available to first-aiders, and a copy should be provided to any medical practitioner providing emergency medical assistance. Pupil health care plans are provided to the parent or guardian by a medical expert (eg GP or specialist) and are kept confidentially in the Main Office. Day-to-day care of pupils with known medical conditions is covered in the *Supporting Pupils at School with Medical Conditions Policy*.

## **4.4 Head Injuries**

- 4.4.1 For information about head injuries and suspected concussion please refer to Annex 2.

## **5. Guidance on when to call for an Emergency Ambulance**

- 5.1 An emergency ambulance should not normally be called until a qualified first-aider has assessed a casualty and deemed it necessary to do so. The numbers to use are 999 or 112 (non-emergency advice can be obtained on 111). Usually this will be for casualties with the following suspected problems (this is not an exhaustive list):
  - any instance in which it would be dangerous to approach and treat a casualty, or where a casualty cannot be moved
  - unconscious
  - not breathing
  - not breathing normally and this is not relieved by the casualty's own medication (particularly asthma)
  - severe bleeding

- neck or spinal injury
- injury sustained after a fall from a height (higher than 2 metres)
- injury sustained from a sudden impact delivered with force (eg car knocking a person over)
- suspected fracture to a bone
- anaphylaxis (make sure to use this word when requesting an ambulance in this case)
- seizure activity that is not normal for the casualty, where a seizure lasts for more than 5 minutes, where the seizure is followed by another seizure or where it is the first time the casualty has had a seizure
- symptoms of a heart attack or stroke
- rapid deterioration in condition despite the casualty not initially being assessed as requiring an ambulance

**IF IN DOUBT, CALL AN EMERGENCY AMBULANCE. Urgent treatment should not be delayed in order to consult with parents or guardians.**

5.2 If, for whatever reason, a qualified first-aider is not available, the above guidelines should be used to determine whether to call for an emergency ambulance.

### 5.3 How to call for an emergency ambulance

Should the need arise for an emergency ambulance to be summoned, the first-aider should ask a bystander to call 999 or 112 and, when prompted for which service is required, ask for an ambulance. Should a bystander not be available, it may be necessary for the first-aider to leave the casualty and make the call themselves.

The caller should:

- be ready to provide details of their name, telephone number, address of the school;
- relay the condition of the casualty, as assessed by the first-aider;
- provide details of the number of casualties along with names, age and gender if these details are known;
- ask that ambulances come to 'the Main Entrance on Prittlewell Chase (SS0 ORD);
- if possible, it should be arranged for a member of staff or bystander who knows the location of the casualty to meet the ambulance on arrival;
- communicate any dangers or hazards into which the ambulance may be arriving;
- stay on the line with the emergency operator until they have cleared the line;
- return to the casualty immediately after the call to inform the first-aider that an ambulance is on the way, and to bring a first-aid kit, blanket and AED if necessary.

## **6. Reporting of Incidents and Record Keeping**

6.1 All visits by pupils requiring attention or treatment are recorded on the CPOMS software. This covers illnesses and accidents. If paracetamol is issued to a student, this will also be recorded on CPOMS. The following details are recorded at the time of the incident, or shortly thereafter:

- Name
- Date
- Time
- Location in school of illness/accident
- nature of illness/accident (and physical location of injury if appropriate)
- details of any first-aid administered
- whether parents are contacted and whether a pupil is sent home or to hospital

6.2 All accidents relating to staff must be recorded in the Staff Accident Book, which is kept in the Main Office. Completed forms for staff are retained confidentially by the HR Manager on the file of the member of staff.

6.3 Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) certain accidents, diseases and dangerous occurrences arising out of or in connection with work must be reported to the HSE. See HSE Information Sheet at Annex 4.

6.4 The Director of Resources is responsible for reporting any such occurrences.

## **7. Hygiene and infection control**

7.1 First-aiders must follow their training and maintain good standards of infection control. Whenever small amounts of body fluids have to be cleaned up, disposable plastic gloves should be worn and disposable paper towels and a detergent solution should be used to absorb the fluid and clean surfaces. For larger amounts of body fluid, the Duty Caretaker should be called.

7.2 All contaminated dressings, gloves, wipes etc must be disposed of in yellow clinical waste bags and disposed of in the sanitary bins in the female staff toilets. Used vomit bags should be similarly disposed of.

7.3 A sharps bin should be available in the First-aid Room and replaced when full.

## **Annex 1: Locations and Contents of First-aid boxes**

First-aid boxes (First-aid Kit and Eyewash Kit) can be found in the following locations:

Upstairs Science Technician's room

Downstairs Science Technician's room

Downstairs in the Technology Block

Upstairs in the Technology Block (Food Technology) (also includes burns dressings)

Kitchen

First-aid room

The Office Manager is responsible for keeping the first-aid kits fully stocked and is first-aid trained. The members of staff in these areas should inform the Office Manager if any of the contents of the first-aid boxes have been used.

Contents:

- 6 Pairs of Nitrile disposable gloves
- 40 individually wrapped sterile adhesive dressings (water resistant, sterile, an island design and blue ones for food technology or kitchen areas);
- 2 sterile eye pad dressing with bandage
- 2 individually wrapped sterile triangular bandages
- 1 conforming bandage
- 6 safety pins
- 4 medium-sized individually wrapped sterile unmedicated wound dressings (approximately 12cm x 12cm)
- 1 large individually wrapped sterile unmedicated wound dressings (approximately 18cm x 18cm)
- 1 foil blanket 130cm x 210 cm
- 1 mouth-to-mouth resuscitation device which includes a one-way valve
- 20 alcohol free moist cleansing wipes individually wrapped (sterile)
- 1 micro-porous adhesive tape
- 2 finger sterile dressing with adhesive fixing
- 1 burn relief dressing
- Scissors
- 1 eye wash

The contents of a travelling first-aid kit for off-site visits must be appropriate to the type and duration of visit, but should contain as a minimum:

- 1 Pair of Nitrile disposable gloves
- 10 individually wrapped sterile adhesive dressings
- 1 sterile eye pad dressing with bandage
- 1 individually wrapped sterile triangular bandage
- 1 conforming bandage
- 2 safety pins
- 1 medium-sized, individually wrapped, sterile, unmedicated wound dressing (approximately 12cm x 12cm)
- 1 large, individually wrapped, sterile, unmedicated wound dressing (approximately 18cm x 18cm)
- 1 foil blanket 130cm x 210 cm

- 1 mouth-to-mouth resuscitation device which includes a one-way valve
- 4 alcohol-free, moist cleansing wipes individually wrapped (sterile)
- 1 micro-porous adhesive tape
- 1 burn relief dressing
- Scissors
- 1 eye wash

First-aid kits must not contain antiseptic creams, lotions, or any type of medication or drug.



## **Annex 2: Head Injuries and Concussion**

Not all head injuries cause damage to the brain but minor ones can have symptoms including:

- Nausea
- Headaches
- Dizziness
- Tiredness

Pupils that sustain a head injury should be assessed by first-aiders and head injury advice will be given to the pupil and parents in every case. Parents will be contacted by telephone on the day of the incident.

### **Red Flags for potentially more serious head injuries.**

**If any of the following are observed or develop then the pupil needs to be immediately seen by first-aiders, and, where appropriate (or in the absence of a first-aider), an ambulance should be called:**

- Deteriorating conscious state
- Increased confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizures (fits) or convulsions
- Double vision or deafness
- Weakness in arms or legs (may appear to be walking strangely)
- Clear fluid coming out of ears and/or nose
- Slurred speech, difficulty speaking and understanding.

### **Concussion**

Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head. Effects are usually temporary but can include headaches and problems with concentration, memory, balance and coordination.

In all cases of a bang to the head, a parent or guardian should be informed; they should be alerted to the possibility of concussion and advised that they should seek medical assistance if they have any concerns about their child.

### **Annex 3: Medicines in school**

#### **Medication**

Medicines should only be brought to school when essential: that is, where it would be detrimental to a child's health if the medicine was not administered during the school day. Pupils who are prescribed medication should, whenever possible, assume complete responsibility for their medication under the supervision of their parent. However, there may be circumstances where it is not appropriate for a pupil to self-manage. The school will support pupils needing to take medication during the school day under the following conditions:

- Pupils taking prescribed medication must be well enough to attend school.
- Parents or guardians are responsible for providing the school with comprehensive information regarding the pupil's condition and medication.
- Prescribed medication will only be accepted where prescribed by a doctor, dentist, nurse or pharmacist.
- Prescribed medication will not be accepted in school without complete written and signed instructions from the parents or guardian.
- Staff will not give a non-prescribed medicine to a pupil unless there is specific prior written permission from the parents or guardian.
- Only reasonable quantities of medication should be supplied to the school.
- Medication will be kept in a secure place, out of the reach of pupils.
- It is the responsibility of parents or guardians to notify the school in writing if the pupil's need for medication has ceased.
- It is the parent or guardian's responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- The school will not make changes to dosages on parental instructions.
- For each pupil with long-term or complex medication needs, the school will request from the parent or guardian that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication.

#### **Medical Conditions**

All pupils who have medical conditions should provide the Main Office with a copy of their health care plan, provided by a medical expert.

#### **Asthma inhalers**

Asthma inhalers should be carried by pupils who require them. They should also arrange to give a spare inhaler to the Main Office, who will store it in a sealed labelled wallet in a locked cupboard in the First-aid Room.

If the pupil's inhaler is malfunctioning and they have not provided a spare, an emergency salbutamol inhaler (blue) can be used. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can also be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

The emergency Inhaler will be stored in a locked cupboard in the First-aid Room.

### **Adrenalin Auto-Injector (AAI) (also known by the brand name Epi-pen and Jext)**

AAIs must be carried by pupils who require them, in accordance with the recommendations of their GP. Parents or guardians should also arrange to give a minimum of two spare pens to the Main Office, who will store them in a sealed labelled wallet in a locked cupboard in the First-aid Room.

The school holds a spare AAI in a locked cupboard in the First-aid Room. The school's spare AAI can be used in an emergency by persons trained to administer AAIs. The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The spare AAI can also be used if the pupil's prescribed AAI is not available, not working (for example, because it is broken or empty), or cannot be administered correctly without delay.

It is the responsibility of parents or guardian to supply their child's spare AAIs to the school and to replace them before they expire.

Ideally, the casualty should administer the pen themselves, but if they are not able to do so, a person trained to administer AAIs should administer the pen.

An emergency ambulance should be called on every occasion that an AAI is used and the words 'anaphylactic shock' used when speaking to the emergency services.

### **Paracetamol**

Children may carry paracetamol around the school with them. If, on occasion, a student needs to take a paracetamol for pain relief, they should report to the Main Office.

The school requires written permission from a parent before paracetamol can be administered. At the beginning of the Autumn Term each year, parents will be asked to sign a consent form in the school diary if they wish to give permission for paracetamol to be given to their child in the event of a headache or other moderate pain. In addition to this written permission, the school will phone parents or guardians at the time the request is made by the pupil, to check that they agree for paracetamol to be given, to confirm the dosage and to ensure that they have not been given by the parent or guardian in the 4 hours prior to the request.

Southend High School for Boys has carefully considered the benefits and dangers of administering this non-prescription drug in school settings. For secondary school age pupils (11-18), it is sometimes appropriate to give paracetamol to control specific pain such as migraine or period pain.

The following conditions should be adhered to when a pupil requests paracetamol:

- Staff must be wary of routinely giving paracetamol to children.
- If a student complains of pain as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol straight away. There should be at least four

hours between any two doses of paracetamol-containing medicines. No more than four doses of any remedy containing paracetamol should be taken in any 24 hours. Always consider whether the student may have been given a dose of paracetamol before coming to school. Many non-prescription remedies such as Beecham's Powders, Boots pain relief syrup for children, Lemsip, Night Nurse, Vicks Cold Care, etc, contain paracetamol. If paracetamol tablets are taken soon after taking these remedies, it could cause an unintended overdose.

- The student should first be encouraged to get some fresh air/have a drink/something to eat/take a walk/sit in the shade (as appropriate) and paracetamol should only be considered if these actions do not work.
- There must be prior written parental consent and verbal consent must be sought from the parent or guardian before the paracetamol is administered to check whether any painkillers have already been taken.
- Only standard paracetamol tablets may be administered. Combination drugs, which contain other drugs besides paracetamol must not be administered.
- Paracetamol must be stored securely as all other medicines are stored and should not be kept in first-aid boxes.
- Pupils can only be given one dose during the school day: one 500mg tablet for children who are 12 or under; two 500mg tablets for children over 12. If this does not relieve the pain, the school will contact the parent or guardian.
- The member of staff responsible for giving medicines must witness the student taking the paracetamol, and make a record of it.
- The pupil should be made aware that paracetamol should only be taken when absolutely necessary, that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

### **Paracetamol on Residential Visits**

If a pupil becomes unwell during a residential visit, it may be appropriate to administer paracetamol. The general guidance on paracetamol (above) should be followed but on residential visit, it may be appropriate to administer more than one dose. Dosage must be strictly according to the instructions on the packaging. Should paracetamol fail to alleviate symptoms and/or should staff have any concerns about a pupil's condition, they should not hesitate to get professional medical attention.

### **Keeping Supplies of Paracetamol**

A small supply of paracetamol is purchased by the school and kept in a locked drawer in the Main Office.



# 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](http://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](http://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](http://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](http://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](http://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](http://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/](http://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](http://www.hse.gov.uk/pubns/edis1.htm).

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