

Ambler
Primary School and Children's Centre

Policy

First Aid and Accident Reporting

28 October 2014



Next review with Safety Service and Communications Committee: October 2015

This policy is subject to on-going change and will be updated as and when required

Contents

1. INTRODUCTION	4
1.1. First Aid	4
1.2. Accident Reporting.....	4
1.3. Policy Development	4
2. RESPONSIBILITIES	4
2.1. LEA.....	4
2.2. Governing Body	5
2.3. Headteacher	5
2.4. Ambler Staff	5
2.5. First Aiders.....	6
2.6. Appointed Persons.....	6
2.7. Paediatric First Aiders.....	6
3. AMBLER FIRST AID NEEDS RISK ASSESSMENT	6
3.1. Risk Assessment development and review	6
3.2. Significant and specific risks at Ambler	6
3.3. Historical information on accidents and ill health	7
3.4. Number of employees including volunteers and work experience	7
3.5. Specific employee and children requirement.....	7
3.6. Lone working	8
3.7. Numbers of First Aiders/ Appointed Persons.....	8
3.8. First Aid Equipment needs	8
4. ARRANGEMENTS FOR FIRST AID	8
4.1. Informing staff of First Aid Arrangements	8
4.2. Location of First Aid notices	9
4.3. Location of First Aid equipment and facilities	9
4.4. Responsibility for First Aid kits and travelling first aid kits.....	9
4.5. Administration of medication	9
4.6. First Aid Accommodation	9
5. QUALIFICATIONS AND TRAINING	9
5.1. School.....	9
5.2. Children’s Centre	10
6. WHAT TO DO IF AN INJURY REQUIRES MORE THAN FIRST AID	10
7. HYGIENE AND INFECTION CONTROL	11
8. HEALTH & SAFETY, ISLINGTON – ACCIDENT REPORTING IN EDUCATION	11
9. WHAT IS AN ACCIDENT?	11
10. WHY DO WE REPORT?	12

11. WHO TO REPORT TO	12
11.1.Parents	12
11.2.Health and Safety Team, Islington	13
11.3.RIDDOR (HSE).....	13
11.4.Ofsted.....	14
12. ACCIDENT SHEETS, ISLINGTON ACCIDENT FORMS AND LETTERS TO PARENTS	14
12.1.Accident reporting in the Children’s Centre	14
12.2.Accident Reporting in the School (Years 1 to 6).....	15
12.3.Accident Reporting for staff, visitors and self-employed people.....	16
13. ACCIDENT INVESTIGATION.....	16
13.1.Internal.....	16
13.2.External	17
14. ACCIDENT STATISTIC	17
ANNEX 1 – MAJOR INJURIES	18
ANNEX 2 – DANGEROUS OCCURRENCES	18
ANNEX 3 – DISEASES.....	19
ANNEX 4 – STANDARD BUMPED HEAD LETTER (PRODUCED ON AMBLER LETTER HEAD).....	20
ANNEX 5 – FIRST AIDER PROCESS.....	21

1. Introduction

1.1. First Aid

Ambler will ensure that they follow the requirements of the Health and Safety (First Aid) Regulations 1981 (the Regulations), that they comply with the general duty placed on employers to provide and ensure that equipment, facilities and first aid personnel are adequate and appropriate in the circumstances, to allow first aid to be rendered to injured employees.

The minimum first aid provision Ambler must provide is:

- (i) a suitably stocked first- aid container,
- (ii) an appointed person/s to take charge of first-aid arrangements,
- (iii) information for employees on first-aid arrangements,
- (iv) First aid provision must be available at all times while people are on the School premises, and also when off the premises on School visits,
- (v) This minimum provision will be supplemented with a Risk Assessment to determine any additional provision.

1.2. Accident Reporting

The Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995 (RIDDOR) places a legal duty on employers and people in control of premises to report work related deaths, major injuries or over three day injuries, work related diseases and dangerous occurrences.

At Ambler this includes incidents that happen in School, or during education activities out of School.

There is also a requirement to report all of the above to Ofsted for the Children's Centre.

1.3. Policy Development

2. Responsibilities

2.1. LEA

The LEA is classed as the employer at Ambler, under Health and Safety legislation they have a duty to ensure the health and safety of their employees and anyone else on the premises.

The LEA are primarily responsible for health and safety matters, with managers and staff also having responsibility.

The Health and safety Department at Islington should provide a policy statement and guidance on good practice to help Ambler develop our own health and safety arrangements, including first aid.

2.2. Governing Body

The Governing Body are required to develop policies to cover First Aid and Accident Reporting at Ambler. In terms of First Aid this will be based on a suitable and sufficient risk assessment carried out by a competent person.

The Governing Body will follow guidance and policies issued by the Health & Safety Department, Islington as necessary.

The Governing Body will delegate most of the day to day functions of managing health and Safety are delegated to the Headteacher.

2.3. Headteacher

The Headteacher has responsibility for putting the Governing Body's policy into practice and for developing procedures, although they may delegate much of this.

The Headteacher should also make sure that the parents are aware of Ambler's Health and Safety Policies relating to first aid and accident reporting.

The Headteacher is responsible for ensuring that Accident Reporting procedures are followed and where necessary accidents or incidents are reported to RIDDOR.

2.4. Ambler Staff

Ambler aims to ensure that all staff including teachers receives First Aid training every three years. This ensures that children, staff or visitors have access to emergency first aid very quickly and that while on trips and visits first aider are always with the group.

Ambler recognises that under Teachers conditions of employment they do not have to give first aid, although by offering training Teachers are given the choice of whether they chose to give first aid and are only trained as an appointed person unless they are chosen for a First Aid at Work course as a member of SMT.

Teachers and other staff in charge of pupils are expected to act in loco parentis, therefore ensuring the welfare of children in their care especially in emergency situations, and in general the consequences of taking no action are likely to be more serious than of trying to assist.

When witnessing an injury or giving First Aid to a child or visitor, that member of staff will be responsible for completing an accident report form. If a member of staff is injured they are responsible for completing their own accident sheet unless they are unable to do so, then the first aider/ appointed person would be responsible.

2.5. First Aiders

First Aiders must complete an approved HSE First Aid at Work training course. At Ambler the main duties of a First Aider are:

- (i) give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at Ambler,
- (ii) when necessary ensure that an ambulance or other professional medical help is called,

2.6. Appointed Persons

At Ambler appointed persons will be trained in emergency first aid and can therefore give first aid treatment within the limits of this training. They are also responsible for:

- (i) take charge when they are the first person to deal with a person, who is injured or becomes ill,
- (ii) look after the first aid equipment e.g. re-stocking – this responsibility would be given to named people,
- (iii) ensure an ambulance or other professional medical help is summoned when appropriate,

2.7. Paediatric First Aiders

In line with Ofsted standards the majority of the staff in the Children's Centre will attend a two day Paediatric First aid course; this will ensure that the younger children at Ambler receive appropriate first aid when required.

3. Ambler First Aid needs Risk Assessment

3.1. Risk Assessment development and review

Ambler's First Aid Risk Assessment was developed by a competent person in November 2009 and reviewed in October 2014. It was developed using guidance from the Health and Safety Executive and Department for Education and Employment. The Risk Assessment has been approved by the Headteacher and Governing Body via the Services and Communications Committee.

It will be reviewed every two years by a competent person and approved by the Headteacher, the Governing Body via the Services and Communications Committee will only be required to approve it if changes are necessary.

3.2. Significant and specific risks at Ambler

- i. Lunchtimes and Outside Play – Within the School and Children's Centre these times are classed as high risk. There are likely to be large numbers of children run around, playing on bikes, using the climbing frame and other playground equipment which increases the risk of accidents and therefore the need for first aid. Staff also

tend to go off site for breaks during these times, which means the number of first aiders could be reduced. It could also be difficult to find first aiders and injured people, particularly children could be in remote parts of the playgrounds.

- ii. School Holidays – During the School Holidays the Children’s Centre often remains open but with less staff working and no School staff working. This means that the numbers of qualified first aiders on site may be reduced.
- iii. Trips and Visits – Ambler’s Educational Visits Policy states that there must be a minimum of one person on all trips and visits who has an understanding of first aid. It is very difficult to define what an understanding of first aid actually is, and to assess who has the correct skills and knowledge; therefore on trips there is the potential for there to be no staff on the trip with first aid skills.
- iv. Building layout – The School is laid out across four floors and this makes it difficult to access first aid kits and first aiders especially when at the top of the building. The Children’s Centre is all ground floor, and is split into two different areas Outreach and Childcare. The two different areas pose a potential problem because first aiders may not be located in the area where the first aid is required.

3.3. Historical information on accidents and ill health

There is currently limited historical information on accidents and ill health and therefore this cannot be used to inform decision within the risk assessment about potential risks and required first aider levels.

From August 2011 accurate accident monitoring will be compiled and this will be used to inform future risk assessments.

3.4. Number of employees including volunteers and work experience

The number of people working at Ambler varies throughout the year in general there are the following numbers of people on site:

- i. School – 30 staff (term-time), 4 staff (School holidays),
- ii. Children’s Centre – 30 staff (term-time), 20 staff (School holidays),
- iii. Volunteers and work experience – This varies from between 2 and 10 throughout the year, although in general only during term-time.

3.5. Specific employee and children requirement

The Risk Assessment will take into account any specific employee and a pupil requirement for potential additional first aid needs e.g. epilepsy, diabetes. This

needs can then be reviewed when the situation changes and also when employees or children leave or start at Ambler.

3.6. Lone working

Staff employed by Ambler will never be able to lone work within the building because the Premises Manager will be on site, although they could be in remote parts of the building especially during School holidays and at the end of the day. The Ambler Lone Working Policy will cover arrangements for this.

3.7. Numbers of First Aiders/ Appointed Persons

Taking into account the above information and the information provided by the First Aid Risk Assessment it is apparent that overall Ambler is classed as a low risk workplace but with some medium risk activities taking place.

Ambler therefore needs to have enough staff trained to cover lunch-times and breaks, sickness, annual leave in the Children's Centre and off-site activities. Details of nominated personnel are displayed on notice boards throughout the building and on all floors.

To ensure that all elements of risk are controlled and adequate provision is in place, every three years all staff will receive First Aid training to differing levels.

To comply with Ambler's duty to staff there will be a minimum of five First Aid at Work qualified staff, from the school and the Children's Centre.

3.8. First Aid Equipment needs

The School will require six first aid kits, including resuscitation masks to ensure that first aiders can get immediate access to equipment. Two of these kits will be large; one will be specific for kitchens and will include a burns kit. There will be two further burns kit, one in the Staffroom and one in the extended day room. There will also be eyewash stations in the kitchen and cleaning stores and with the large kits.

The Children's Centre will require seven first aid kits including resuscitation masks. Two of the kits will be large and five regular. There will be burns kits located in the staffroom, Baby Room kitchen and Outreach area and four eye wash stations.

4. Arrangements for First Aid

4.1. Informing staff of First Aid Arrangements

Staff will initially be informed of the arrangements for first aid developed in the Policy through training sessions. These sessions will occur during the Children's Centre Staff Meeting, Teacher's Staff Meeting, Teaching Assistant Staff Meeting and in a special session for Lunchtime Assistants.

All new staff will be informed of the arrangements for first aid during their Induction Programme.

4.2. Location of First Aid notices

First Aid notices will be located in the School and Children's Centre Reception areas, on each floor of the School and in the kitchen.

4.3. Location of First Aid equipment and facilities

The layout of the School building means that first aid equipment needs to be stored on each floor, including resuscitation masks to ensure that first aiders can get immediate access to equipment. There will also be a kitchen specific kit in the main kitchen and a burns kit.

The School will have two main areas to store First Aid equipment, the School Office and the Extended Day Room.

Within the Children's Centre each Classroom will have a small First Aid kit including resuscitation masks, with larger supplies being available in the Reception Office and Outreach Office.

All First Aid kits will be stored in easily located positions and will be clearly demarked. They will be kept out of the reach of children but located on walls etc so that they do not get lost in cupboards etc.

4.4. Responsibility for First Aid kits and travelling first aid kits

There are two named persons responsible for ensuring that First Aid kits, travelling first aid kits and all other first aid equipment are fully stocked and that stock is within date. One person is responsible for the School and the other for the Children's Centre.

4.5. Administration of medication

Following HSE Guidance no First Aid kits at Ambler will contain any form of drugs or medication. The administering of medication to children will be done in line with Ambler's Medication Policy. Medication will only be administered to staff if there is a pre-existing condition and staff administering the medication are trained, there would also be a Risk Assessment performed.

4.6. First Aid Accommodation

During Playtimes the Extended Day Room will be used to administer First Aid within the School. In the Children's Centre in general first aid will be administered in the Children's own rooms.

5. Qualifications and training

5.1. School

First Aid training in the School will take two forms:

- i. HSE Approved First Aid at Work – This course will cover a range of competencies and in addition to this there will be training specific to children including resuscitation,

- ii. Emergency First Aid – This course is designed for an appointed person, and again includes specific training for children and resuscitation of children.

5.2. Children's Centre

Some staff in the Children's Centre will be trained using the above courses, in addition to the majority of staff will be trained in Paediatric First Aid, this two day course will focus on the specifics relating to giving first aid to young children.

6. What to do if an injury requires more than First Aid

If an injury requires more than first aid, the first aider is required to make a decision based on the injury and the condition of the injured person. There would be three options to take:

- i. **The injury is very severe or the injured person is in a very poor condition** – An ambulance should be called immediately, if the injured person is a child then a member of SMT MUST be informed of the situation,
- ii. **The injury does not appear to be an immediate emergency** – There are two options an ambulance may need to be called because there is a concern the condition may become worse or the person is unable to get to hospital easily e.g. cannot walk. The second option is to advise the person or parents if a child that it is recommended they seek medical attention at the hospital/ doctors but they do not require an ambulance. Where the injury is too a child, a member of SMT should decide which of these options should be taken.

During normally School or Children's Centre opening hours the emergency services should be called via the relevant main office. Outside of these times, it is important to ensure when phoning an ambulance that the correct information is given and that they can access the School.

A child should NEVER be taken to hospital in a member of staff's car, an ambulance should be called or the parent's should take the child to hospital.

If a child is taken to hospital by ambulance their parents must be called immediately and informed of the situation.

If a member of staff is taken to hospital by ambulance their next of kin must be informed immediately, unless they are fully conscious and request that this is not done.

If a member of the public is taken to hospital by ambulance and details are available their next of kin must be informed immediately, unless they are fully conscious and request that this is not done.

7. Hygiene and infection control

All staff should take precautions to avoid infection and follow basic hygiene procedures, taking particular care when dealing with blood and other bodily fluids and disposing of dressings or equipment. Ambler will ensure that there are always disposable gloves and resuscitation masks located with the first aid kits for staff to use. Further details on hygiene are in the Ambler Medication Policy.

8. Health & Safety, Islington – Accident Reporting in Education

Health & Safety Accident Reporting in Education' Policy sets out the policy on accident reporting for Community Schools. It is mandatory for Ambler School to follow the procedure, and Ambler Children's Centre will adopt the policy to ensure continuity throughout Ambler.

This document adapts the policy to incorporate Ambler's own internal methods for Accident reporting, informing parents and were applicable informing Ofsted.

9. What is an accident?

In line with Health & Safety, Islington's 'Accident Reporting in Education', an accident is an event, connected with or arising from the activity of the school, which causes, or could have caused an injury. This means that accidents are not only when someone is injured, but can also be dangerous occurrences or a near miss, from which we can learn. School activities include:

- (a) anything inside the School, P.E, teaching and training,
- (b) activities away from the School, on School trips or journeys, or sports activities outside the school,
- (c) the supervision of playgrounds during breaks or play times, (although not due to collisions, slips trips and falls unless happen out of work or in connection with work e.g. the condition of the premises or equipment, inadequate supervision),
- (d) plant or substances (e.g. lifts, machinery, experiments etc)
- (e) the condition of the premises,

The work activity does not cover children's journey to and from Ambler, unless they are partaking in the walking bus.

For this document, accidents also include physical assaults on members of staff.

Any accident that involves an employee should be recorded, because they are at work.

In the Children's Centre any accident which has caused an injury or had the potential to cause an injury to a child should be reported.

10. Why do we report?

The purpose of accident reporting is to accurately establish and record what actually happened in an accident. This will help to find out how it happened, and help to find a way to stop it happening again. We do not report accidents in order to apportion blame.

There is a legal duty on employers to keep records and examine what kinds of accidents occur.

Looking at accident causes and trends is essential in the proper management of Health and Safety in any occupation.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulation (RIDDOR) 1995 require that serious injuries arising from accidents and assaults at work are reported to the Health and Safety Executive (HSE). Failure to comply with these regulations may result in legal action against the Council or the School.

11. Who to report to

Accidents and incidents should always be recorded whether major or minor, the process for this is detailed in section 12. There are a variety of different people/ agencies who should be informed when an accident occurs, details of these are below.

11.1. Parents

Whenever a child has an accident or requires First Aid their parents/ carers should be informed, how and when parents are informed will depend on the nature of the injury and the age of the child. Specific details are below:

(a) Parents to be informed immediately by telephone if:

- (i) they suffer any form of **head injury**, parents should be told details of what has happened, what visible injury there is, how the child is feeling or appears to be, the treatment they have received and the option to come and collect them if they wish,
- (ii) the injury the child has sustained may require treatment at **hospital** but is not an emergency. Parents' should be told details of what has happened, what visible injury there is, how the child is feeling or appears to be, the treatment they have received and the option to come and collect them if they wish and take them to hospital or doctors,

- (iii) an **ambulance** has been called because the child's injuries maybe serious and require emergency treatment, the parent's should be informed of which hospital they are being taken too and who has accompanied them,
- (b) **Children in the Children's Centre** – If a child who is attending the Children's Centre suffers a less serious accident their parents should be informed upon collection at the end of the session. Parent/s should be requested to sign the Ambler Accident Sheet, to demonstrate that they have been informed. The parent/s should be given details of the accident, this means that if the child develops any problems later the parents have information of the accident, injury and treatment to give to a Doctor etc.
- (c) **Children in the School (Year 1 to 6)** – If a child who is attending the School suffers a less serious accident their parents should be informed upon collection at the end of the School day. This means that if the child develops any problems later the parents have information of the accident, injury and treatment to give to a Doctor etc.

11.2. Health and Safety Team, Islington

All accidents/ incidents reported on the islington accident form should be input on to the Islington accident reporting system: <https://server6.info-exchange.com/lbi/>, then viewed and approved by the Business Manager to ensure the Islington Health & Safety team has sight of the accident. These forms are destroyed upon input, due to data protection. Any accidents which maybe major or need to be reported to the HSE through RIDDOR should be faxed to the Health and Safety Team immediately.

11.3. RIDDOR (HSE)

Accidents that result in a **major injury** must be reported to the Health and Safety Executive (HSE). This is required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995. The classification for **major injuries** is as follows:

- (a) **Pupil, student, child, visitor (non-employee) injured:**
 - (i) Fatality,
 - (ii) Non-employee taken directly to hospital (whether by ambulance, car or any other means),
- (b) **Employees (all staff, including temporary, agency, self-employed people):**
 - (i) Fatality,
 - (ii) Major injuries (including broken bones)*see Annex 1,

- (iii) Injuries that requires more than three days' absence from the normal work activity,

There are also some specified **dangerous occurrences** that, because the potential risk is so high, need to be reported even if there is no injury. These are listed in Annex 2.

Incidents of **certain diseases** are also reportable. This section of the RIDDOR regulations is explained in Annex 3.

These injuries, dangerous occurrences and diseases **MUST** be reported to the HSE by telephone **immediately**, followed by the form F2508 within 10 days. All reporting to the HSE will be done by the Business Manager; or Headteacher, Head of Children's Centre or nominated deputy in their absence. It is therefore essential that a member of SMT is informed of all accidents.

It is essential that accidents resulting in injury are reported properly, as the penalties for non-compliance are severe. The address to report to is:

Incident Contact Centre
Caerphilly Business Park
Caerphilly
CF83 3GG

Tel: 0845 300 9923
Fax: 0845 300 9924

Or by email to: riddor@natbrit.com
Or on the internet at: www.riddor.gov.uk

11.4.Ofsted

The National Standards for Full Day Care and Children Act Regulation require Ambler to notify Ofsted of any serious injury or death to any child in Ambler's care or adults on the premises.

12. Accident Sheets, Islington Accident Forms and letters to parents

At Ambler all accident (excluding minor accidents) must be recorded on the accidents form, then accident reporting system.

The Council's reporting form satisfies the law (Social Security Act 1975) for the documenting of accidents involving injury.

12.1.Accident reporting in the Children's Centre

The member of staff who witnessed the accident or who gave the first aid should complete all records.

General minor accidents should be recorded in the Centres accident book, giving as much detail as possible. This should be signed by the parent when they collect the child.

If the accident is serious the following process should be completed:

- (a) Complete the Islington Accident Form – giving as much detail as possible of how the accident happened, what treatment was given and any action taken,
- (b) Take the form to a member of SMT, they should carry out an initial investigation – if required, complete the Management Actions and sign the forms,
- (c) If the accident is RIDDOR reportable or needs to be reported to Ofsted this should be done,
- (d) Upon collection the child's parents should be informed (unless as per section 11.1 they have been informed by phone). They will be provided with details and e.g. a head injury letter,
- (e) The Islington Form should be given to the Office to be input onto the accident reporting system the original document destroyed (data protection).

12.2. Accident Reporting in the School (Years 1 to 6)

The member of staff who witnessed the accident or who gave the first aid should complete all records.

General minor accidents should be recorded in the Schools accident book, giving as much detail as possible. The slip should be given to the Class Teacher, which can then be given to the child's parent at the end of the day.

If the accident is more serious the following process should be completed:

- (a) Complete an Islington Accident Form – giving as much detail as possible of how the accident happened, what treatment was given and any action taken,
- (b) Take the form to a member of SMT, they should carry out an initial investigation – if required, complete the Management Actions and sign the Islington Accident Form,
- (e) If the accident is RIDDOR reportable or needs to be reported to Ofsted this should be done,
- (f) The accident should be recorded in the Accident book and the slip given to the child's teacher to give to their parent.,
- (g) The Form should be given to the Office to be input onto the accident reporting system the original document destroyed (data protection).

,

- (g) Upon collection the child's parents should be informed (unless as per section 11.1 they have been informed by phone). They will be provided with details about the accident and given e.g. a head injury letter.

12.3. Accident Reporting for staff, visitors and self-employed people

- (a) Complete an Islington Accident Form this can be done by the person who had the accident (if staff) or another member of staff – giving as much detail as possible of how the accident happened, what treatment was given and any action taken,
- (b) Take the form to a member of SMT, they should carry out an initial investigation – if required, complete the Management Actions and sign the Islington Accident Form,
- (d) If the accident is RIDDOR reportable or needs to be reported to Ofsted this should be done,

13. Accident Investigation

Accident Investigations are a vital element of accident prevention and Risk Assessment. In general most investigations will be done immediately by a member of SMT, and ensure that immediate remedial action is taken to prevent any reoccurrence.

Some accidents and incidents may require more thorough investigation and this could be done internally or externally, depending on the seriousness of the accident.

13.1. Internal

Any accident which needs to be reported to RIDDOR or could have the potential to need to be reported will be fully investigated by a competent person and a member of SMT. For the purposes of Accident Investigation a competent person should hold a relevant Health and Safety qualification.

The investigation will systematically identify:

- (a) The immediate causes,
- (b) Basic or underlying causes including personal factors such as lack of skill, lack of physical capability; and job factors such as inadequate tools, or work standards,
- (c) Whether control measures were already in place and why they were ineffective,
- (d) What immediate remedial action should be taken,
- (e) What long term remedial action should be taken,

During the internal investigation the Risk Assessment should be updated and reviewed to take into account any remedial actions etc.

The investigation should be formulated into a report, which should be a statement of fact regarding the accident and precautions to be taken to avoid similar incidents happening again. The outcomes from this report should be distributed to the appropriate members of SMT, and staff should be informed of any remedial actions they need to be involved in.

The Report must be kept for a minimum of three years with copies of the Accident sheets.

Any requests for copies of Accident Investigations should be passed through Islington's Legal Department and our Insurance Company before they are released.

13.2.External

Islington's Health and Safety Team may wish to investigate any accidents or incidents reported to them but in particular they will investigate incidents involving:

- (a) fire,
- (b) death,
- (c) electrocution,
- (d) armed robbery,
- (e) probability of prosecution,
- (f) multiple serious injuries,
- (g) any other similar serious incident,

External enforcement agencies may also come into investigate any accidents or incidents at any time and may request copies of any internal or CEA investigations.

14. Accident Statistic

In line with Ambler's legal duty to keep records and examine the types of accidents which occur, quarterly Accident Statistics will be provided to Governors. The Accident Statistics will record the location of accidents, the type of accident and type of injury. The information will be taken from the accident sheets completed for the relevant period.

This information will be used by SMT and Governors to look at the causes and trends in accidents to ensure Ambler manages Health and Safety effectively.

Annex 1 – Major Injuries

Reportable major injuries are:

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

Annex 2 – Dangerous Occurrences

Reportable dangerous occurrences are:

- collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- explosion, collapse or bursting of any closed vessel or associated pipework;
- failure of any freight container in any of its load-bearing parts;
- plant or equipment coming into contact with overhead power lines;
- electrical short circuit or overload causing fire or explosion;
- any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion; Accidental release of a biological agent likely to cause severe human illness;
- failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
- malfunction of breathing apparatus while in use or during testing immediately before use;
- failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;
- collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall;
- unintended collision of a train with any vehicle;
- dangerous occurrence at a well (other than a water well);
- dangerous occurrence at a pipeline;
- failure of any load-bearing fairground equipment, or derailment or unintended collision of cars or trains;

- a road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;
- a dangerous substance being conveyed by road is involved in a fire or released;
- the following dangerous occurrences are reportable except in relation to offshore workplaces: unintended collapse of: any building or structure under construction, alteration or demolition where over five tonnes of material falls; a wall or floor in a place of work; any false-work;
- explosion or fire causing suspension of normal work for over 24 hours;
- sudden, uncontrolled release in a building of: 100 kg or more of flammable liquid; 10 kg of flammable liquid above its boiling point; 10 kg or more of flammable gas; or of 500 kg of these substances if the release is in the open air;
- accidental release of any substance which may damage health.

Annex 3 – Diseases

Reportable diseases include:

- certain poisonings;
- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
- lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;
- infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;
- other conditions such as: occupational cancer; certain musculoskeletal disorders; decompression illness and hand-arm vibration syndrome.

Annex 4 – Standard Bumped Head letter (Produced on Ambler letter head)

Date:

Dear Mum, Dad or Carer,

..... had a bump to his/her head today at In accordance with our First Aid policy, a qualified first aider assessed and monitored within our first aid treatment room and no ill health affects were observed.

As children often bump their heads with no further consequences, the school's policy is to inform you as a parent when a child bumps their head so you can keep an eye on your child once they get home from school. This is because it is possible for a more serious internal injury to develop without obvious symptoms for several hours.

The chance of serious injury is highly unlikely from a simple bump to the head. This letter is not intended to alarm or worry you. It is intended to provide information that could prove vital in exceptional circumstances.

For your guidance, we have attached the National Health Service guidance of potential symptoms of serious head injury so that if your child displays any of the symptoms (they may not all be apparent), you should seek immediate advice from your GP or local A&E department dependant on the colour coded symptoms listed or if you feel that you child is generally unwell / not their normal self.

Yours sincerely

Juliet Benis

Annex 5 – First Aider process

