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

First Aid Policy

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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 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
- Allergy policy (new in September 2026)

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**

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, minor burns):

- 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**,** serious 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.

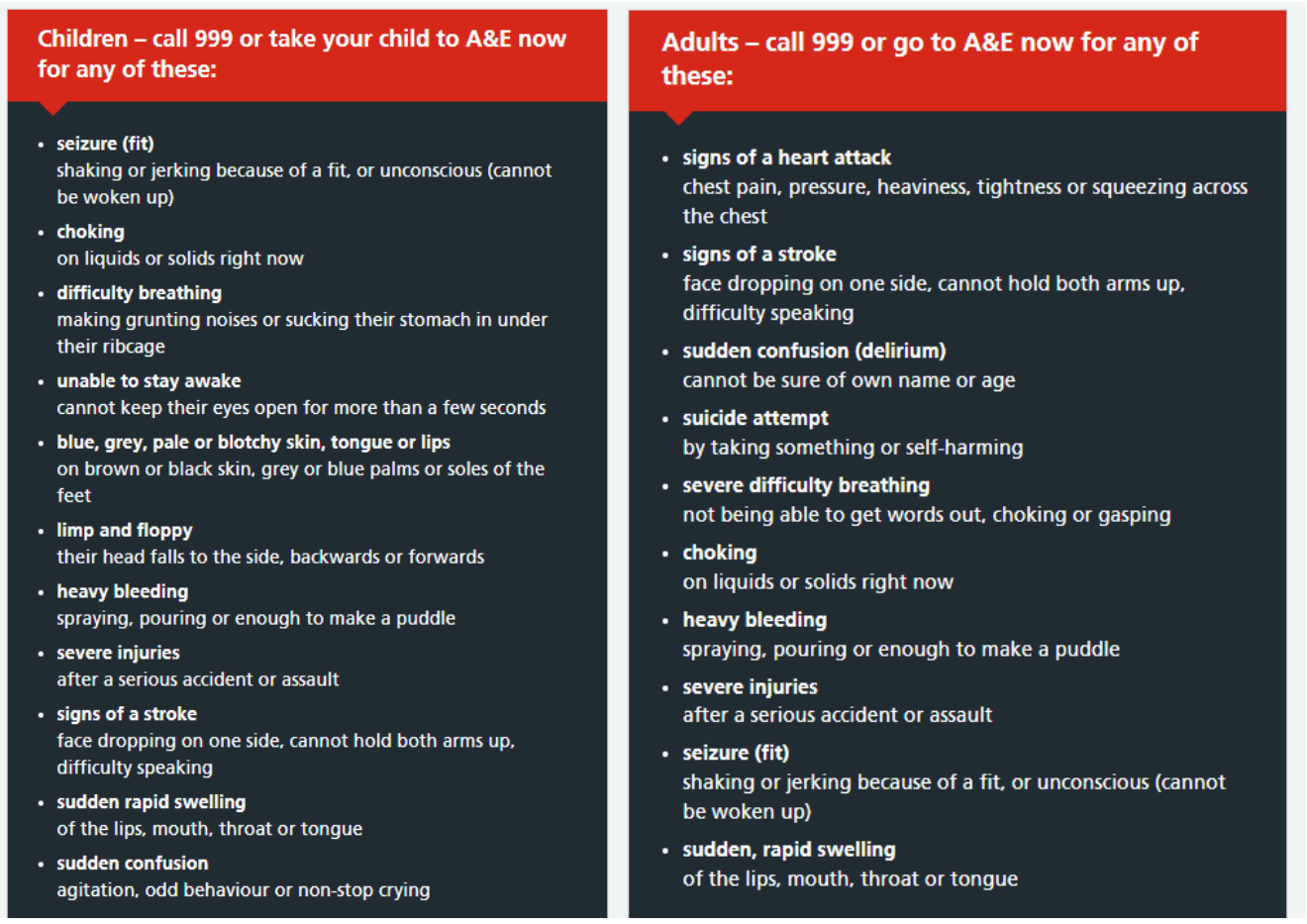
7.5 Outdoor Activities First Aid

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:



(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 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' are located at Gipsy Lane Reception, Green Close Reception and the AstroTurf (Gipsy Lane)

Green Close Reception	Gipsy Lane Reception	3G Astro
Make - Mediana HeartOnA15	Make - Philips Heartstart HS1	Make - mindray BeneHeart C1A
Manufacture date - 01/2016	Manufacture date - 4.7.22 & 30.4.28	Manufacture date - 20.7.22
SN - 155816010051	SN - A12C-05628	SN - AF1-27050079
Pads expiry - 16.10.27	Pads expiry - adult/3.11.27 & child/24.11.26	Pads expiry - 12.5.27

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 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 (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 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.

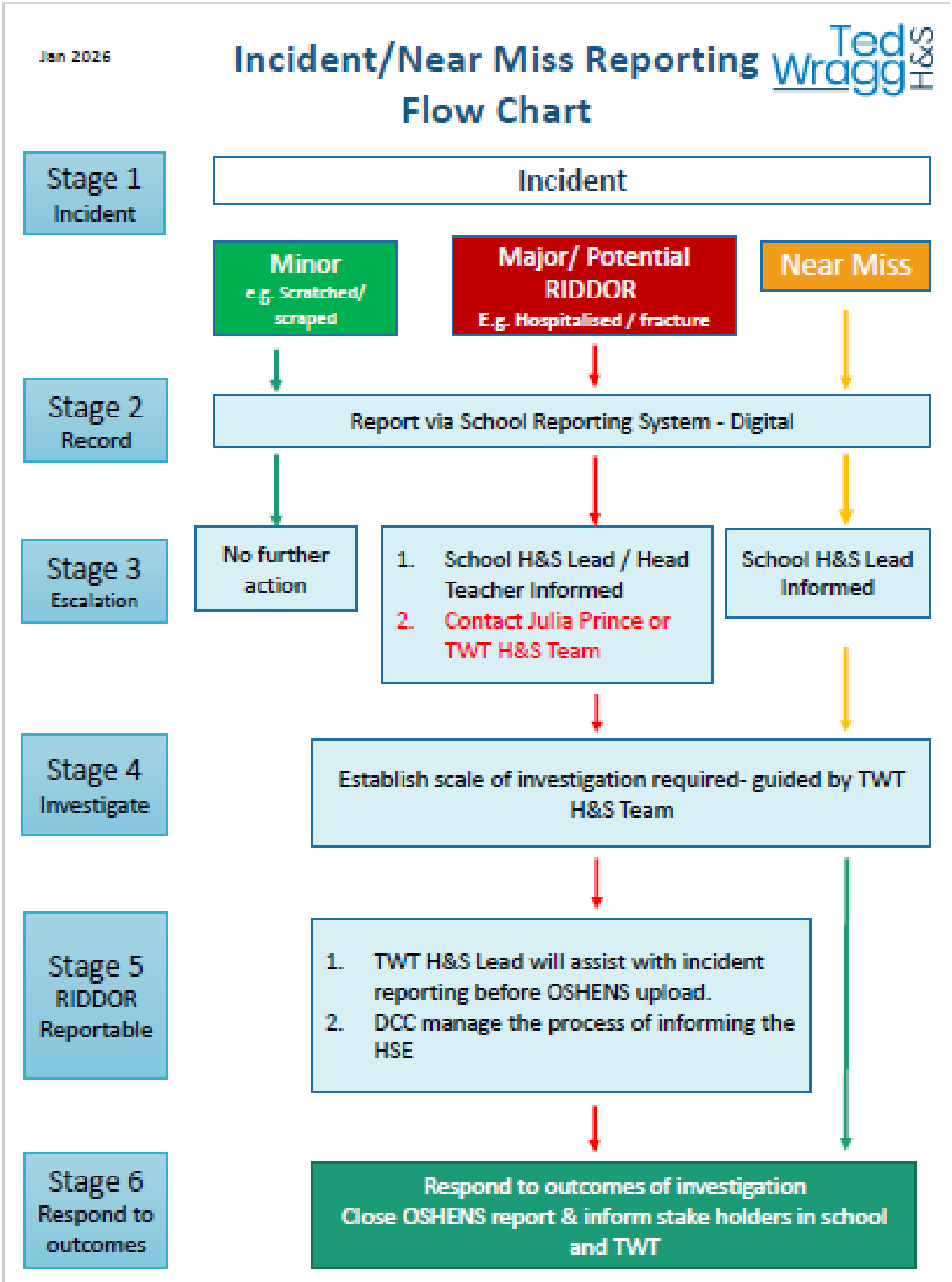
The school will arrange for first aiders to retrain before their first aid certificates expire. In cases where a certificate expires, the school will arrange for staff to retake the full first aid course before being reinstated as a first aider.

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



Jan 2026

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

Stage 3
Escalation

Record all incidents on schools reporting system (**Medi tracker/ Evolve Accident Book**)

Minor injury reported. Is there any further action required?

Major incident reported. Have you informed the Health and Safety Lead, Head Teacher and TWT H&S Lead?

Near Miss? This must also be logged and the School H&S Lead informed. Further action required?

Does the incident require investigation/ repair required?

Stage 4
Investigate

- Establish scale of investigation required? Is an internal investigation required?
- Investigations will be led by the School H&S Lead and/or TWT H&S Team
- Complete the TWT Incident Investigation Form on iAM: LINK

Riddor Criteria

Stage 5
RIDDOR Reportable

1. TWT H&S Lead will assist with incident reporting before OSHENS upload
2. DCC manage the process of informing the HSE
3. Additional information might be required for HSE

School H&S Lead will liaise directly with DCC also inform the TWT H&S Team of outcome.

Stage 6
Respond to outcomes

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

Appendix B– School Specific Duty Holders

To be completed by school

School Specific Responsibilities		
School Role	School Site	**Named individual**
First Aid Coordinator	Green Close	Amanda Luxton
Paediatric First Aiders	Green Close	Amanda Luxton
Medication Management	Green Close	Amanda Luxton
Outdoor Education First Aiders	Green Close	Clare Toomey
IHCP Designated Staff Member	Green Close	Amanda Luxton
Asthma Champion	Green Close	Amanda Luxton
Director of SEND	Green Close	Heather Lee-Joy
SENDcO	Gipsy Lane	Hannah Jones

School Staff Additional First Aid Holders		
School Role	School Site	**Named individual**
First Aid at Work	Green Close – Performing Arts	Lee Parvin
Emergency First Aid	Gipsy Lane – Physical Education	Rachel Wright
Emergency First Aid	Gipsy Lane – Physical Education	Ben Findel-Hawkins
Emergency First Aid	Gipsy Lane – Physical Education	Clare Hannah
Emergency First Aid	Gipsy Lane – Physical Education	Ben Mellor
Emergency First Aid	Gipsy Lane – Physical Education	Joe Harnick
Emergency First Aid	Green Close - Science	Luke Oxley
Emergency First Aid	Green Close - Science	Clare Bethal
Emergency First Aid	Gipsy Lane - Geography	Mike Wilkinson
Emergency First Aid	Gipsy Lane – Computer Science	Jake Quinn
Emergency First Aid	Gipsy Lane – Physical Education	Gemma Hough
Emergency First Aid	Green Close – Meal Time Assistant	Marie Bate
Emergency First Aid	Green Close – Student Support	Helen Embley
Emergency First Aid	Green Close - Science	Lizzy Berry
Emergency First Aid	Gipsy Lane – Learning Mentor	Emma Best
Emergency First Aid	Green Close - Librarian	Lisa Hatchard
Emergency First Aid	Gipsy Lane - Headteacher	Tom Inman
Emergency First Aid	Green Close – Intervention Support	Amelia King
Emergency First Aid	Green Close – Lighthouse	Ann-Marie Brown
Emergency First Aid	Gipsy Lane – Learning Mentor	Mark Lees
Emergency First Aid	Gipsy Lane – Catering Manager	Claire Lynch
Emergency First Aid	Green Close - Dance	Amy Phillips
Emergency First Aid	Green Close – Deputy Headteacher	Lisa Malton
Emergency First Aid	Gipsy Lane – Geography	Dan Eynon
Emergency First Aid	Gipsy Lane - Maths	Paul Collins
Emergency First Aid	Green Close – Religious Education	Lisa Lowe
Emergency First Aid	Gipsy Lane – Physical Education	Katie Coult
Emergency First Aid	Gipsy Lane – Physical Education	Stuart Lowe
Emergency First Aid	Gipsy Lane – Learning Mentor	Michalle Oakley

Appendix C – First Aid Needs Risk Assessment (OSHENS Link)

OSHENS First Aid Needs Risk Assessment Template