



FOXHILLS FEDERATION FIRST AID POLICY, PROCEDURE AND GUIDANCE

Status	Current	Approval	FGB
Review frequency	Two years	Author (role)	Headteacher
Date first written	January 2017	Date last approved	March 2024
Date of next review	March 2026	Date withdrawn	N/A

Policy Statement

Foxhills Federation (infant and junior schools) will ensure compliance with all relevant legislation with regard to the provision of first aid for all employees and children, as well as users of our two schools (typically, but not limited to: visitors and contractors). Responsibility for the management of first aid across both schools, is held by Lucy Howe, Headteacher, who is the responsible manager. Trained first aiders hold responsibility for administering first aid to users of our schools

All first aid provision is arranged and managed in accordance with the Children's Services Safety Guidance Procedure SGP 08-07(First Aid), and to ensure high levels of safety and well-being, all staff have a statutory obligation to follow and co-operate with the requirements of this policy.

To fulfil our first aid policy and procedures, we will:

- Undertake a first aid needs assessment (using the first aid needs assessment form) to determine the first aid provision requirements for our premises which will be reviewed periodically or following any significant changes that may affect first aid provision
- Ensure there are sufficient numbers of trained first aiders on duty and available for the numbers and risks on the premises, in accordance with the First Aid Needs Assessment
- Ensure that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment
- Ensure our policy is widely available and understood by all users of our school site and premises

The Headteacher (responsible manager) will ensure that appropriate numbers of qualified first aiders, appointed persons and paediatric trained staff are nominated (as identified by completion of the First Aid Needs Assessment) and that they are adequately trained to meet their statutory duties.

Appointed People

Across both schools, all teaching assistants and supervisory staff have basic first aid training.

Note: Appointed persons are not First Aiders and should not provide first aid for which they have not been trained. However, it is good practice to provide appointed persons with some level of first aid training. Such training does not require Health and Safety Executive (HSE) approval.

Qualified First Aid at Work

Across our Federation, we have:

Bel Card- Infant school

Melissa White, Natalie Baker- Junior School

Qualified First Aid Staff (including emergency first aid)

At Foxhills Infant School the qualified paediatric first aiders are:

Lottie Howells	St Johns Paediatric First Aid -1 day	22.10.25
Chloe Postlethwaite	St Johns Paediatric First Aid -1 day	22.10.25
Jackie Parish	St Johns Paediatric First Aid -1 day	20.04.26
Jo Kelly	Frontline First Aid Paediatric At Work	20.01.26
Lucy Bennett	RGL Safety Resilience Paediatric Level	15.10.26
Gillian Boyes	RGL Safety Resilience Paediatric Level 3	15.10.26
Bel Card	RGL First Aid- At Work 3day	27.10.25
Bel Card	SJA Schools First Aid Course + Epi Pn	27.10.25
Louisa Isherwood	SJA Schools First Aid Course + Epi Pn	27.10.25
Keith Hurst	SJA Schools First Aid Course + Epi Pn	27.10.25
Dave Gill	SJA Schools First Aid Course + Epi Pn	27.10.25
Carrie Palmer	St Johns First Aid - ½ day	08.01.26
Rachel Miell	St Johns First Aid - ½ day	08.01.26
Lyndsey Staley	St Johns First Aid - ½ day	08.01.26
Caroline Dumper	St Johns First Aid - ½ day	08.01.26
Olivia Kennedy	St Johns First Aid - ½ day	08.01.26
Jo Kelly	St Johns First Aid - ½ day	08.01.26
Felicity Pointer	St Johns First Aid - ½ day	08.01.26
Rachel Cutler	Basic First Aid	04.04.25

At the Foxhills Juniors, the qualified first aiders are:

Blake, Susie	Schools First Aid Course + Epi Pn	27.04.25
Pugh, Louise	Schools First Aid Course + Epi Pn	27.04.25
Barnett, Rachel	St Johns First Aid – ½ Day	08.01.26
Conner, Nicky	St Johns First Aid – ½ Day	08.01.26
Coombes, Julie	St Johns First Aid – ½ Day	08.01.26
Derrick, Simone	St Johns First Aid – ½ Day	08.01.26
Francis, Kadriye	St Johns First Aid – ½ Day	08.01.26
Lo, Mo	St Johns First Aid – ½ Day	08.01.26
Rogers, Emily	St Johns First Aid – ½ Day	18.01.27
Hart, Zoe	St Johns First Aid – ½ Day	18.01.27
Watson, Alison	St Johns First Aid – ½ Day	08.01.26
Wilcox, Georgina	St Johns First Aid – ½ Day	08.01.26
Dave Gill	St Johns First Aid -1 day	27.11.25
Hayward-Brooks, Richard	St Johns First Aid -1 day	27.11.25
Hubbard, Beth	St Johns First Aid -1 day	27.11.25
Hurst, Keith	St Johns First Aid -1 day	27.11.25
London, Caroline	St Johns First Aid -1 day	27.11.25
Medley, Chloe	St Johns First Aid -1 day	27.11.25
Medley, Nikki	St Johns First Aid -1 day	27.11.25
Mills, Emma	St Johns First Aid -1 day	27.11.25
Pollard, Gemma	St Johns First Aid -1 day	27.11.25
White, Melissa	St Johns First Aid At Work	11.10.25
Baker, Natalie	St Johns First Aid At Work - 3 day	24.09.26

These people are responsible for administering first aid, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises. There may also be other duties and responsibilities which are identified and delegated to the first aider (eg. first aid kit inspections). (*Appendix 2*)

First Aid Provision

Our First Aid Needs Assessment has identified the following first aid kit requirements for the infant school:

- Three first aid kits on the premises, located in the school office but two kits, taken to the playground for use during the lunch hour.
- Three travel first aid kits available for school trips, visits to the nature trail and for use in vehicles
- These travel first aid kits are located in the school office ready for immediate use. An incident book is kept in each box to record incidents.

Our first Aid Needs Assessment has identified the following first aid kit requirements for the junior school:

- Six first aid kits on the premises, located in the school office but two kits, taken to the playground for use during the lunch hour.
- Five travel first aid kits available for school trips, visits to the nature trail and for use in vehicles
- These travel first aid kits are located in the school office ready for immediate use. An incident book is kept in each box to record incidents.

It is the responsibility of office staff, named as first aiders, to check the contents of all first aid kits every three months. Each First Aid Box has a contents list clearly displayed on the exterior of the box along with a checked by and dated list. The school uses the Guidelines for First Aid Boxes taken from the Children's Services First Aid Kit Checklist (CSAF-003) – Appendix 3.

The medical beds in both school offices are designated as the first aid room for treatment, sickness and the administering of first aid. These areas have:

- Beds, warm running water, disposable cups, first aid kit, disposable sick bowls, inhaler cabinet, medical/injury log book, stool and swabs and dressing disposal unit.
- The ice packs are stored in the medical room fridges.
- Children's other medication stored in a locked cabinet.

Emergency Arrangements

Upon being summoned in the event of an accident, the first aider/appointed person is to take charge of the first aid administration/emergency treatment commensurate with their training.

Following their assessment of the injured person, they are to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The first aider/appointed person is to (must) always call an ambulance on the following occasions:

- In the event of a serious injury
- In the event of any significant head injury
- In the event of a period of unconsciousness
- Whenever there is the possibility of a fracture or where this is suspected
- Whenever the first aider is unsure of the severity of the injuries
- Whenever the first aider is unsure of the correct treatment
- Any severe medical condition that requires emergency medical treatment

In the event of an accident involving a child, where appropriate, it is our policy to always notify parents of their child's accident if it:

- is considered to be a serious (or more than minor) injury
- requires further first aid treatment
- requires attendance at hospital
- receives a severe head injury
- results in an injury to a child's private areas

Our procedure for notifying parents will be: notify parents by the telephone. In the event of not being able to reach the first named contact, the school will try all numbers on the child's contact list until someone has been contacted and advised of the accident/injury

In the event that parents can not be contacted and a message has been left, our policy will be to continue to attempt to make contact with the parents every 15 minutes. In the interim, we will ensure that the qualified first aider, appointed person or another member of staff remains with the child until the parents can be contacted and arrive (as required).

In the event that the child requires hospital treatment and the parents can not be contacted prior to attendance, the qualified first aider/appointed person and/ or the school's headteacher, or, in her absence, the deputy headteacher, will accompany the child to hospital and remain with them until the parents can be contacted and arrive at the hospital. A copy of the child's record should accompany the adult attending and they should be prepared to act in 'loco parentis' in giving consent for emergency treatment that may be necessary. The person acting on the parents' behalf will write a report of what happened and the action taken as soon as possible.

Dealing with Accidents

Minor injuries

These will be dealt with by school staff. This usually involves the school's designated first aider looking at the injury sustained and making a judgement about what treatment is necessary. In most cases, treatment can be administered in school by a first aider. Sometimes medical attention may be necessary or an ambulance may be called in the event of a serious injury.

Prior to administering medicine or prescribed medicine, permission from parents and/or carers is sought first, by parents or carers completing a permission form.

Permission for treatment of minor injuries that are non- routine, will be sought by telephoning a parent or carer and obtaining their permission verbally. Permission sought and obtained will be recorded in the accident/injury book. When a child requires urgent medical attention, parents will be telephoned. (Please see administration of medicines policy for more information).

Occasionally, children may hurt parts of their bodies which are private. When this happens the designated first aider will telephone parents or carers first to obtain permission to look at the injury, they will also seek the permission of the child. If a parent or carer does not authorise permission, then they will be asked to collect their child so that they can assess the injury. A first aider will always be accompanied by a second staff member when looking at an injury in a private area of a child's body, and this will be done in the medical section of the office. (Please see our safeguarding policy and documentation with regards to transparency). After the first aider has assessed the injury, parents and carers will be informed and permission for any further actions will be sought.

Details of any injury and treatment will be written in the accident/injury book, along with permissions sought and obtained.

Injuries to the head

These are potentially serious. If a child suffers concussion the child's parents must be informed as soon as possible with the recommendation that a visit should be made to the doctor.

In less severe incidents the child's parents will be informed by telephone/text and a sticker will be given to the child advising parents or carers that they have bumped their head.

Records

All accidents requiring first aid treatment are to be recorded with (at least) the following information:

- Name of injured person
- Name of the qualified first aider/appointed person/emergency first aiders
- Date of the accident
- Type of accident (eg. bump on head etc)
- Treatment provided and action taken

Minor accidents should be recorded in the medical book in the school office/playground/class. Serious injury should be recorded online, using the Accident/incident reporting form. This form is then sent to the school's headteacher for review and signing.

Health & Safety Executive (HSE) must be notified of fatal, major injuries and dangerous occurrences without delay. This is done via the Corporate Accident Reporting and Investigation System Online reporting forms are available on the HSE website (www.hse.gov.uk).

Specific Medical Conditions

At the start of an academic year, class teachers are issued with medical needs reports, to enable them to identify the needs of children they teach. Specific conditions include, but are not limited to:

Acute Allergic Reactions

This is potentially life-threatening condition. A small number of people are sensitive and may require an immediate injection or inhalation of adrenaline to save life. There must be an inhaler or injection kept in the child's class, clearly labelled with the child's name and instructions for use, this is kept in a secured area. A photograph of the child should also be displayed for staff to see together with details, the child must be known to the office and kitchen staff.

Asthma

Asthma is a physical condition and not an emotional illness. Sudden narrowing of the air passages in the lungs make it difficult for the person to breath.

Asthma can be controlled by avoiding known irritants and by inhaling specified drugs:

- Relievers should be carried by the asthmatic at all times, where possible.
- Preventors are normally taken to prevent an attack, and would not usually be required during the school day as they are acting to prevent an attack.

Asthmatics should be encouraged to participate fully in all aspects of school life. Other pupils should be helped to understand asthma so they can support their friends.

Asthma can be a life-threatening condition and pupil must have immediate access to their inhalers. Inhalers kept at Foxhills Infant School are available from an unlocked cupboard within the school office (which is deemed as the medical room). Children are encouraged to take their inhaler with them for PE lessons. Inhalers at the Junior School are kept with the child at all times. Each Inhaler is in a clearly labelled bag for easy identification. All prescribed medication that is for school use **MUST** have the original pharmacy packaging with the child name and instructions of use attached. Staff are given the required training to support the children with Asthma.

Diabetes

Diabetes is a disorder in which the body is unable to control the amount of sugar in the blood. If a child has diabetes routine urine and blood test are normally taken at home. If the child attends a residential trip, consent and training would be needed by appropriate accompanying staff.

Symptoms of diabetes can be feeling faint, slurred speech and thirsty. Diabetics must eat at regular intervals and occasionally top up between meals. Other children should be made aware of the need for diabetic children to "snack" during the day and their needs.

Teachers need to be aware that sugar balances can be affected by exercise, stress or excitement. Training would be given to all staff when a diabetic attends this school.

Emergency procedures, along with photograph of child will be available for staff to view.

Epilepsy

Petite mal involves only a brief interlude of unconsciousness. More severe seizures can be quite frightening, and if one occurs during school hours, staff will need to develop a matter of fact attitude to counter panic amongst other children. Training for responding to an epileptic fit will be monitored and staff given the relevant training as and when necessary.

Individual Cases

Any individual children's problems will be discussed between the headteacher, parents, staff and any other relevant persons, at the time of admission or diagnosis. The need for medical training and staff awareness will be assessed and carried out as necessary.

Absence Periods

Illness	Absence period
Flu/Cold	Can attend school if fever free
Covid	Following latest school guidance: children should remain absent for 5 days, adults for 3 days, after the day of testing
Vomiting and/or Diarrhoea	Can return to school 48 hours after last episode
Mumps/Measles/Rubella	Can return five days after the onset of symptoms
Chicken Pox	Can return five days after the onset of spots but must not return until spots have crusted over.

Guidance on Head Lice

If discovered on a child, inform the parent that they have been noticed, advise treatment as soon as possible. Inform teacher of child, send home notes to appropriate class, year group or whole school asking that all children's heads are checked and treated if necessary.






CHILDREN'S SERVICES ASSESSMENT FORM CSAF-002
First Aid Needs Assessment Form

Part 1	ASSESSMENT OF FIRST AID NEEDS	
Name of School: Foxhills Infant School and Foxhills Junior School		
No.	Aspects to Consider at Your Premises	First Aid Provision Considerations (Insert Your Information)
1	What are the risks of injury and ill-health arising from the work and activities as identified in your risk assessments?	<p><i>Risk of falling- poorly lit driveway when dusk or dark. Some uneven pathways- risk of slipping and tripping, risk of overgrown trees which can limit passable access, flooding to the school field- drowning hazard</i></p> <p><i>Nature trail- risk of slips and trips. Risk of children breaking free of adult supervision, running may cause child to fall</i></p> <p><i>Playground Equipment- climbing equipment in both schools, outdoor gyms, mini golf, go-karts- risk of children falling and hurting themselves, grazing arms, legs, head, face. This risk increases when it is wet.</i></p>
2	Are there any specific risks? (eg. work with hazardous substances, dangerous tools, dangerous machinery, higher risk activities etc)	<p><i>Asbestos log identifies areas in the school which must not be disturbed. All contractors are asked to sign the log to acknowledge safe and unsafe areas.</i></p> <p><i>Cleaning chemicals used by school cleaning staff. Risk of burning, ingestion- risk assessment completed and stored away from children. Users must wear PPE.</i></p>
3	Are large numbers of people employed on site?	<i>The federation employs approximately 80 people across two schools. The schools share a campus.</i>
4	What is your record of accidents and cases of ill-health? What type and where did they happen?	<p><i>Minor accidents and cases of ill health occur daily amongst the children.</i></p> <p><i>Accidents typically include: trips, slips, falls and grazes, bumps to head. We have experienced some fractures due to mis-use of climbing equipment</i></p>
5	Are there staff/children on site who have disabilities or specific health problems?	<p><i>2 staff members- heart conditions</i></p> <p><i>4 staff members with arthritis</i></p>
6	Are there clients or service users on the site who may need first aid?	<i>Yes- visitors and contractors</i>
7	Is there first aid cover for lunch times and for the beginning and end of the working day?	<i>Yes</i>
8	What is the site layout and will the layout require additional first aid cover for separate buildings or floors of a multi-storey building?	<p><i>Single level access, one story building- infants</i></p> <p><i>Two story building at the juniors school</i></p> <p><i>Outdoor classroom in the woodland area</i></p>
9	Do you have any work experience trainees?	<i>Yes, students throughout the year</i>
10	Are there a number of inexperienced or young staff/workers/visitors on site?	<i>Yes, college students and high school students during work experience placements only, not full time.</i>

11	Do the numbers of people on site vary throughout the day. Are extra first aiders needed for peak periods?	No
12	Do staff work in shift patterns and does each shift have sufficient first aid cover?	No
13	Do you work on a site occupied by other organisations and share first aid arrangements?	We occupy a shared campus but each building is responsible for their own first aid under a shared policy.
14	What is the distance from emergency services and how long are they likely to take to arrive on site?	Southampton General Hospital approx. 5 miles away. Emergency response time: 10 mins approx..
15	Do some staff work alone or remotely (including contracted home workers)?	Yes, but the Site manager knows to make others aware when he is working alone on site. This applies to all staff.
16	Do you have service users aged five years of age or younger?	Yes
17	Do members of the public visit your premises?	Yes
18	Do you have any employees with reading or language difficulties?	No

Do not forget that first aid trained staff, paediatric first aid trained staff and appointed persons take leave and/or are often absent from the premises for other unscheduled reasons. You must appoint sufficient people to cover these absences to enable first aid personnel to be available at all times when people are at work.

Part 2	SUMMARY OF REQUIRED FIRST AID PROVISION	
Name of School: Foxhills Infant School and Foxhills Junior School		
Level of First Aid Staff (Type of Provision)	Numbers of Staff Required to be on Site at Any Time	Numbers to be Trained to Meet On-Site Requirement
Qualified First Aider	3	4
Emergency First Aider	3	4
School First Aid Trained	1	2
Paediatric First Aid Trained	3	5
Appointed Person	1	2
Other: N/A		
First Aid Kits	Quantity Required	Locations of First Aid Kits
Yes / No	2- infants 6- juniors	School office Playgrounds for use during lunch hour Fire zones
Travel First Aid Kits	Quantity Required	Locations of Travel Kits
Yes / No	3- infants 5- juniors	School office
First Aid Rooms/Areas	Quantity Required	Locations of Rooms
Yes / No	1- In each school, 2 in total	School offices

First Aid Needs Assessment Completion			
Manager's comments		Insert comments relevant to assessment as appropriate	
In the future, the school office needs to be re-designed in terms of layout, to ensure privacy for children during first aid administration and when children are unwell.			
Name of manager		Signature of manager	Date
Lucy Howe			26 th March 2024
Assessment reviews		Set future review dates & sign/comment upon completion	
Review date	Reviewed by	Reviewer signature	Remarks
11 th January 2019	Lucy Howe		Policy and risk assessment updated to reflect staffing changes in the academic year 2017/18
9 th March 2020	Lucy Howe		Policy and risk assessment updated to reflect staffing changes
24 th January 2022	Lucy Howe		Review of policy to ensure all information is correct and up to date
26 th March 2024	Lucy Howe		Review of policy to cover both schools post federation and to update all named staff/training records.



First Aid Certificates

NAME	COURSE TITLE	EXPIRES
FULL FIRST AID CERTIFICATE		
First Aid at Work		
Card, Bel	RGL First Aid- At Work - 3 day	27.10.25
Baker, Natalie	St Johns First Aid at Work – 3 day	24 th September 2026
White, Melissa	St Johns First Aid at Work	11 th October 2025
Paediatric First Aid		
Lottie Howells	St Johns Paediatric First Aid -1 day	22.10.25
Chloe Postlethwaite	St Johns Paediatric First Aid -1 day	22.10.25
Jackie Parish	St Johns Paediatric First Aid -1 day	20.04.26
Jo Kelly	Frontline First Aid Paediatric At Work	20.01.26
Lucy Bennett	RGL Safety Resilience Paediatric Level	15.10.26
Gillian Boyes	RGL Safety Resilience Paediatric Level 3	15.10.26
Emergency First Aiders		
Card, Bel	SJA Schools First Aid Course + Epi Pn	27.10.25
Isherwood, Louisa	SJA Schools First Aid Course + Epi Pn	27.10.25
Hurst, Keith	SJA Schools First Aid Course + Epi Pn	27.10.25
Gill, Dave	SJA Schools First Aid Course + Epi Pn	27.10.25
Palmer, Carrie	St Johns First Aid - ½ day	08.01.26
Miell, Rachel	St Johns First Aid - ½ day	08.01.26
Staley, Lyndsey	St Johns First Aid - ½ day	08.01.26
Dumper, Caroline	St Johns First Aid - ½ day	08.01.26
Kennedy, Olivia	St Johns First Aid - ½ day	08.01.26
Kelly, Jo	St Johns First Aid - ½ day	08.01.26
Pointer, Felicity	St Johns First Aid - ½ day	08.01.26
Cutler, Rachel	Basic First Aid	04.04.25
Blake, Susie	Schools First Aid Course + Epi Pn	27.04.25
Pugh, Louise	Schools First Aid Course + Epi Pn	27.04.25
Barnett, Rachel	St Johns First Aid – ½ Day	08.01.26
Conner, Nicky	St Johns First Aid – ½ Day	08.01.26
Coombes, Julie	St Johns First Aid – ½ Day	08.01.26
Derrick, Simone	St Johns First Aid – ½ Day	08.01.26
Francis, Kadriye	St Johns First Aid – ½ Day	08.01.26
Lo, Mo	St Johns First Aid – ½ Day	08.01.26
Rogers, Emily	St Johns First Aid – ½ Day	18.01.27
Hart, Zoe	St Johns First Aid – ½ Day	18.01.27
Watson, Alison	St Johns First Aid – ½ Day	08.01.26
Wilcox, Georgina	St Johns First Aid – ½ Day	08.01.26
Gill, David	St Johns First Aid -1 day	27.11.25
Hayward-Brooks, Richard	St Johns First Aid -1 day	27.11.25
Hubbard, Beth	St Johns First Aid -1 day	27.11.25
Hurst, Keith	St Johns First Aid -1 day	27.11.25
London, Caroline	St Johns First Aid -1 day	27.11.25

Medley, Chloe	St Johns First Aid -1 day	27.11.25
Medley, Nikki	St Johns First Aid -1 day	27.11.25
Mills, Emma	St Johns First Aid -1 day	27.11.25
Pollard, Gemma	St Johns First Aid -1 day	27.11.25

CHILDREN'S SERVICES ASSESSMENT FORM CSAF-003

First Aid Kit Checklist

To be completed using Children's Services Safety Guidance Procedure No. 08/07 (First Aid)

First Aid Kit Checklist				
Location of First Aid Kit/Box				
Vehicle & Registration No. <i>(if applicable)</i>				
Identity No. of First Aid Kit/Box <i>(if applicable)</i>				
Date of Initial First Aid Kit/Box Check				
Name of Assessing First Aider				
Contents Check				
No.	Premises First Aid Box	Minimum Required	Required Quantity	Actual Quantity
1	Guidance card	1		
2	Individually wrapped sterile adhesive dressings (assorted sizes)	20		
3	Sterile eye pads	2		
4	Individually wrapped triangular bandages (preferably sterile)	4		
5	Safety pins	6		
6	Medium individually wrapped sterile unmedicated wound dressings	6		
7	Large individually wrapped sterile unmedicated wound dressings	2		
8	Pair of disposable gloves	1		
No.	Travel First Aid Kit	Minimum Required	Required Quantity	Actual Quantity
1	Guidance card	1		
2	Individually wrapped sterile adhesive dressings	6		
3	Individually wrapped triangular bandages	2		
4	Large sterile unmedicated dressing (approx. 18cm x 18cm)	1		
5	Safety pins	2		
6	Individually wrapped moist cleansing wipes (alcohol free)	2		
7	Pair of disposable gloves	1		
Additional Checks				
1	Are all items of first aid within expiry date?	YES	NO	
2	Are all items of first aid in good, undamaged condition?	YES	NO	
3	Is the first aid kit/box in good condition & undamaged?	YES	NO	
4	Is the location of the first aid kit/box clean and accessible?	YES	NO	
5	Is the first aid location sign present & in good condition?	YES	NO	
6	Is the list/sign of trained first aiders present & up-to-date?	YES	NO	
Summary of Actions				
FIRST AID KIT PASSED (eg. 3-MONTH) CHECK & NO ACTION REQUIRED		YES	NO	
Actions required if 'NO'				
Name of		Signature of		Assessed

Assessor		Assessor		Date	
Follow-up Actions					
REQUIRED ACTIONS IMPLEMENTED/SHORTAGES REPLENISHED				YES	NO
Name		Signature		Date	

Note: **Minimum Required** – Minimum contents required in any first aid kit under ACOP (legal) guidance

Required Quantity – Your own contents requirements based upon your selected size of first aid kit

Quantities are to be locally inserted before the form is issued or used

Actual Quantity – Actual contents noted at the time of this periodic check of the first aid kit

ADDITIONAL GUIDANCE NOTES FOR COMPLETION

**INJURIES, DISEASES & DANGEROUS OCCURRENCES
RECORDING & REPORTING PROCEDURES**

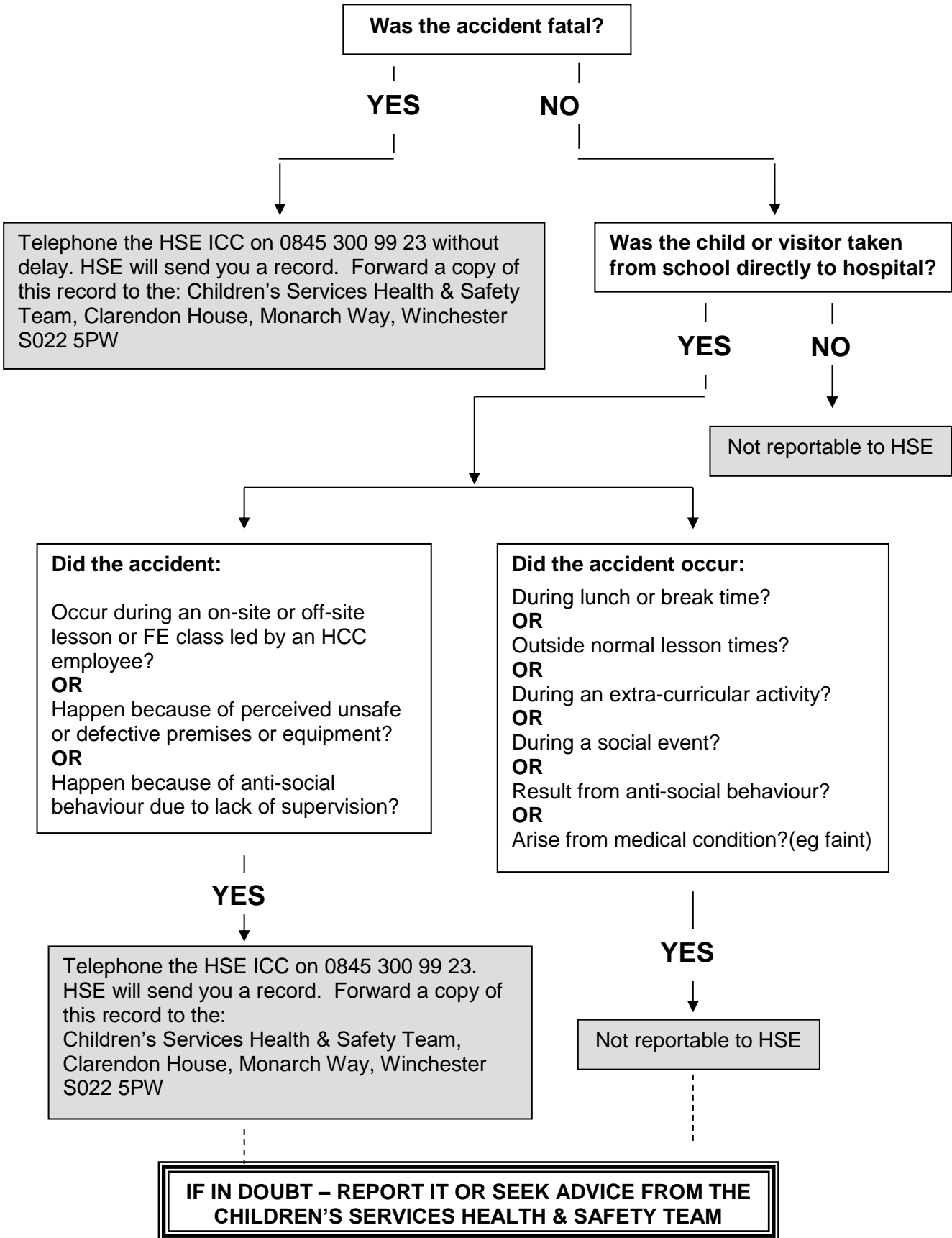
There is a subtle difference between recording and reporting of accidents. All accidents need to be recorded at school and the level of detail will reflect the seriousness. Some accidents must be reported to the HSE under the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 1995 (RIDDOR).

When reporting by telephone to the HSE it will be useful to have a copy of [Form F2508](#) in front of you. Update records if injuries are later found to be more serious. Details for reporting & recording are as follows:

Pupils	Complete one of the three following actions
Routine injury, eg. graze from playground fall	Simple entry in exercise book or similar local record book.
More serious incident, eg. significant first aid provided, parent contacted	Complete this CSRF-003 form and retain at school .
Reportable to HSE (Please see flowcharts included below)	Send a copy of your completed F2508 Form to the HSE or telephone the HSE on 0845 300 9923 who will send you their record where reports are phoned. Forward a copy of your form or the HSE record to Children's Services Health & Safety Team, Clarendon House, Monarch Way, Winchester, S022 5PW
Employees	Complete as appropriate
All accidents	Enter in Accident Book and forward a copy of the report form to Children's Services Health & Safety Team, Clarendon House, Monarch Way, Winchester, S022 5PW.
Reportable to HSE (Please see flowcharts included below)	Send a copy of your completed F2508 Form to the HSE or telephone the HSE on 0845 300 9923 who will send you their record where reports are phoned. Forward a copy of your form or the HSE record to Children's Services Health & Safety Team, Clarendon House, Monarch Way, Winchester, S022 5PW
Visitors	Complete as appropriate
All accidents	Enter in Accident Book and forward a copy of the report form to Children's Services Health & Safety Team, Clarendon House, Monarch Way, Winchester, S022 5PW.
Reportable to HSE (Please see flowcharts included below)	Send a copy of your completed F2508 Form to the HSE or telephone the HSE on 0845 300 9923 who will send you their record where reports are phoned. Forward a copy of your form or the HSE record to Children's Services Health & Safety Team, Clarendon House, Monarch Way, Winchester, S022 5PW
Occupational Diseases	Applies to employees only
Reportable only when a written diagnosis is received from a doctor	Send a copy of your completed F2508 Form to the HSE or telephone the HSE on 0845 300 9923 who will send you their record where reports are phoned. Forward a copy of your form or the HSE record to Children's Services Health & Safety Team, Clarendon House, Monarch Way, Winchester, S022 5PW
Dangerous Occurrences	Occurrences defined under RIDDOR
These rarely happen in schools. Examples of reportable are listed below	Send a copy of your completed F2508 Form to the HSE or telephone the HSE on 0845 300 9923 who will send you their record where reports are phoned. Forward a copy of your form or the HSE record to Children's Services Health & Safety Team, Clarendon House, Monarch Way, Winchester, S022 5PW

Collapse/failure of lift or hoist; failure of pressure system with potential to cause death; electrical short circuit causing fire or explosion and closure for 24 hours; release of biological agent likely to cause severe human infection or illness; collapse of scaffold over 5 metres high; collapse of building, floor or wall; fire or explosion resulting in school closure for 24 hours; escape of flammable substances which could cause a major fire or explosion; escape of substances likely to cause death or damage health; release of asbestos dust.

REPORTING ACCIDENTS TO CHILDREN OR VISITORS IN SCHOOLS TO THE HSE



Was the accident fatal?

YES

NO

Telephone the HSE ICC on 0845 300 99 23 without delay. HSE will send you a record. Forward a copy of this record to the: Children's Services Health & Safety Team, Clarendon House, Monarch Way, Winchester S022 5PW

Was the child or visitor taken from school directly to hospital?

YES

NO

Not reportable to HSE

Did the accident:
Occur during an on-site or off-site lesson or FE class led by an HCC employee?
OR
Happen because of perceived unsafe or defective premises or equipment?
OR
Happen because of anti-social behaviour due to lack of supervision?

YES

Telephone the HSE ICC on 0845 300 99 23. HSE will send you a record. Forward a copy of this record to the: Children's Services Health & Safety Team, Clarendon House, Monarch Way, Winchester S022 5PW

Did the accident occur:
During lunch or break time?
OR
Outside normal lesson times?
OR
During an extra-curricular activity?
OR
During a social event?
OR
Result from anti-social behaviour?
OR
Arise from medical condition?(eg faint)

YES

Not reportable to HSE

IF IN DOUBT - REPORT IT OR SEEK ADVICE FROM THE CHILDREN'S SERVICES HEALTH & SAFETY TEAM

General Data Protection Regulations 2018

Personal data will only be used to record the incident and for no other purpose. Data will not be passed to any other organisation unless there is a legislative requirement to do so.

FLOWCHART GUIDE FOR REPORTING OF EMPLOYEE ACCIDENTS TO HSE

