



First Aid & Accident Reporting (RIDDOR) Policy

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Approved by	A.Pincher

Change of Record		
Version	Date	Description

General Statement

The purpose of this procedure is to describe the arrangements for First Aid and Accident Reporting within The Regis Academy and the actions to be taken in the event of an accident, injury, or hazardous incident occurring on the premises. This policy is written in line with guidance issued by the Department for Education and Employment (DofE) and published in the good practice guide "Guidance on First Aid for Schools". This policy covers accident and first aid provision within the school premises. It does not apply to field trips, and educational visits. Such activities are individually risk assessed and follow specific guidelines for first aid, as defined on Page 11 the DofE guidance notes "Health and Safety of Pupils on Educational Visits"

Responsibilities

- The Trustees of The Regis Academy assumes overall managerial responsibility for Health & Safety and will ensure there is adequate provision for First Aid cover, based on a suitable risk assessment of the schools, their disposition and activities.
- The Trustees of The Regis Academy have the overall day to day responsibility for ensuring that adequate First Aid provision is made within the company and for recruiting a suitable number of trained First Aid and Emergency Response personnel.
- The Trustees will ensure that all staff involved in first aid provision are informed of their duties under this procedure and that all staff understand what actions to take in the event of an accident or hazardous incident.
- The Trustees have overall responsibility for ensuring that adequate training facilities are provided, such that First Aid and First Response qualifications meet the minimum requirements laid down by the Health & Safety Executive (HSE) and that those volunteers are able to undergo periodic requalification training when necessary.
- The Regis Academy's Health & Safety Officer (Deborah Digger) is responsible for carrying out a review of this policy at least annually. The Health & Safety officer will (as part of periodic safety inspections) monitor the implementation of this policy.
- The Health & Safety Officer will, on a term by term basis, collect data on accidents, injuries and hazardous incidents. These will then be reviewed, any checks carried out to ensure that areas of concern have been rectified.
- Health and Safety Officer assisted by other members of the staff team is responsible for ensuring that all accidents and incidents requiring first aid are recorded in the accident book as soon as possible after notification.

Who Does What

Under the Health & Safety (First Aid) At Work Regulations 1981, there are two main recognised qualifications for people who are trained to administer First Aid. The first is the First Aid at Work qualification (referred to as FAW) and is a comprehensive training package which permits the holder to act not only to preserve life, but to dress wounds, and to perform assessments on a range of minor illnesses and injuries.

The second type of qualification is the Emergency First Aid at Work certificate, or EFAW (also referred to as the 'First Response' certificate). This training package is designed to equip people with the skills to preserve life, or to prevent a patient's condition deteriorating until medical help can arrive.

The EFAW will be trained to perform CPR, to identify and stabilise serious injuries, such as broken bones, suspected spinal injuries, head injuries, deep cuts and burns, and to identify the symptoms of Shock, Internal Bleeding, Cardiac Arrest and Hypothermia. The EFAW is NOT trained to dress wounds, irrigate the eyes, or deal with illness and ingestion of poisonous substances.

In a life threatening situation ANYONE can act to save life without undue concern over the consequences. However, staff should be fully aware of who is qualified to administer First Aid and at what level, and where the nearest First Aid Kit is located.

A list of Emergency Contact names, locations and contact numbers has been drawn up and these lists are included in the appendices to this policy.

They are also located at strategic points around the school and in classrooms.

Provision & Maintenance of First Aid Kits

Contrary to common perceptions, the Regulations do not specify the contents of workplace First Aid kits, nor do the Health & Safety Executive (HSE) endorse specific kits. However, there are a number of organisations which do provide guidance on what type of equipment and dressings should be stocked. Guidance can be obtained through such organisations as RoSPA, British Red Cross and St John Ambulance. The Regis Academy will follow these guidelines and will provide a stock list with each First Aid kit to aid in replenishing used dressings. Sterile items in First Aid kits will be identified with 'use-by' dates, which should be checked on a regular basis and replaced as necessary. Other non-sterile items should be reviewed with discretion and replaced if they appear damaged or show signs of ageing.

First Aid kits are the responsibility of the nominated person to whom they are issued and should be checked at least monthly by that person. Depleted or out of date kits should be restocked as required. A check list should be kept with the kit and signed at the time of the inspection. Persons with those nominated responsibilities are as follows:

Debbie Digger

First Aid Kits WILL NOT contain any oral medication, including any common pain killers, although Aspirin may be kept for administration to a person undergoing cardiac arrest if so advised by the Emergency Services. Members of staff MUST NOT offer any child medication, unless it has been specifically approved by parents, in writing,

and issued by parents. The Regis Academy will, on arrangement with parents, provide safe storage for personal medication and medical devices.

Storage may be at ambient temperature, or under refrigeration as necessary. Such medication may include

- Asthma inhalers and expansion chambers
- Insulin and syringes
- Epi-Pens and other single shot devices
- Prescription medication which must be administered at intervals during the school day.

Staff will not administer personal medication.

Arrangements for Pupils

Pupils who are feeling unwell, or who require general first aid treatment, are normally required to report to the Health and Safety Office located at The Regis Academy.

The Health and Safety Officer will call a first aider if first aid treatment is necessary. The Health and Safety Officer will supervise any child feeling unwell and arrange for a parent/ guardian to collect the child.

If the Health and Safety officer is unavailable the member of staff should contact the first aider and arrange for adequate supervision of any unwell child.

Arrangements for Staff

For minor cuts and abrasions, staff may choose to treat themselves using the nearest first aid kit. However, they are responsible for reporting any significant injury to the Health and Safety Officer and for completing an accident report as soon as possible after the incident. Staff should be encouraged to report all accidents, even minor ones, since what may seem like a trivial injury may later prove to be more serious or result in complications (such as infection). An accident which seems minor may be an indicator that there is an underlying hazard that may result in a more serious accident to someone else.

Reporting of Accidents, Injuries & Illnesses

Health & Safety legislation requires that all accidents and injuries occurring on the premises are reported and recorded in the accident book, no matter how minor they may seem at the time. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) also requires that employers notify the HSE incident centre of certain types of injuries, hazardous incidents and notifiable diseases affecting their employees.

The Management of Health & Safety at Work Regulations 1999 require that employers compile information and statistics on accidents and hazardous incidents occurring on their premises and review that data in order to reduce or eliminate the possibility of a recurrence.

The Health & Safety Officer will be responsible for compiling such data at the end of each school term and for investigating hazardous incidents. A summary investigation report will be submitted to the Trustees as soon as possible in the aftermath of a serious accident or incident.

When a serious accident or injury occurs on the premises, it must be notified to the Trustees as soon as possible. The Trustees will initiate an immediate investigation. Where an accident is reportable under RIDDOR, the Trustees will ensure that the necessary notification is sent to the Health & Safety Executive Incident Centre within 3 days or sooner if required. The normal procedure will be to notify via the HSE RIDDOR website.

The Accident Book

Accidents and injuries will be recorded in the Accident Book by the Health and Safety officer (or the person dealing with the accident) as soon as possible after the accident is reported. The school will comply with all aspects of the Data Protection Act in respect of maintaining confidentiality of personal data.

The Regis Academy will ensure that compliance with reporting procedures is adhered to by using an accident record sheet which complies with Health & Safety Executive minimum standards.

The Accident Book will be kept in the general office, by the Health and Safety Officer. Completed accident forms will be removed and stored securely for a minimum period of 3 years.

Each form should be sequentially numbered, with the number being recorded both on the stub in the accident book and on the tear off form before it is removed.

The Regis Academy recognises that during busy administrative periods it may not be practical to record the full name and address of pupils on the accident form for every minor cut and scrape requiring attention. The Regis Academy has therefore determined that for minor accidents involving pupils, it will be acceptable to note only the Name and Form Number on the accident form.

This will enable the full details of the pupil's home address to be retrieved from The Regis Academy's filing system, should the HSE or other duly authorised persons require to inspect the records. For visitors to the school and for accidents involving staff, the full name and address should be recorded.

In order to comply with health and safety regulations, the accident record must contain at least the minimum amount of information as described below:

- The date, time & place of the accident
- The full name and form of the injured or ill pupil, OR;
- The full name and address of an injured staff member, visitor, or sub-contractor on site
- The details of the injury and what first aid was given
- What happened afterwards (returned to class, sent home, sent to hospital, etc.)
- The name and signature of the first aid person attending the incident

Reportable Accidents & Injuries under RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations were introduced in 1995 updated 2013 placed a legal responsibility on employers to report certain accidents and incidents to the Health & Safety Executive. If any incident occurs on school premises that requires reporting under RIDDOR, the Trustees MUST be

informed immediately. No member of staff may initiate a RIDDOR notification to the HSE without the express permission of the Trustees. The following guidance is taken directly from the RIDDOR regulations.

Reportable Major Injuries

If there is an accident connected with work and any employee, or self-employed person working on the premises sustains a major injury, or a member of the public suffers an injury and is taken to hospital from the site of the accident, the school must notify the enforcing authority without delay by telephoning the ICC or completing the appropriate form online at the RIDDOR website. Major injuries are classed as:

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- 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 body
 - 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
 - requires resuscitation or admittance to hospital for more than 24 hours

Fatality

If there is an accident connected with work and an employee, a pupil, or self-employed person working on the premises, or a member of the public is killed, The Regis Academy must notify the enforcing authority without delay (i.e. immediately). The effects of reporting a fatality may also be wide ranging and immediate, since it is usual for the Police to be automatically summoned along with the emergency services. By default, the Police will usually treat any industrial fatality as a crime scene, until such time as enough evidence can be gathered to the contrary.

Reportable Over-Three-Day Injuries

If there is an accident connected with The Regis Academy (including an act of physical violence) and an employee, a pupil, a visitor, or a self-employed person working on the premises, suffers an over-three-day injury (i.e. is off sick for over three working days as a result of the injury) it must be reported to the enforcing authority within Three days.

And over-3-day injury is one which is not "major" but results in the injured person being away from work OR unable to do their full range of their normal duties for more than three days. The Regis Academy can notify the enforcing authority by telephoning the Incident Contact Centre on 0845 300 99 23 or completing the appropriate form online at the RIDDOR website.

Notifiable Infections & Diseases

RIDDOR requires the enforcing authority to be informed of certain reportable diseases occurring as a result of workplace exposure, in general these are unlikely to be a concern for The Regis Academy, however, there may be instances where exposure could occur, and these should be closely monitored.

Hepatitis.

Work involving contact with:

- (a) human blood or human blood products; or
- (b) any source of viral hepatitis.

Legionellosis.

Work on or near cooling systems which are located in the workplace and use water; or work on hot water service systems located in the workplace which are likely to be a source of contamination.

Tetanus

Most likely from soil contamination in an open lesion (sports injuries, field trips, etc.)

Leptospirosis.

- (a) Work in places which are or are liable to be infested by rats, field mice, voles or other small mammals;
- (b) work at dog kennels or involving the care or handling of dogs; or
- (c) work involving contact with bovine animals or their meat products or pigs or their meat products.

Exposure to these infections are most likely as a result of coming into contact with infected blood when administering first aid to a patient with the disease, or by exposure of ground staff to infected blood products and used needles left in the school grounds. Legionellosis may occur from infected water taps and showers within the school.

Leptospirosis is possible if infected meat products (hearts, lungs, kidneys etc.) are used for class dissection in Biology practical's.

Reportable Hazardous Incidents

RIDDOR also requires that the HSE should be notified of certain hazardous incidents occurring at The Regis Academy, even if no injury was sustained. The requirements for reporting hazardous incidents are mainly concerned with specific industries (such as the construction trade, mining and heavy industry). However, The Regis Academy is obliged to report any incident involving fire, where the damage sustained resulted in suspension of operations for more than 24 hours, any collapse of temporary scaffolding used during maintenance or construction work, or any gas explosion.

Internal Hazardous Incident Reporting

Although not necessarily reportable under RIDDOR, the regulations require employers to record details of any hazardous incident, or near miss, which either did cause injury, or could have resulted in serious injury to any person within the school, or a member of the public.

The procedure for reporting such incidents is, in the first instance, through immediate verbal notification to the Head of Centre or Health & Safety Officer (who will then inform the Trustees at the earliest opportunity).

The Trustees will then initiate an investigation into the incident and will ensure that immediate measures are taken to prevent further damage or injury. If necessary, this will include sealing off a hazardous area until it can be made safe. Usually, the Trustees will instruct the Health & Safety Officer to act as principle investigator, who will have the authority to interview witnesses to the incident and take whatever action is necessary to safeguard the school, its staff and its pupils.

The principle investigator will compile a written report on the incident, which must include a full account of the incident, any contributory causes, the potential harm which either did, or could have occurred, and a summary of the corrective action necessary to prevent a reoccurrence. This report will be submitted to the Trustees within five working days of the incident.

Contacting the Emergency Services

First aid provision within The Regis Academy is intended to deal only with minor non-life threatening injuries and minor ailments. Where the accident is more serious, the provision of first aid should be limited to the preservation of life and the stabilisation of the patient (prevention of blood loss, treatment of shock, etc.) for such time until the emergency services are able to respond.

Staff should alert the emergency services if there is ANY DOUBT AT ALL, about the condition of the casualty. Contacting the emergency services does not automatically mean a casualty will be referred to hospital (although that is often the case), but that the casualty will receive a more professional assessment of their condition by Paramedics, who will be in a position to render more sophisticated treatment if necessary.

Injuries which should be referred to the emergency services will include:

- Head injuries
- Suspected bone fractures
- Suspected exposure to toxic substances

- Loss of consciousness (other than momentary and non-recurrent fainting).
- Suspected neck or spinal injuries
- Deep cuts or persistent bleeding
- Serious burns
- Injuries to the eyes

It is ultimately the judgement of the first aider attending the injured person when hospital referral should be considered. However, it is NOT recommended that injury victims should be transferred to hospital in private vehicles, as there is always the possibility for a serious or life threatening deterioration in the victim's condition in transit. In general, if hospital referral is thought necessary, the emergency services should be called to assess the situation.

Notification of Parents

Health and Safety Officer will ensure that parents or carers are immediately notified by telephone in the event that their child suffers a serious injury or becomes ill at school. This however should not take precedence over summoning the emergency services if this is thought necessary.

If a pupil is ill and not deteriorating, or who has received a minor injury and is stable (for example, a deep cut requiring sutures but where bleeding has been stopped with dressings), the parents may opt to collect their child from school and refer them to their own medical practitioner or the local hospital casualty unit themselves.

Return to Work Policy

Under the requirements of the Health & Safety at Work Act 1974, an employer is responsible for ensuring that employees are fit for return to work following an accident or injury. In general The Regis Academy should ensure that the person's General Practitioner, or Specialist, has agreed to the return to work and that the person is fit enough to carry out their appointed tasks without risk of further injury, or through putting others at risk.

It will be the responsibility of the Trustees to ensure that they receive appropriate confirmation of an employee's fitness for return to work before agreeing to their return. Where necessary, it may be appropriate for The Regis Academy to make arrangements for easing the stress of the return to work by allocating lighter duties, or by adapting the person's place of work to accommodate any physical limitations.

In particular, The Regis Academy should ensure that no person is placed in charge of a class who may, through injury or incapacitation, be unable to effectively control or evacuate their class in the event of an emergency. The Regis Academy reserves the right to ask a member of staff to see a doctor acting on behalf of The Regis Academy where there is a dispute over an employee's fitness for work.

Notification of Childhood Illnesses & Medical Conditions

Parents are required to inform The Regis Academy of any pre-existing medical condition that may affect their child while at school. They are also obliged to inform The Regis Academy of any significant changes to their child's medical condition in writing.

The Regis Academy will act on any information provided by parents and will put in place an agreed procedure to deal with any effects of the child's condition while at school.

This may include:

- Informing the teaching staff of any significant issues which may affect the child while at school
- Arranging a Care Plan in co-operation with the parents and healthcare specialists
- Alerting staff to any allergy which may result in illness, or the onset of anaphylaxis
- Providing safe storage for any medication and medical devices needed in school
- Providing a safe and private place where pupils can self-medicate and rest
- Putting in place an agreed notification and escalation procedure if their child's condition deteriorates while at school.

The Regis Academy will use agreed procedures to inform teaching staff of any significant medical issues which may affect the child while in their care. These may include:

- Placing a medical alert note on the child's personal record which can be viewed by teaching staff.
- Providing a confidential short form report on all children with specific medical conditions.
- Informing staff verbally, either personally, or at morning briefing
- Providing an individual risk assessment and action plan for the child

Staff should be aware of the need to ensure confidentiality when being granted access to any child's medical data. However, the welfare of the child in class may outweigh the need for parent-school confidentiality, if they are likely to be sensitive to allergens, or may fall ill in class and need immediate attention from the teacher. The principle of in Loco Parentis means that the teacher should have access to such information as is needed to provide an equivalent standard of care to that of the parents.

Dealing with Childhood Asthma

Asthma is one of the most common and widespread childhood medical conditions and can have serious implications if an asthma attack is not quickly identified and treated. Usually, the onset of an asthma attack is gradual and can be identified by the sufferer in time to self medicate.

Typical symptoms are a shortness of breath and classic asthmatic 'wheeze' as the airway begins to constrict. Treatment needs to be given as soon as possible, since as the airway constricts and breathing becomes more difficult, the effectiveness of inhaler devices also begins to diminish.

Asthma sufferers may carry more than one inhaler device. The most important is the BLUE inhaler which contains a drug to relax the airway and make breathing easier. Depending on the age of the child, more than one 'puff' of the Blue inhaler may be required.

A child in secondary education who is provided with an inhaler will usually know how to use the device themselves, but teachers should be aware of the child's condition

and be mindful that children may forget to take regular medication, or may forget to carry the device.

Early Years children may not be able to take asthma medication themselves or may be too young to use an inhaler directly by mouth. Such children may need help from a member of staff to receive medication, and may be provided with a coupling device, or expansion chamber which makes it easier for them to inhale the drug. Staff who may need to use such a device should be trained to do so and provided with instructions for the device.

Staff should be made aware of common ‘triggers’ for asthma, such as wood dust, pollen, animal hair and dust mites, chemical vapours, stress and extreme exertion. Details of these allergens will, if known, be included in the child’s medical notes.

Apart from medication, it is vital that the child is kept as calm as possible and reassured that they are in safe hands. The sensation of an asthma attack may cause extreme distress which will worsen the condition if not dealt with.

Dealing with Diabetes

Most children will have Type 1 diabetes, meaning they can no longer produce insulin because the cells in the pancreas that produce it have been destroyed. Without insulin, the child’s body cannot use glucose. However a growing number of children are now developing Type 2 diabetes, in which the body is still producing some insulin. Type 2 diabetics need to control their diet carefully and may be given oral medication.

Most children with diabetes will be treated by a combination of insulin and a balanced diet, with the recommendation of regular physical activity. The usual treatment for Type 1 diabetes is Insulin, which has to be injected – it is a protein that would be broken down in the stomach if it was swallowed like a medicine. The majority of children will take two injections of insulin a day, one before breakfast and one before the evening meal. They are unlikely to need to inject insulin at school, unless on a school trip.

Some children will take more than two injections a day, but this is not because their diabetes is ‘worse’ or harder to control. Taking more injections can give greater flexibility and older children, especially, may choose to take three or four injections a day. This will mean that they have to inject themselves at lunchtime and so will need to bring insulin and their injecting equipment to school – The Regis Academy will need to identify an appropriate, private area where the injections can be taken.

In most cases the equipment will be an insulin ‘pen’ rather than a syringe. The child’s parents or carers (or a healthcare specialist) should be able to demonstrate how the device used and discuss where the pen and insulin should be kept. A separate guidance document “Dealing

With Diabetes in Schools” is available as a Standard Operating Procedure, in the Health & Safety network directory. Teachers should also be aware of the main symptoms of diabetes, which they may be in a position to identify in a child who is developing the condition – these are:

- Increased thirst
- Needing to go to the toilet all the time
- Extreme tiredness
- Weight loss
- Genital itching or regular periods of thrush
- Blurred vision

If a member of staff suspects that a child may be showing signs of diabetes and there are no medical alerts on the child's record, the parents or carers should be informed through the Health and Safety Officer.

Anaphylactic Shock

Pupils who are sensitive to specific allergens are at risk of a severe allergic reaction leading to Anaphylaxis. Anaphylaxis is a condition which can be very serious (possibly life threatening) and may come on very quickly – a one to two minute time period is not uncommon. The common symptoms of Anaphylactic shock may include any or all of the following:

- Shortness of breath and restriction of the airway, not unlike an Asthma attack.
- Swelling to the mouth, lips, and eyes
- Profuse sweating and itching, particularly to the hands and feet.
- Rapid pulse or erratic pulse
- Loss of vision and fainting

It is vital that the Emergency services are called to a case of Anaphylactic shock, but it is also essential that staff act immediately to provide emergency treatment. Pupils with known allergies which may lead to Anaphylaxis may be issued with a single shot pen device (commonly called and Epi-Pen), which injects Adrenalin to counteract the allergic reaction.

Staff will be provided with information and training where this is necessary. Common causes of Anaphylactic Shock are:

- Food allergies –for example nuts and seafood
- Insect stings – particularly wasp and bee stings

The Epi-Pen may only provide temporary relief and it is therefore essential that an Ambulance is called as soon as possible so that the child can be taken into medical care and their condition monitored closely.

Seizures & Fitting

A child may suffer seizure or fitting for a number of reasons, but most commonly through Epilepsy. Epilepsy is not harmful in itself, but can be distressing to the child, and can result in injury as the sufferer falls or becomes unconscious. If a child suffers an Epileptic seizure at school, it is important to keep them from injuring themselves and keep them safe until the seizure passes – usually after just a few minutes. Staff should not try to restrain a pupil who is convulsing, but simply to stop them hitting themselves on nearby objects.

A risk assessment may need to be performed for certain activities if the child is likely to suffer frequent episodes.

Arrangements for School Trips

Where children need special care or medication while away from their normal home-school routine, the school will provide a Care Plan for the teacher in charge of the trip. In the case of diabetes, a medical information sheet will be provided showing the timetable for medication, and any dietary controls.

Guidance for Dealing with Human Body Fluids

Dealing with human body fluids in school will be a relatively commonplace activity and staff should be aware of the procedure for prevention of infection. The risk of blood borne diseases caused by Hepatitis B, Human immunodeficiency Virus (HIV), Hepatitis C and other agents is well documented. It is necessary for All school staff to protect themselves and others from blood borne contact and in particular prevent Needlestick and other similar injuries. The risk of infection is most commonly:

- From direct contact with blood, which may transfer any infection from the blood into any open cuts and skin abrasions, or splashes to the eyes and mouth.
- From saliva during mouth to mouth CPR
- From hazardous micro-organisms present in vomit

Other body fluids such as faeces and urine can contain the virus but normal social contact with a person carrying the Hepatitis B or AIDS virus such as social kissing, shaking hands or hugging carries no risk, neither does working alongside them. There are no confirmed cases resulting from contact with clothes, towels, swimming pools, toilet seats, food, cutlery, glasses or spitting.

The primary risks arising in the working environment are: -

- Accidental inoculation or contamination of a cut or abrasion with the blood or other body fluids of an infected person.
- Splashes onto broken skin surface, such as existing cuts, scratches, burns, dermatitis or other skin conditions.
- Splashes into eyes or mouth.

The majority of employees will not be exposed to such risks in the course of their normal duties. In order to eliminate the risk of infection the employee should follow the correct procedures. Of all the blood borne infections, Hepatitis B is the most infectious occupational hazard in Europe and is preventable. To minimise the risk of infection of blood borne diseases the employee must ensure the following:

- Open wounds, burns, dermatitis or other skin conditions on exposed parts of the body, in particular hands and fingers, must be fully covered by a waterproof dressing.
- Wear normal protective clothing, gloves, aprons, overalls as appropriate when handling blood, body fluids and any human tissue.
- Wear effective eye protection when splashing of potential infective material is possible.
- Take care to prevent puncture wounds cuts and abrasions from used needles and “sharps”.
- Gather all blood contaminated dressings and clean up materials into a sealed bag, which is disposed of via a clinical waste bin (most likely a sanitary waste bin commonly provided in female toilets).

Vomit spilt onto floors and hard surfaces should be treated with a solution of strong Bleach

(Sodium Hypochlorite) mixed 1:20 with hot water. The vomit should be mopped up until the surface is visibly clean and the area left wet to allow sufficient time for the bleach to kill any remaining organisms.

Vomit caught in a bowl or bucket should be rinsed down a toilet with plenty of strong bleach and the bowl or bucket soaked in bleach solution for at least 30 minutes. Wipe all contact surfaces with a strong bleach solution, or a Biocidal surface cleaner and leave wet. Gloves and eye protection and mask should be worn to prevent skin contact, or splashes to the eyes or mouth. Clothing contaminated with blood or vomit

should be removed using gloves, then sealed in a plastic bag and sent for disinfection and laundering.

THE REGIS ACADEMY FIRST AID ARRANGEMENTS

Qualified First Aid (FAW) Staff – the following people can be contacted for all First Aid related issues:

- Craig Bannister
- Jayne Norton
- Debbie Digger
- Jordan Hoyle

All of the above staff can be contacted in their classrooms, work areas or via the Health and Safety Officer

First Aid Kits are located in the following areas:

- IT Classroom
- First aid room
- Upstairs Kitchen/Staffroom
- Other First Aid Kits : Mini bus, Trip Kit and Grab Bag

Advice on all First Aid and safety related issues can be obtained from:

- Debbie Digger

First Aid & Accident Reporting Policy

Approved by the Trustees – The Regis Academy

RIDDOR

Types of reportable incidents

Deaths and injuries

If someone has died or has been injured because of a work-related accident this may have to be reported. Not all accidents need to be reported, other than for certain [gas incidents](#), a RIDDOR report is required only when:

- the accident is [work-related](#)
- it results in an injury of a type which is reportable

Types of reportable injury

The death of any person

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

Specified injuries to workers

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- 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 body
 - 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
 - requires resuscitation or admittance to hospital for more than 24 hours

For further guidance on [specified injuries](#) is available.

Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-three-day incapacitation

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

Non fatal accidents to non-workers (eg members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital, the report only needs to be made if the injury is a '[specified injury](#)' (see above).

Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Further guidance on [occupational diseases](#) is available.

Specific guidance is also available for:

- [occupational cancers](#)
- [diseases associated with biological agents](#)
-

Dangerous occurrences

Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- plant or equipment coming into contact with overhead power lines;
- the accidental release of any substance which could cause injury to any person.

Further guidance on these [dangerous occurrences](#) is available.

Additional categories of dangerous occurrences apply to [mines, quarries, offshore workplaces](#) and relevant transport systems ([railways](#) etc).

Gas incidents

Distributors, fillers, importers & suppliers of flammable gas must report incidents where someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with that gas. Such incidents should be reported using the [online form](#).

Registered gas engineers (under the Gas Safe Register,) must provide details of any gas appliances or fittings that they consider to be dangerous, to such an extent that people could die, lose consciousness or require hospital treatment. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- an accidental leakage of gas;
- incomplete combustion of gas or;
- inadequate removal of products of the combustion of gas.

Unsafe gas appliances and fittings should be reported using the [online form](#).