

# First Aid Policy

The Shrubberies School and The Apperley Centre



Approved by: Rachel Stephens

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Last reviewed on:

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## 1. Aims

The aims of our first aid policy are to:

- ensure the health and safety of all staff, pupils and visitors
- ensure that staff and governors are aware of their responsibilities with regards to health and safety
- provide a framework for responding to an incident and recording and reporting the outcomes

## 2. Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

## 3. Roles and responsibilities

In schools with Early Years Foundation Stage provision, at least one person who has a current paediatric first aid certificate must be on the premises at all times.

Beyond this, in all settings – and dependent upon an assessment of first aid needs – employers must usually have a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. However, the minimum legal requirement is to have an ‘appointed person’ to take charge of first aid arrangements, provided your assessment of need has taken into account the nature of employees’ work, the number of staff, and the layout and location of the school. The appointed person does not need to be a trained first aider but it is good practice to ensure appointed persons have emergency first aid training. The minimum provision must be supplemented with a risk assessment to determine any additional provision. First aid provision must be available at all times while people are on the school premises and also off the school premises whilst on school visits. In the light of their legal responsibilities for those in their care, schools should

consider the likely risk to pupils and visitors, and make allowance for them when drawing up policies and deciding on the numbers of first aid personnel.

Section 3.1 below sets out the expectations of appointed persons and first aiders as set out in the 1981 first aid regulations and the DfE guidance listed in section 2.

### 3.1 Appointed person(s) and first aiders

All class staff are responsible for taking charge of first aid treatment for our pupils and young people, when it is deemed a minor injury, such as a bump, graze or small cut. The school's appointed first aiders for a major injury are responsible for:

- taking charge when someone is injured or becomes ill
- ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- sending pupils home to recover, where necessary
- filling in an accident report on the same day as, or as soon as is reasonably practicable after, an incident. Class staff attending to a minor injury will complete the appropriate form (Appendix 1)
- keeping their contact details up to date

Our school's first aiders are listed in Appendix 2. Their names will also be displayed prominently around the school site.

### 3.2 The local authority and governing board

Gloucestershire County Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the headteacher and staff members.

### 3.3 The headteacher

The headteacher is responsible for the implementation of this policy, including:

- ensuring that an appropriate number of appointed persons/first aiders are present in the school at all times
- 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 procedures
- ensuring appropriate risk assessments are completed and appropriate measures are put in place
- undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- ensuring that adequate space is available for catering to the medical needs of pupils
- reporting specified incidents to the HSE when necessary (see section 6)

### 3.4 Staff

School staff are responsible for:

- ensuring they follow first aid procedures
- ensuring they know who the appointed person(s)/first aiders in school are
- completing accident reports (Appendix 1) for all incidents they attend to where an appointed person(s)/first aider is not called
- informing the headteacher or their manager of any specific health conditions or first aid needs

## 4. First aid procedures

### 4.1 In-school procedures

In the event of an accident resulting in injury:

- the closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- the first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on the scene until help arrives
- the first aider will also decide whether the injured person should be moved or placed in a recovery position
- if the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider/member of class staff will recommend next steps to the parents
- if emergency services are called, the class teacher, a member of the office staff or member of SMT will contact parents immediately
- the first aider/relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

There will be at least 1 person who has a current paediatric first aid (PFA) certificate on the premises at all times.

## 4.2 Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- a mobile phone
- information about the specific medical needs of pupils/young people
- parents' contact details
- a portable first aid kit

If using the school minibus, a first aid kit is onboard at all times.

Risk assessments will be completed by the class teacher prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least 1 first aider with a current paediatric first aid (PFA) certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

## 5. First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet giving general advice on first aid
- Individually wrapped sterile adhesive dressings (assorted sizes)
- Sterile eye pads
- Individually wrapped triangular bandages (preferably sterile)
- Microporous tape
- Gauze swabs
- Disposable gloves
- Plasters

No medication is kept in first aid kits.

First aid kits are stored in:

- the school office (Reception)
- each department
- the swimming pool area
- school minibuses

## 6. Record-keeping and reporting

### 6.1 First aid and accident record book

- An accident form will be completed by the first aider/relevant member of staff on the same day or as soon as possible after an incident resulting in an injury

- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form (Appendix 1)
- For accidents involving pupils, the accident form will be given to the school administrator located in the school office
- Pupil accident forms (Appendix 1, AF1) are stored in a locked cupboard and kept until the child is 21 years of age
- Staff accident forms (Appendix 1, AF2) will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of
- Gloucestershire County Council, Accident and Near Miss Reporting Investigation Forms (Appendix 1, AF3) are updated online by the school administrator

## 6.2 Reporting to the HSE

The school administrator will keep a record 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).

The school administrator will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

### **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 school administrator will report these to the HSE as 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

### **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 where 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)

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)  
<http://www.hse.gov.uk/riddor/report.htm>

## **6.3 Notifying parents**

The relevant member of staff will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Communications may be via minor injury or head injury paper notification (Appendix 3), email or a phone call. Parents will be informed if emergency services are called.

## **6.4 Reporting to Ofsted and child protection agencies (early years only)**

Only Early Years providers are required to report an accident or injury to Ofsted. The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of a child 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 Headteacher will also notify Gloucestershire Children's Safeguarding Partnership of any serious accident or injury to, or the death of, a pupil while in the school's care.

## **7. Training**

All staff have access to online first aid training.

Named first aiders (First Aid at Work, Paediatric and Emergency First Aid at Work) have completed a practical training course, and they 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.

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.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework. The PFA certificate will be renewed every 3 years.

## **8. Monitoring arrangements**

This policy will be reviewed annually by the Deputy Headteacher.

## 9. Links with other policies

This first aid policy is linked to the:

- Health and safety policy
- Risk assessment policy
- Policy on supporting pupils with medical conditions

# ACCIDENT FORM

Form Reference

## AF1

This form is not to be sent to Shire Hall – it must be kept in the AF1 file within school.

It is completed by staff when a pupil has had an accident or minor incident i.e. grazes, bumps and bruises.

**HEALTH AND SAFETY:** Please notify a member of SMT if the accident was as a result of:

- an organisational factor e.g. level of supervision
- plant, equipment, tools or substances
- the condition of the premises.

Major injuries will require the completion of a full report via a different accident form.

**NAME OF PERSON WHO HAD ACCIDENT:** ..... **DATE OF ACCIDENT:** .....

**Sex:**    **M**    **F**    (please circle)

**AGE OF STUDENT/YOUNG PERSON:** .....

**WHAT WAS THE NATURE OF THE INJURY?**

**HOW DID IT HAPPEN? WHERE? WERE THERE ANY WITNESSES?**

**WHAT ACTION WAS TAKEN? TREATMENT BY WHOM?**

**WHO WAS INFORMED?**    Head / Deputy Headteacher / Teacher / Parent / Carer

**Signature of Person completing form** ..... **Print Name** .....

**PLEASE FORWARD THIS FORM TO THE HOLDER OF THE AF1 FILE (RACHEL SHELTON). RECORDS KEPT FOR 6 YEARS.**

**The Shrubberies School - Staff / Contractor / Member of the Public Accident,  
Incident and Near Miss Reporting and Investigation Form**

Form Reference

**AF2**

|                                                          |                          |                            |                          |
|----------------------------------------------------------|--------------------------|----------------------------|--------------------------|
| Full Name and Designation of Person completing this form |                          |                            |                          |
| <i>please tick next relevant box</i>                     |                          |                            |                          |
| Personal accident                                        | <input type="checkbox"/> | Incident involving student | <input type="checkbox"/> |
| Assault – physical                                       | <input type="checkbox"/> | Assault – verbal           | <input type="checkbox"/> |
|                                                          |                          | Near                       | <input type="checkbox"/> |

|                                |                   |                                                           |
|--------------------------------|-------------------|-----------------------------------------------------------|
| Date of incident<br>dd/mm/201x | Time (24hr clock) | Precise place where occurred (e.g. playground/class/ etc) |
|                                |                   |                                                           |

|                                                                              |
|------------------------------------------------------------------------------|
| Full name of person completing the form and designation                      |
| Are you the person who was directly involved with the incident?              |
| Details of Circumstances: Specify main and secondary information and include |
|                                                                              |
|                                                                              |
|                                                                              |
|                                                                              |
|                                                                              |
|                                                                              |
| Main Injury                                                                  |
| Secondary Injury                                                             |
| Weather/ conditions if relevant? (I,e. snow / ice / dark / windy etc):       |
| Names and designation of any Witnesses:                                      |

Details of out-come. Tick more than one if relevant:

|                                 |                          |                                 |  |
|---------------------------------|--------------------------|---------------------------------|--|
| Continued working?              | <input type="checkbox"/> | Number of Days Absent from Work |  |
| Lost time day of circumstances? | <input type="checkbox"/> |                                 |  |
| First Aider Attendance?         | <input type="checkbox"/> |                                 |  |
| Emergency Services Attendance?  | <input type="checkbox"/> |                                 |  |

**To be completed by line manager (please tick)**

|                                                                                                                                                                                                                                                                                                                                                                                           |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| This incident should be entered onto Schools Behaviour Mgt System SLEUTH?                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>               |
| The SHE Unit Online Reporting Form should be submitted to Gloucestershire County Council                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>               |
| The Health and Safety Executive should be informed of this incident (SHE unit can advise if unsure).                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>               |
| <b>Does this incident need further investigation?</b> a re-visit of risk assessment to investigate? Other aspects to consider: resources fit for purpose, training issues, control measures, safe systems of work, incorrect techniques, Non-compliance/COSHH assessment etc. <b>If YES Line Manager to proceed and ensure all documentation is time lined from the date of incident.</b> | <input type="checkbox"/>               |
| Further information is required from this incident by the person involved? <b>If YES Line Manager must approach person involved.</b>                                                                                                                                                                                                                                                      | <input type="checkbox"/>               |
| Are there recommendations/advice to provide to avoid a reoccurrence of this incident? <b>If YES please document approach.</b>                                                                                                                                                                                                                                                             | <input type="checkbox"/>               |
| Signature of Line Manager                                                                                                                                                                                                                                                                                                                                                                 | Date                                   |
| Incident Closed (yes/no)                                                                                                                                                                                                                                                                                                                                                                  | Incident to be investigated (yes / no) |

# Accident, Incident and Near Miss Reporting and Investigation Form

Form Reference

# AF3

**Ensure that the current form is used – see SHE webpages**

[www.gloucestershire.gov.uk/she](http://www.gloucestershire.gov.uk/she)

## Accident, Incident and Near Miss Reporting and Investigation Form



To be completed as fully as possible by the person responsible for the location of the accident and submitted to your Directorate/service area SHE Enterprise input point - see SHE webpages for list -

<http://www.gloucestershire.gov.uk/index.cfm?articleid=14941>

SHE/Pro/4 Accident Reporting and Investigation also available via this link provides guidance on completing this form.

Online Incident Number:

Shaded box = **mandatory information**

### 1. **Basic Information** (needed to gather main details)

*Tick the relevant box*

|                           |                          |                         |                          |                                |                          |
|---------------------------|--------------------------|-------------------------|--------------------------|--------------------------------|--------------------------|
| <b>Personal accident</b>  | <input type="checkbox"/> | <b>Incident</b>         | <input type="checkbox"/> | <b>Near miss</b>               | <input type="checkbox"/> |
| <b>Assault – physical</b> | <input type="checkbox"/> | <b>Assault – verbal</b> | <input type="checkbox"/> | <b>Occupational ill health</b> | <input type="checkbox"/> |

|                                                    |                          |                                                     |                                     |                                                                                         |                                                                                                                      |
|----------------------------------------------------|--------------------------|-----------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Directorate</b><br><i>Tick the relevant box</i> | <input type="checkbox"/> | <b>Organisation</b><br><i>Tick the relevant box</i> | <input type="checkbox"/>            | <b>Service Area</b><br>(i.e. service area that is responsible for location of accident) | <i>The Shrubberies School</i><br>(please delete and add if Off-site Incident)                                        |
| <b>Community Safety</b>                            | <input type="checkbox"/> | <b>GCC</b>                                          | <input checked="" type="checkbox"/> |                                                                                         |                                                                                                                      |
| <b>Children &amp; Young People</b>                 | <input type="checkbox"/> | <b>Partnership</b>                                  | <input type="checkbox"/>            | <b>Site address of accident</b><br>(school, office, care home etc)                      | <i>The Shrubberies School Oldends Lane Stonehouse Glos. GL10 2DG</i><br>(please delete and add if off-site incident) |
| <b>Environment</b>                                 | <input type="checkbox"/> | <b>Contractor</b>                                   | <input type="checkbox"/>            |                                                                                         |                                                                                                                      |
| <b>Business Management</b>                         | <input type="checkbox"/> | <b>Member of the public</b>                         | <input type="checkbox"/>            |                                                                                         |                                                                                                                      |
| <b>Community &amp; Adult Care</b>                  | <input type="checkbox"/> |                                                     |                                     |                                                                                         |                                                                                                                      |
| <b>CESU</b>                                        | <input type="checkbox"/> |                                                     |                                     |                                                                                         |                                                                                                                      |

|                                       |                                      |                                                                    |
|---------------------------------------|--------------------------------------|--------------------------------------------------------------------|
| <b>Date of accident</b><br>dd/mm/201x | <b>Time of accident (24hr clock)</b> | <b>Precise place where occurred</b><br>(e.g. stairs, workshop etc) |
|                                       |                                      |                                                                    |

**Details of circumstances and the actual accident (including assault), incident, near miss or occupational ill health. (Continue on additional sheet if necessary.)**

|  |
|--|
|  |
|--|

Accident reported by...

|                                                                |  |
|----------------------------------------------------------------|--|
| <b>State if injured person or give details if someone else</b> |  |
|----------------------------------------------------------------|--|

## 2. Details of Event and Injured Person

**Type of incident** *Tick the relevant box*

|                                                                     |  |                                                         |  |
|---------------------------------------------------------------------|--|---------------------------------------------------------|--|
| 1-3 shifts/turns of duty – lost time                                |  | No lost time (other than rest of same day/turn of duty) |  |
| No lost time (whole of shifts/turns of duty)                        |  | Over 3 days/turns of duty – lost time                   |  |
| Fatality                                                            |  | Environmental incident (pollution etc)                  |  |
| Dangerous Occurrence (explosion, building collapse, major fire etc) |  |                                                         |  |

|                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Is the accident reportable to the HSE?</b> (Yes/No) (See SHE/Pro/4 Accident Reporting and Investigation): SENIOR STAFF WILL COMPLETE THIS SECTION |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|

### Injured person

|                                     |                             |                   |  |
|-------------------------------------|-----------------------------|-------------------|--|
| <b>Was anyone injured/involved?</b> | Yes (completed boxes below) | No (put x in box) |  |
|-------------------------------------|-----------------------------|-------------------|--|

|                             |         |          |  |
|-----------------------------|---------|----------|--|
| Mr/Mrs/Miss/Ms (Circle one) | Surname | Forename |  |
|-----------------------------|---------|----------|--|

|                             |  |
|-----------------------------|--|
| SAP Staff Number (if known) |  |
|-----------------------------|--|

| Tick the relevant box |            |       |              |                  |
|-----------------------|------------|-------|--------------|------------------|
| Employee              | Contractor | Pupil | Service user | Member of public |
|                       |            |       |              |                  |

|                                 |  |                              |  |
|---------------------------------|--|------------------------------|--|
| <b>Was an injury sustained?</b> |  | <b>Was this a near miss?</b> |  |
|---------------------------------|--|------------------------------|--|

|                                                 |                        |               |                |
|-------------------------------------------------|------------------------|---------------|----------------|
| <b>Date of birth</b> (not needed for employees) | <b>Gender</b> (Circle) | Hours of duty | Full/Part time |
|                                                 | Male/Female            |               |                |

|                                               |                                                                   |                      |
|-----------------------------------------------|-------------------------------------------------------------------|----------------------|
| <b>Occupation</b><br>(staff/contractors only) | <b>Home address/postcode</b> (work location needed for employees) | <b>'Phone number</b> |
|                                               |                                                                   |                      |

**3. Investigation** (some details should be added so that the cause is established and, where possible, action taken to prevent a recurrence)

|                                                |  |                              |  |
|------------------------------------------------|--|------------------------------|--|
| <b>Investigated by</b><br>(Name and job title) |  | <b>Date of investigation</b> |  |
|------------------------------------------------|--|------------------------------|--|

|                                                              |  |
|--------------------------------------------------------------|--|
| <b>Details of any witness(es)</b> – name, contact number etc |  |
|                                                              |  |

**Main injury**

|                                |  |                                           | Yes | No | N/A |
|--------------------------------|--|-------------------------------------------|-----|----|-----|
| <b>Part of body injured</b>    |  | <b>Person not treated</b>                 |     |    |     |
| <b>Left/right/both side(s)</b> |  | <b>Treated by first aider</b>             |     |    |     |
| <b>Type of injury</b>          |  | <b>Treated by paramedic</b>               |     |    |     |
| <b>Days lost to-date</b>       |  | <b>Taken to hospital</b>                  |     |    |     |
| <b>Total days lost</b>         |  | <b>In hospital for more than 24 hours</b> |     |    |     |

**Secondary injury (if any)**

|                                |  |
|--------------------------------|--|
| <b>Part of body injured</b>    |  |
| <b>Left/right/both side(s)</b> |  |
| <b>Type of injury</b>          |  |

**Condition of site – complete if relevant to accident**

|                   |  |                    |  |
|-------------------|--|--------------------|--|
| <b>Weather</b>    |  | <b>Temperature</b> |  |
| <b>Visibility</b> |  | <b>Lighting</b>    |  |
| <b>Noise</b>      |  | <b>Surface</b>     |  |

The following four sections (a-d) may assist you in investigating the causes(s) of more significant/complex accidents

a) **Work equipment** - complete if relevant to accident to assist investigation

| Item being used | Question                                   | Yes | No | N/A |
|-----------------|--------------------------------------------|-----|----|-----|
|                 | Was it fit for task?                       |     |    |     |
|                 | Was it GCC property?                       |     |    |     |
|                 | Was it on hire?                            |     |    |     |
|                 | Was it injured person's personal property? |     |    |     |

b) **Personal protective equipment** - complete if relevant to accident to assist investigation

| Type provided | Question                                | Yes | No | N/A |
|---------------|-----------------------------------------|-----|----|-----|
|               | Was it being used for task?             |     |    |     |
|               | Was it fit for the task?                |     |    |     |
|               | Was person trained in its use?          |     |    |     |
|               | Was it in good working order/condition? |     |    |     |

c) **Hazardous substances** - complete if relevant to accident to assist investigation

| Substance being used | Question                                | Yes | No | N/A |
|----------------------|-----------------------------------------|-----|----|-----|
|                      | Was a CoSHH assessment available?       |     |    |     |
|                      | Were control measures in use?           |     |    |     |
|                      | Were control measures suitable?         |     |    |     |
|                      | Was person trained in control measures? |     |    |     |

d) **Safe systems of work** - complete if relevant to accident to assist investigation

| Question                                                         | Yes | No | N/A |
|------------------------------------------------------------------|-----|----|-----|
| Was a safe system of work prepared/documented for this activity? |     |    |     |
| Was it being used correctly?                                     |     |    |     |
| Was it fit for task?                                             |     |    |     |
| Was injured person trained in safe system of work?               |     |    |     |

**4. Cause(s) of accident.** Tick all those that you consider apply and add any others of relevance

| Unsafe Acts                                                                                                                                                                                                                                                                                                                                                                                                       | Unsafe Conditions                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Improper use of equipment<br>Using faulty/defective equipment<br>Removing safety devices or making them inoperative<br>Under the influence of alcohol and/or drugs<br>Failure to wear personal protective equipment (PPE)<br>Horseplay<br>Incorrect lifting techniques<br>Incorrect loading/stacking<br>Operation of equipment without authority<br>Failure to warn or to secure<br>Non-compliance with standards | Poor housekeeping<br>Sharps (glass, needles etc)<br>Insufficient guards/barriers<br>Defective tools, equipment or materials<br>Insufficient or improper protective equipment<br>Insufficient lighting<br>Insufficient ventilation<br>Exposure to excessive noise<br>Insufficient warning signs<br>Non-compliance with standards<br>Animal (bite etc) |

|         |         |
|---------|---------|
| Other – | Other - |
|---------|---------|

| Human Factors                                 | Job Factors                          |
|-----------------------------------------------|--------------------------------------|
| Physical incapacity                           | Inadequate leadership/supervision    |
| Mental incapacity                             | Inadequate engineering               |
| Lack of knowledge                             | Inadequate purchasing                |
| Lack of skill                                 | Inadequate maintenance               |
| Stress                                        | Inadequate tools/equipment           |
| Improper motivation                           | Inadequate materials                 |
| Distraction                                   | Inadequate work standards/procedures |
| Attitude                                      | Inadequate standards                 |
| Motivation                                    | Other -                              |
| Non-compliance with standards (e.g. training) |                                      |
| Other -                                       |                                      |

|                                                              |
|--------------------------------------------------------------|
| Please provide brief details of any causes identified above: |
|--------------------------------------------------------------|

|                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Was a risk assessment conducted for the activity being done when accident occurred? (Yes/No/N/A) : ASK YOUR SUPERVISOR/LINE MGR</b> |  |
| <b>If 'yes' has the risk assessment been reviewed and amended?</b>                                                                     |  |
| <b>Had training been provided for the task being done (if appropriate)? (Yes/No/N/A)</b>                                               |  |

**5. Recommendations to prevent recurrence, responsible person and target date for completion. (State if 'nil'.)**

|  |
|--|
|  |
|  |
|  |

**6. Are there any documents that should be retained with this accident record? (Method Statements, photographs, inspection reports, sketches, witness statements, risk assessments etc? (State if 'nil'.)**

|  |
|--|
|  |
|  |
|  |

## **7. Signatures**

|                                            |  |
|--------------------------------------------|--|
| <b>Name/post of person completing form</b> |  |
|--------------------------------------------|--|

|                                     |  |      |  |
|-------------------------------------|--|------|--|
| Signature of person completing form |  | Date |  |
| Name/post of line manager           |  |      |  |
| Signature of local/line manager     |  | Date |  |

### **8. Next steps : return to the main office.:**

The accident form must now be sent to your Directorate *SHE Enterprise* input point unless local input is possible (e.g. schools). If necessary, send an immediate copy with key information and subsequently, when all relevant details have been gathered, send a complete copy. Where appropriate, the accident must be investigated and remedial action implemented to prevent a recurrence.

Directorate input points are:

- Business Management: Tina Hobbs - BSC
- Chief Executive's Support Unit: Tina Hobbs - BSC
- Children & Young People: Deborah Peake - Data Support Team
- Community and Adult Care: [cacdpremisesupplieshs@gloucestershire.gov.uk](mailto:cacdpremisesupplieshs@gloucestershire.gov.uk)  
CACD Premises, Supplies, H&S, Room 150, 1<sup>st</sup> Floor The Bridge, Shire Hall or fax 01452 426440)
- County Records Office: Hollie Bradley - Libraries HQ
- Community Safety: Neil Chatten, SHE Unit
- Environment: Carol Hamlin - Office Services
- Fire and Rescue: Brian Stockton - GFRS
- Libraries: Send to Local Area Office

## APPENDIX 2



# First Aiders

## First Aiders at Work

(Pupils over 12 years old and staff/adults)

| Staff member    | Location in school         |
|-----------------|----------------------------|
| Natalie Johnson | M3 – Cherry Class          |
| Anne Rolfe      | L2 – Red Class             |
| Jude Shackell   | The Apperley Centre        |
| Rachel Shelton  | Office                     |
| Sarah Younger   | Office/The Apperley Centre |

## Emergency First Aid at Work

| Staff member | Location in school |
|--------------|--------------------|
| Sally Russan | U3 – Oak Class     |

## Paediatric First Aiders

(Pupils 11 years and under)

| Staff member  | Location in school |
|---------------|--------------------|
| Katie Rogers  | L2 – Red Class     |
| Kirsty Mason  | L1 – Yellow Class  |
| Sara Phillips | M2 – Violet        |

## APPENDIX 3



### Notification to Parents of Head Injury



**Date:** .....

**Details of event:** .....  
.....  
.....

**When did it happen:** Morning / Afternoon (please circle)

**Signed:** ..... **Print Name:** .....

A school First Aider assessed your child. Although no problems were detected at the time, symptoms can appear up to 24 hours after the incident. Symptoms to be aware of are;

|                     |                                  |                               |
|---------------------|----------------------------------|-------------------------------|
| 1. Blurred vision   | 2. Drowsiness                    | 3. Nausea or vomiting         |
| 4. Severe headache  | 5. Confusion                     | 6. Slurred speech             |
| 7. Unresponsiveness | 8. Clumsy, staggering, dizziness | 9. Bleeding from ears or nose |

Contact your GP or the nearest Accident and Emergency Department if you notice any of the above symptoms.

If you wish to discuss this further then please contact school and ask to speak to your child's class teacher



### Notification to Parents of Minor Injury



**Date:** .....

**Injury:** .....

**Details of event:** .....  
.....  
.....

**When did it happen:** Morning / Afternoon (please circle)

**Seen by First Aider:** Yes / No (please circle)

**Signed:** ..... **Print Name:** .....

If you wish to discuss this further then please contact school and ask to speak to your child's class teacher