

FIRST AID, MEDICINES AND SUPPORTING THOSE WITH MEDICAL NEEDS POLICY

Rationale

Major and minor incidents can take many forms and can happen without warning. No plan can provide for every eventuality. This policy outlines the responses and responsibilities required for the day to day running of the school and aims to ensure that adequate and suitable equipment, facilities and procedures are in place to provide timely and appropriate First Aid. First Aid is the immediate assistance or treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance or qualified Medical Expert. It may involve improvising with facilities and materials available at the time.

Within this policy, the term First Aider applies to any employee with an Emergency First Aid at Work (1 day) or First Aid at Work qualification (3 days).

Slindon College recognises that First Aiders:

- should act always within the guidance given in their training.
- are all expected to administer First Aid treatment to pupils, staff and visitors within the scope of their skills, learning and confidence.
- are expected to recognise the limitations of their roles, to ensure that appropriate medical intervention is sought where necessary.
- are expected to accurately record details of injuries, conditions or incidents that require treatment or any form of first aid intervention in the school's medical log.

A First Aid Needs Assessment is carried out to ensure the College has adequate and appropriate equipment, facilities and qualified first aid personnel (allowing for annual leave, absences, time off site) in consideration to the site requirements. The assessment is reviewed annually or after any significant changes by the Bursar and Appointed Person.

Sporting Activities

Whilst we endeavour to place a first aider on any trip or offsite activity, staffing and First Aid training mean this is not always an option. However, all trips have a first aid kit and staff are aware of how to get medical help in the case of an emergency. If a pupil is to go on a trip that has a known significant medical condition that may well require immediate care, then a first aider would always accompany them.

Summoning an Ambulance

Anyone can and should, if necessary, phone (9) 999 to summon emergency help. You do not need to wait for either Matron or a first aider, but they should also be summoned. Any incident that requires the emergency services to be called will be reported to the Headmaster, as soon as possible. If an ambulance is summoned, a member of staff will need to be dispatched either to the front or the rear of the school to advise on entry. If advised by ambulance staff, a member of school staff should travel with the pupil to hospital. If not, a member of staff should follow in a car and meet the pupil in

the hospital.

After such an incident, staff involved will need to write a report indicating what has happened and this will go to the Headmaster or his deputy.

Advice for staff and first aiders on dealing with emergencies until help arrives is available in Appendix 1.

Informing Parents

Matron informs staff of pupils who have attended The Surgery via the school portal system. In all cases of a pupil being unwell or injured and needing to go home or to their boarding rooms, parents will be informed by Matron, usually by phone. Should follow-up care such as dressings or in the case of a head injury, Matron will give specific advice to the parents or the boarding staff. See Appendix 2.

First Aid and Care in Boarding

There is always at least one first aid trained member of staff on duty in the house. Boarders who are staying overnight are aware who is on duty and how to contact them for help. Any first aid given will be reported in the medical log and if necessary, reported to the parents.

Should a pupil require supervision, observation or other support overnight, there is a separate bedroom with adjoining bathroom available within The Surgery. The Surgery itself has a sofa bed so a member of staff can be nearby should this need arise.

Care will follow the Care of Boarders who fall ill during term time procedures.

Bodily Fluids

In the event of any bodily fluids (blood, faeces, urine and vomit) needing to be dealt with immediately, a Infection Control Kit is available in The Surgery. Gloves are provided in First Aid kits and should be used when dealing with bodily fluids (and all first aid procedures). All items should be placed in a plastic bag and disposed of in a clinical waste bin located in The Surgery.

Past Medical History, Care Planning and Consent

A Pupil Medical Form outlining medical problems, both past and present, including known allergies and prescribed/non-prescribed medication taken are completed by every pupil's parent/guardian prior to the pupil being admitted to the College. Consent for first aid, administration of prescribed drugs and for administration of over-the-counter homely remedies is also signed and retained.

Should a pupil be attending school for a 'taster' period, the Pupil Medical Form is completed and signed by the parents or guardians before the pupil is left at the school.

Should a pupil have a significant medical condition that may either effect their College day or may require medical/treatment intervention, then Matron will produce an Individual Healthcare Plan (IHP) for that issue. Such plans are kept within the medical file in The Surgery but are made known to all staff by way of the Engage Portal. Some IHP's are written in conjunction with external medical professionals, to ensure the College's response and care is appropriate for the specific needs. Conditions such as epilepsy, asthma and

diabetes are example of conditions that will have IHP's.

The confidentiality and rights of pupils as patients are appropriately respected by the school. This includes the right of a pupil deemed to be "Gillick Competent" to give or withhold consent for his own treatment. Gillick Competence is used in medical law to decide whether a pupil (16 years or younger) is able to consent to his own medical treatment, without the need for parental permission or knowledge. A pupil will be Gillick Competent if he has sufficient understanding and intelligence to understand fully what is proposed. Should a pupil be considered Gillick Competent then their right to consent to or refuse first aid, medical or dental treatment will be acknowledged. The Doctor, Dentist or Matron proposing treatment will judge whether or not a pupil understands the nature of the treatment, as well as the consequences of refusal, and whether he can thus be deemed competent. Parents of any pupil under 16 years will be informed if their son refuses any medical or dental treatment suggested by the school Doctor or Matron.

School Medical Officer

The school's medical officer is Dr Patterson who is part of the Croft Medical Practice at Eastergate, 4 miles from Slindon College. The practice has a 24 hour doctor-on-call service. Pupils are taken to the medical centre for appointments and the school Matron, or Houseparent, will also take pupils to the local Accident and Emergency Hospital at St Richard's Hospital, Chichester, 7 miles from the school, if necessary or Bognor War Memorial Hospital, Bognor Regis, 5 miles from the school. All boarders are encouraged to become registered with the school medical practice. Not all boarding pupils are registered with the school doctor for the provision of general medical services, but can be seen by the doctor at any time. It is probable that day pupils living within the locality will already be registered with a general practitioner, although treatment will always be provided by the school medical centre during school hours. It is expected that for routine medical matters their usual GP will be consulted.

Health and Wellbeing

Health advice for pupils will always be available from the school Medical Officer and Matron. Staff and parents are welcome to seek the advice of the Matron but will need to make an appointment to see their own GP rather than the school Medical Officer. Health promotions will be provided both informally and in a more structured way from the Matron, school assemblies and the PSHE Programme.

Storage and Administration of Prescribed Medicines

Matron is responsible for writing up the medicine charts for all prescribed medication (including controlled drugs and supplements, such as vitamins). She is also responsible for getting repeat prescriptions as necessary, receiving medication from parents/guardians and ensuring they are safely and appropriately stored. All medicines received from either parents or from pharmacy or hospital will only be dispensed if they comply with the following:

- Medication is in the original container in which it was dispensed
- The original dispensing label must be intact and all necessary instructions clearly visible

- The name of the individual for whom the medication was prescribed is clearly displayed on the label
- The dosage and frequency of the medication is clearly displayed on the label
- The route of administration is clearly displayed on the label
- The expiry date is clearly displayed on the label

Pupils should not carry medication in school unless for emergency use. We do not allow pupils to administer their own medication, unless it is with the written authority of the parents and the agreement of the Headmaster. All prescribed medication is locked in the appropriate cupboard or kept in the small fridge in the locked Surgery.

Only staff identified in the front of the medicine log may administer medication. These staff have been trained in the safe storage and administration of medication. All staff that are trained to give medication are expected to check that they are giving:

- The right drug
- At the right dose
- To the right person
- At the right time
- By the right route

They then sign to acknowledge that this has been done. The pupil additionally signs as second signatory. This is dependent upon the type of medication being given, if the staff member is still in induction or occasionally as a random check by Matron or a senior member of staff.

The times and dosage of prescribed drugs are written against the pupil's name on the drug log and it is initialled each time it is administered. If the pupil is not present or they refuse the medication, this is indicated in the medicine log. All prescribed and regular medication to be given will be dispensed into named containers by Matron and it is from these containers that medicines are issued. There is to be no deviation from the prescription without medical and/or parental advice.

If a pupil has been prescribed an Adrenalin Auto Injector (an Epi Pen or Jext Pen) a pre-loaded device containing a measured amount of adrenalin, this will be located in The Surgery, and with the pupil (either kept by class teacher, in classroom or if sufficiently responsible, personally).

Pupils with Asthma need to have immediate access to their reliever inhaler when they need it, and should be encouraged to carry it in their bag/pocket. If needed a spare prescribed inhaler can be kept in The Surgery.

Controlled drugs (CDs) are medications that have been prescribed by a medical professional for the use of a named individual and which, under the Misuse of Drugs Regulations (2001), must be locked away appropriately and strictly monitored and recorded in a dedicated book as it is used. The prescription will determine dosage, frequency and method of administration. A list of controlled drugs commonly prescribed is available in appendix 4.

Controlled Drugs should be brought to Matron by the parent/guardian and

rather than by the pupil, unless otherwise agreed. The receipt of Controlled Drugs is recorded and checked in by Matron and another member of staff. These are then kept in a lockable cupboard within The Surgery.

Staff administering these medicines sign a dedicated Controlled Medication Book to witness the date, time and dosage of medicine and also that the pupil has taken the medicine. The Controlled Medication book is additionally signed by the pupil as second witness/signatory.

The administration and storage of Controlled Drugs is closely monitored by a member of SLT or the boarding governor.

Storage and Administration of Over the Counter (OTC) Medicines (also known as homely remedies)

Only staff identified in the front of medicine log may administer medication. These staff have been trained in the safe storage and administration of medication. The range of over-the-counter medication available is decided by Matron with guidance. The dosage, timings and type of medication are governed by the advice given on the packet (see Appendix 3). OTC medication is recorded in the medicine log. In the case of paracetamol and ibuprofen, the stock record must be entered, expiry date checked and recorded, and initialled after being given out.

Parents/guardians are asked to sign consent for OTC medication (including antihistamines) to be given and to identify if the pupil is allergic to any medication. Prior to giving any OTC medication the pupil is required to acknowledge his name, state that he doesn't have any allergies and when he may have had a previous medication. The member of staff giving the medication checks in the medicine log to ensure that OTC medication hadn't been given within the recommended time.

OTC medication must only be given from original packaging, e.g. original boxes/bottles with the manufacturer's label and are kept in a locked cupboard to ensure they are not accessible to pupils/pupils. Staff who require OTC medication, in an emergency, may request them from Matron or a first aider, but the dose must be written in the stock balance for ibuprofen or paracetamol.

Both prescribed and OTC medication stocks are checked termly by Matron and checked by a member of SLT or boarding governor.

Disposal of Medicines

All medicines stored in The Surgery will normally be returned to parents at the end of term. On no account will Controlled Drugs be returned to the pupil. Any controlled drugs left at the end of term will be returned to the parent who will sign the Controlled Medication book to acknowledge receipt. Parents are to ensure that they have adequate supplies at home to administer medication over weekends and half term holidays, thus leaving the school stock in situ. Any medication remaining in the house at the end of term will be taken to the local pharmacy for disposal. Sharps boxes are available on prescription for those pupils who need them for the safe disposal of needles. The Matron will arrange for the safe collection of used sharps boxes.

Appendix 1 - Further advice on dealing with emergencies

The guidelines laid out below are designed to enable staff to cope correctly with a medical emergency in the crucial few minutes between the decision to summon Matron or a first aider and their arrival on the scene. Staff should seek to reassure the casualty, make the casualty comfortable and take responsibility for managing the situation. Upon her arrival, she will assume responsibility for any further action taken. In most instances they should be escorted quickly and safely to The Surgery. Should this not be possible the person should be reassured and Matron/first aider contacted. Within the College population there are a number of pupils and staff who may suffer from Asthma, Epilepsy, Diabetes and Anaphylaxis. Further information is outlined below:

Asthma

All diagnosed asthmatics should have their blue reliever inhaler on their person. Spare blue relievers are stored in The Surgery. There is an emergency reliever kit in The Surgery for known asthmatics who have an attack when they do not have their reliever.

General points

- Any other medication or equipment, such as a spacer, should be deposited in The Surgery for safe keeping
- Pupils who suffer from exercise induced asthma should be provided with the opportunity, if required, to have a puff of their inhaler before they start exercise.
- Pupils should always carry an inhaler whilst on the school premises, including any offsite activities i.e.: sports held at any venue and school trips.

Asthma attack guidelines

Any of the following might trigger an attack: Cold (e.g. cold frosty mornings); hay fever; exercise; excitement or prolonged laughing; fumes (e.g. glue, paint, fumes from science experiments); viral infection (e.g. common cold); allergic reaction (e.g. food, animals); wood dust; stress (though this rarely in itself triggers an attack)

Under no circumstances should a member of staff leave the person unattended.

- The person is likely to have experienced such attacks before and will usually know what to do: be advised by him or her as to what is likely to be most effective. There are, however, some standard procedures, in the case of mild attack, which staff should initially follow before summoning Matron or a first aider:
- calm and reassure.
- Sit them upright or leaning forwards slightly as this will assist breathing. Don't lay them down. Make sure they are comfortable. Ensure that the reliever inhaler (blue) is taken promptly to open up the narrowed air

- passages. Administer two puffs.
- If on the main school site: Encourage to breathe slowly and deeply. If, after two minutes, they feel that improvement is not quite good enough, encourage to use the reliever inhaler again and call first aider. They will assess the situation. If symptoms resolve they may go back to class/work. If no improvement, parents will be contacted and, if necessary they will be transferred to hospital accompanied by a member of staff.
 - If not on the main school site: Encourage to breathe slowly and deeply. If, after two minutes, they feel that improvement is not quite good enough, to use the reliever inhaler again. If there has been no improvement after five minutes, contact the school and emergency services.

Epilepsy

This is caused by a temporary malfunction in the brain's biochemistry. It is usually controlled by medication taken outside school hours, and it is unlikely that medication would be required during the school day except in the most severe cases. There are two principal forms of this:

a) Petit Mal/Absence Seizure

No specific aid is required, but the seizure should be noted and reported to Matron. Symptoms: the person looks blank, stares and may have a slight twitching or blinking for a few seconds. They are usually unaware of the attack.

b) Convulsive Seizure

This is alarming for the onlooker, but not normally harmful for the sufferer, except in case of injury. Be aware of the effect on others who may be frightened. As soon as the fit begins, send for Matron or a first aider. The fit cannot be prevented, so the principal concern is protection from injuring him or herself during the fit and to provide care on a temporary basis once he or she has regained consciousness.

Warning signs: they may cry out, their body stiffen and then fall to the floor. This would be followed by convulsions. Alternatively the fit may begin with an "aura" or warning, e.g. visual, auditory. They will be unconscious or only semi-conscious, and may well be incontinent. He or she may salivate, and the saliva could be flecked with blood (if tongue or cheeks have been bitten). The fit may last a few minutes.

- Ease them gently to the ground and then stand away
- Clear a space, removing any objects on which they may hurt themselves
- Keep onlookers well away – prevent gathering and staring
- If possible, loosen clothing around the neck and place something soft under the Head, but do not try to restrain the convulsive movements.

Do not:

- **Try to put anything between the teeth**
- **Give anything to drink**
- **Restrain them**
- **Move or lift**
- **Leave on their own**

Once the convulsions have stopped, turn onto his or her side in the Recovery Position to aid breathing. Wipe away saliva from around the mouth. On

regaining full consciousness, they will be confused and disorientated for a while. It is vital to be reassuring and supportive during this period. If they have been incontinent, arrange for him or her to be covered with a blanket, to minimise embarrassment. They should be provided with the opportunity to sleep after the attack.

It should not normally be necessary to send to hospital after a seizure, but in all cases Matron should be informed, and she should communicate to the parents (if it is a pupil) that a seizure has occurred.

It is essential, however, for Matron or a first aider to contact the emergency services if:

- It is the first fit of not previously diagnosed as epileptic
- A seizure shows no signs of stopping after a few minutes
- A series of seizures takes place without the individual fully regaining consciousness from the fits
- They seriously injure themselves in the course of the seizure.

Anaphylaxis

Every member of staff receives a confidential list of anaphylactic sufferers at the start of every term. All pupils are encouraged to carry their two auto-injectors on them at all times which encourages responsibility and management of their condition. The class teachers of all pupils have the auto-injector with them until the parents feel that their pupil is ready to carry them. All people who suffer from anaphylaxis are asked to bring in a spare, named auto-injector which is held in The Surgery in case of emergency.

Symptoms may include: anxiety, increased pulse, puffy eyes, swelling of face/neck, difficulties breathing, red and blotchy rash. Establish whereabouts of auto-injector. Send someone to dial 999 and contact Matron or a first aider as quickly as possible.

General Points

If auto-injector on person: Pull off blue cap holding auto-injector in fist, jab orange tip on upper outer thigh and holding the leg securely, press firmly and hold for 10 second before removing. Massage area injected for 10 seconds and note time given and then help them to sit in a position that aids breathing most.

Diabetes

A complication may be caused by either too much glucose (Hyper) or too little (Hypo) in the blood stream.

Symptoms can include:

“Pear Drop” breath	Trembling	Confusion	Shaking
Increased breathing	Seizures	Sweating	Coma
Increased heart rate	Thirsty	Changes in character or behaviour	

Action

- If they are aware that they are becoming hypoglycaemic give sweet drink or other sugary food. These are usually carried with them in case of emergency. If they are not aware about what is wrong or they are aware that they are hyper, do not give sugar
- Notify Matron or first aider as soon as possible.
- Reassure and await help, do not leave alone.
- If a diabetic is found unresponsive, phone 999 and call Matron or a first aider.

Head Injuries

Head injuries may occur in any area of school life and are not exclusive to contact sports. When a person suffers an impact to the head, it is vital that all members of staff manage the injury in a consistent way regardless of the circumstances. The health and wellbeing is at all times of paramount importance and if any member of staff is in any doubt as to whether or not an injury has occurred, or injury suffered, they should exercise caution in the best interests of the individual.

When it is considered that a blow to the head has happened they will always need to be assessed for a head injury, so call for Matron or a first aider. Anyone who has had a blow to the head, however minor, will have head injury instructions issued and in the case of a pupil will have their parents phoned. Should the blow cause bleeding then pressure must be applied. Any bleeding from nose or ears after a blow to the head is very serious and 999 must be called immediately.

Persons who are considered to have signs and/or symptoms of concussion should always seek medical attention swiftly by reporting to their local Accident and Emergency or NHS Walk In Centre (it is unlikely that a GP will be able to see promptly enough).

Fractures

Fractures are difficult to establish therefore if in doubt, treat the injury as a suspected fracture to avoid aggravating any injury. Symptoms that may be present include pain/swelling/limited movement/bruising/deformity.

Action

- Ensure they are comfortable
- Reassure and try to reduce their movement
- Call for Matron or first aider, or 999 for an ambulance.

Even if you are not a trained first aider prompt action can save the day. Matron, first aiders and the emergency services would rather you were safe than sorry, so...

If in doubt call out

When you have acted to support someone, it is best to write it down, as a report is likely to be required at some point.

Appendix 2 - NHS Advice - Head injury observation instructions for parents and guardians

Following a head injury, you should keep the young person under adult supervision for the next 24 hours. If any concern arises that he is developing a problem, please seek advice from the Accident and Emergency Department or, if necessary, make arrangements to bring him back to hospital.

The signs that you should look out for are:

- If the young person becomes unusually sleepy or is hard to wake up
- Headaches all the time, despite painkillers.
- Repeated vomiting
- Weakness of arms or legs, e.g. unable to hold things
- Difficulty in seeing, walking, or acts clumsy and uncoordinated.
- Confusion (not knowing where he/she is, getting things muddled up).
- Fluid or blood coming from ear or nose.
- Fits (convulsions or seizures)
- Any other abnormal behaviour.

The young person should be allowed to sleep as normal. Please arrange to observe him/her on a couple of occasions overnight to check:

- Does he appear to be breathing normally?
- Is he sleeping in a normal posture?
- Does he make the expected response when you rouse him gently? (e.g. pulling up sheets, cuddling teddy-bear)
- If you cannot satisfy yourself that the young person is sleeping normally, he should be wakened fully to be checked.

Slindon College - Head Injury Information Note

_____ had an accident / incident today and sustained an injury to their head.

Time of Injury:

Place of Injury:

Date of Injury:

Brief Details:

Registered First Aider

He has been checked by:

NHS Head Injury Information Note is on the reverse of this

Treatment offered:

He returned to his lessons at:
effects.

(*time*) and has shown no ill

We suggest you seek medical advice if at all concerned

Signed _____ Print Name: _____

Appendix 3 – Protocol for the administration of OTC medication

Medication	INDICATION	CONTRA-INDICATION	DOSE	SIDE EFFECTS
paracetamol 500mg tablets	mild to moderate pain pyrexia	kidney impairment liver impairment alcohol dependency	<p>Adults and Pupilren –max 4 doses in 24 hours; leave at least 4 hrs between doses:</p> <p>Adults & Pupilren 16+ 500mg-1g every 4-6 hours.</p> <p>Pupilren: 12-16 yrs: 500-750mg 10-12 yrs: 500-500mg</p>	RARE: Rashes, thrombocytopenia, leucopenia
paracetamol suspension 250mg/5mls	“	“	<p>Pupilren: max 4 doses in 24 hours; leave at least 4 hrs between doses:</p> <p>6-8 yrs: 250mg (5mls) 8-10yrs:375mg (7.5mls) 10-12yrs:500mg (10mls) 12-16 yrs: 500-750mg (10-15mls)</p>	“

piriton tablets 4mg	allergy	urinary retention, angle-closure glaucoma prostatic hypertrophy pyloralduodenal obstruction renal disease epilepsy pupilren under 6 yrs.	Max. no more than 4 doses in 24hrs. Pupilren 6-12 years: ½ tablet every 4-6 hours. Over 12 and adults: 1 tablet every 4-6 hours.	Tiredness and dizziness. Loss of appetite, indigestion, abdominal pain, liver inflammation, Headache, dry mouth, palpitations, chest tightness.
ibuprofen 200mg tablets	pain, fever, swelling	peptic ulcer, asthma, renal, hepatic or cardiac impairment. heart failure hypertension	Adults & Pupilren over 12: 200-400mg every 4-6hrs PRN	GI Upset, haemorrhage, rash, thrombocytopenia.
simple linctus	cough/sore throat	do not use if allergic to ingredients	Pupilren over 12 and adults: 5mls 3-4 times daily.	Not expected
honey, glycerin and lemon	cough/sore throat	do not use if allergic to ingredients	Pupilren over 12 and adults: 5mls 3-4 times daily.	Not expected
pholcodeine linctus	cough suppression	liver disease	Pupilren:6-12yrs: 2. 5mls-10mls 3-4 times daily Over 12 yrs: 5-10mls 3-4 times daily	Constipation Respiratory depression
throat lozenges	cough/sore throat	diabetes	1 lozenge prn	Not expected

anthisan bite & sting cream	all stings		2-3 times a day for up to 3 days.	Skin sensitivity – stop using.
savlon	minor wounds	avoid contact with eyes and ears	Spray or rub onto affected area	Not expected.
olbas oil	congestion	do not use if allergic to ingredients	Inhale vapours	Not expected.
arnica	for mild bruising	do not use if allergic to ingredients	Apply topically PRN	Not expected.
vaseline	dry skin conditions	do not use if allergic to ingredients	Apply topically	Not expected.
hydrocortisone 1%	dry skin conditions	do not use if allergic to ingredients	Apply topically sparingly 2 or 3 times daily	Not expected.

Appendix 4 – List of Controlled Drugs

List of drugs which need to be stored in a Controlled Drug (CD) cupboard and recorded in the CD register

This includes a few CDs that legally are exempt from this requirement but a local decision has been made to include them to make the management of CDs easier. Examples of branded drugs in brackets.

ANTICONSULTANTS

- Midazolam – oromucosal solution (Buccolam®) and injection (Hypnovel®)
- Phenobarbital – tablets, elixir and injection

HYPNOTICS

- Temazepam – tablets and oral solution

OPIATES AND OPIOIDS

- Buprenorphine – patches (BuTrans®, Transtec®), or tablets (Temgesic®, Subutex®), with naloxone, (Suboxone®)
- Codeine – injection only
- Diamorphine {heroin} – injection or tablets
- Dihydrocodeine – injection
- Dipipanone – tablets
- Fentanyl – tablets (Abstral®, Effentora®), lozenges (Actiq®), patches (Durogesic DTrans®) and nasal spray (Instanyl®, PecFent®)
- Hydromorphone – capsules

- Oxycodone – tablets (OxyContin®, Targinact®), capsules (Oxynorm®) solution and suppositories
- Methadone – tablets, solution (Metharose® , Physeptone® , Methadose®), linctus and injection
- Morphine salts – tablets (Sevredol®, Filnarine®, Morphgesic®, MST Continus®), capsules (Zomorph®, MXL®), solutions (Oramorph®), injections and suppositories.
- Papaveretum – injection
- Pentazocine – tablets, capsules and injection
- Pethidine – tablets and injection
- Tapentadol – tablets (Palexia®)
- Tramadol – all 14 brands including Tramacet® (paracetamol & tramadol)

STIMULANTS

- Methylphenidate – tablets (Ritalin®, Equasym XL®, Concerta® Medikinet XL®)
- Dexamfetamine – tablets (Dexedrine®)
- Lisdexamfetamine – tablets (Elvanse®)

Appendix 5 – HSE Reporting

Incident reporting in schools (accidents, diseases and dangerous occurrences)

Guidance for employers

HSE information sheet

Education Information Sheet No1 (Revision 3)

Introduction

This information sheet gives guidance on how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR. The information sheet gives practical guidance to schools about what they need to report and how to do it.

What needs to be reported?

RIDDOR requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences **arising out of or in connection with work**.

The information sheet includes examples of the incidents that sometimes result from schools' activities and are reportable under RIDDOR. The sheet contains three sections, which cover:

- injuries and ill health involving employees (Section 1);
- injuries involving pupils and other people not at work (Section 2);
- dangerous occurrences (Section 3).

Who should report?

The duty to notify and report rests with the 'responsible person'. For incidents involving pupils and school staff, this is normally the main employer at the school. The education pages on HSE's website at www.hse.gov.uk/services/education provide information about who the employer is in different types of schools.

Some school employers may have centrally co-ordinated reporting procedures. In others, reporting

may be delegated to the school management team. The health and safety policy should set out the responsibilities and arrangements for reporting in each school.

Incidents involving contractors working on school premises are normally reportable by their employers. Contractors could be, eg builders, maintenance staff, cleaners or catering staff.

If a self-employed contractor is working in school premises and they suffer a specified injury or an over-seven-day injury, the person in control of the premises will be the responsible person. (See HSE's RIDDOR web pages at www.hse.gov.uk/riddor for more detail on the reporting arrangements for self-employed people.)

Who do I report to?

For general advice about how to report, see HSE's RIDDOR web pages. You can report all incidents online and there is a telephone service for reporting **fatal and specified injuries only**. Reporting details for out of hours incidents are available from HSE's out of hours web page at www.hse.gov.uk/contact/contact.htm.

For incidents on school premises involving members of staff, pupils or visitors, HSE is the enforcing authority and you should submit your reports to them. HSE is also the enforcing authority for nursery provision provided and operated by local authorities. For privately run nursery schools, the local authority is the enforcing authority.

What records must I keep?

You must keep records of:

- any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR;

- all occupational injuries where a worker is away from work or incapacitated for more than three consecutive days. **From 6 April 2012 you don't have to report over-three-day injuries, but you must keep a record of them.** Employers can record these injuries in their accident book.

You must keep records for at least three years after the incident.

Section 1: Injuries and ill health to people at work

Under RIDDOR, the responsible person must report the following work-related accidents, including those caused by physical violence, if an employee is injured, wherever they are working:

- accidents which result in death or a specified injury must be reported without delay (see 'Reportable specified injuries');
- accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

The responsible person must also report any case of a work-related disease, specified under RIDDOR, that affects an employee and that a doctor confirms in writing (see 'Reportable diseases'). You can find detailed guidance about RIDDOR reporting and online reporting procedures at www.hse.gov.uk/riddor/report.htm.

If you are in control of premises, you are also required to report any work-related deaths and certain injuries to self-employed people that take place while they are working at the premises.

Reportable specified injuries

These include:

- 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:
 - cover more than 10% of the body; or
 - cause 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.

Physical violence

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence.

Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

Reportable occupational diseases

Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. (See www.hse.gov.uk/riddor for details of the reporting arrangements for self-employed people.)

These include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis, eg from work involving strong acids or alkalis, including domestic bleach;
- hand-arm vibration syndrome;
- occupational asthma, eg from wood dust and soldering using rosin flux;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Stress

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work.

In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

Section 2: Incidents to pupils and other people who are not at work

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity **and** the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in Section 1 only apply to employees. If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is **not reportable**.

How do I decide whether an accident to a pupil 'arises out of or is in connection with work'?

The responsible person at the school should consider whether the incident was caused by:

- a failure in the way a work activity was organised (eg inadequate supervision of a field trip);
- the way equipment or substances were used (eg lifts, machinery, experiments etc); and/or
- the condition of the premises (eg poorly maintained or slippery floors).

So, if a pupil is taken to hospital after breaking an arm during an ICT class, following a fall over a trailing cable, the incident would be reportable. If a pupil is taken to hospital because of a medical condition (eg an asthma attack or epileptic seizure) this would not be reportable, as it did not result from the work activity.

This means that many of the common incidents that cause injuries to pupils at school tend not to be reportable under RIDDOR, as they do not arise directly from the way the school undertakes a work activity. Remember, in all these cases, you only need to consider reporting **where an accident results in a pupil's death or they are taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.**

What about accidents to pupils during sports activities?

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity.

The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable. Examples of reportable incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

What about accidents to pupils in a playground?

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This includes incidents arising because:

- the condition of the premises or equipment was poor, eg badly maintained play equipment; or
- the school had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision.

Physical violence

Violence between pupils is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.

Other scenarios

Injuries to pupils while travelling on a school bus
If another vehicle strikes the school bus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR.

However, you do not have to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the police.

Incidents involving pupils on overseas trips
RIDDOR only applies to activities which take place in Great Britain. So, any incident overseas is not reportable to HSE.

Incidents to pupils on work experience placements
If pupils are on a training scheme or work placement, they are deemed to be employees for the period of the placement. In these circumstances, the employer, as the responsible person, should report a death, injury or disease to a pupil, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

Section 3: Dangerous occurrences

These are specified near-miss events, which are only reportable if listed under RIDDOR.

Reportable dangerous occurrences in schools typically include:

- 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.

Supplementary information

Consultation

Under the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996, employers must make relevant health and safety documents available to safety representatives.

This includes records kept under RIDDOR, except where they reveal personal health information about individuals. Further information is available in *Consulting employees on health and safety: A brief guide to the law* Leaflet INDG232(rev2) HSE Books 2013 www.hse.gov.uk/pubns/indg232.htm.

Reporting requirements of other regulators

There may be other reporting requirements placed on schools by other regulators in the education sector. The requirements of these other regulators are separate to, and distinct from, the legal duty to report incidents under RIDDOR.

Further information

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit www.hse.gov.uk/. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.

This information sheet is available at:
www.hse.gov.uk/pubns/edis1.htm.

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